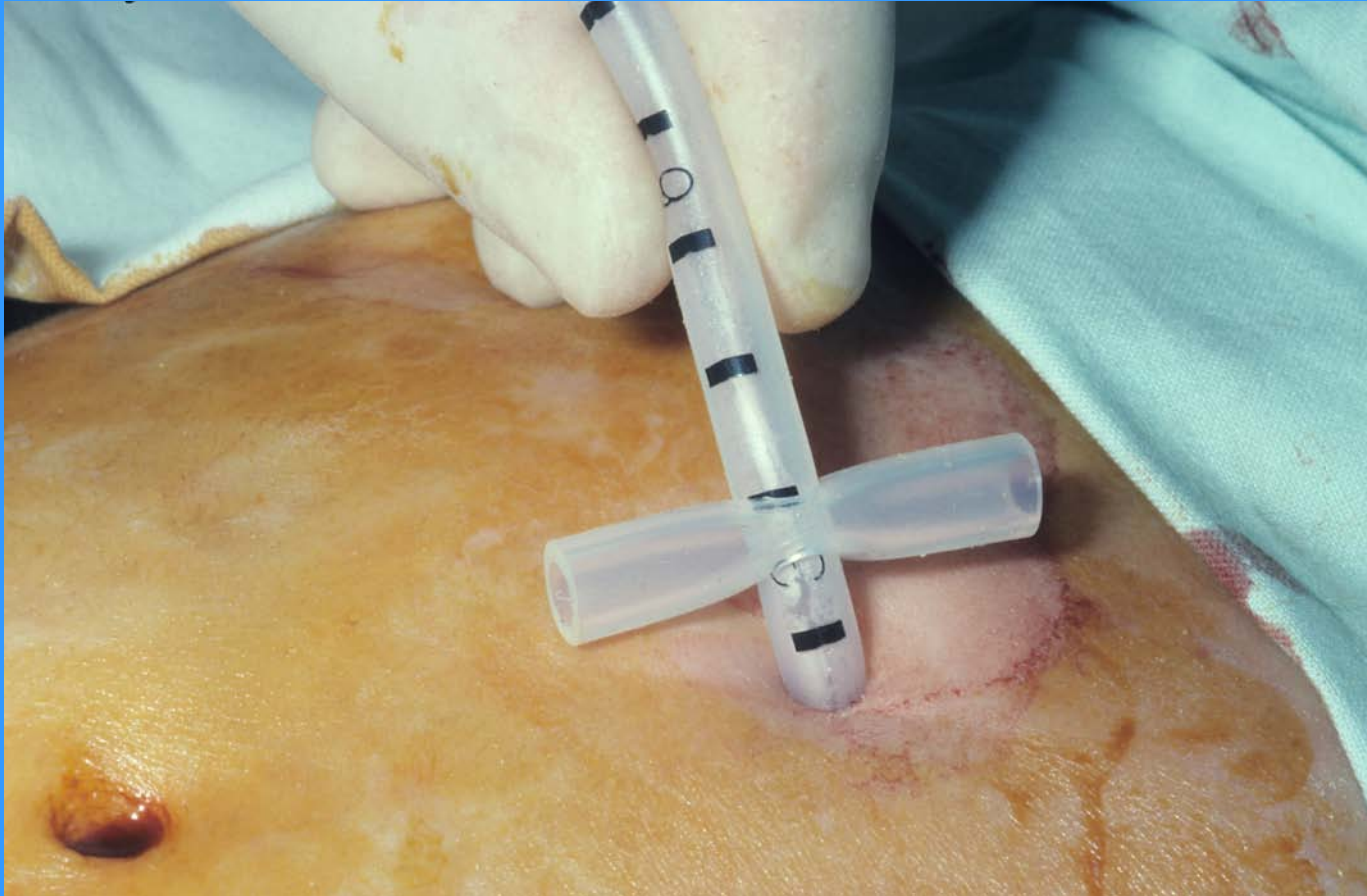


Gastrostomy skin care



Care of a gastrostomy

- ***Skin care***

- Clean each day with soap and water

- Rotate tube daily

- Cotton buds are useful for cleaning underneath the plastic retention disk

- Keep clean and dry at all times

- No need to place dressings around the site unless there is leakage

- ***Mouth care***

- Brush teeth twice daily with toothpaste and a soft toothbrush

- Apply a moisturising cream to prevent dry lips

- Visit dentist regularly

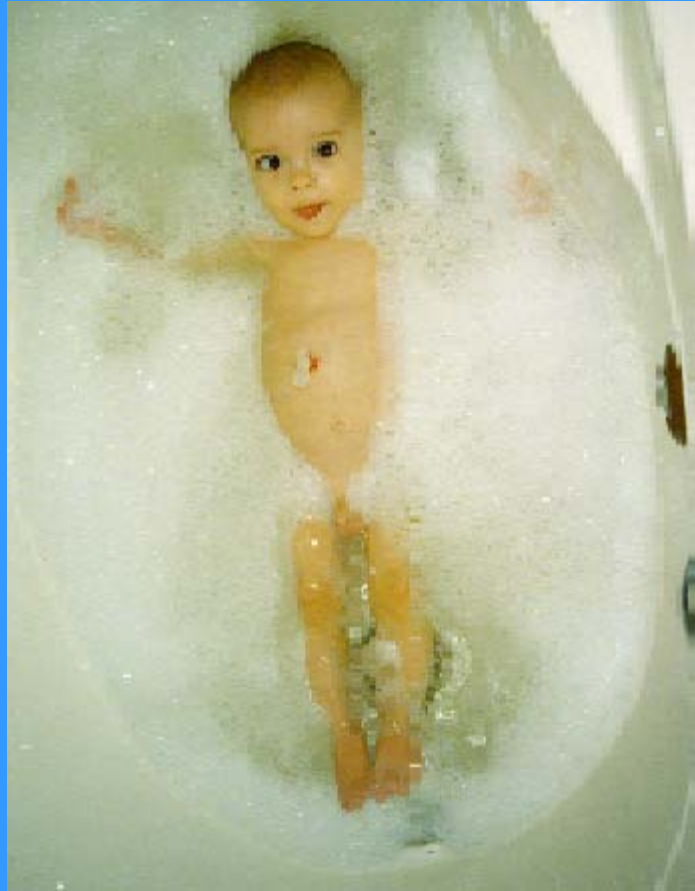
- ***Bathing***

- Bathing may be recommenced 3-4 days after surgery

- ***Swimming***

- Sea or in a pool, is recommended 2 weeks after surgery

Bath time



. Leakage from around the gastrostomy

Cause	Action	Prevention
Balloon deflated or ruptured	Reinflate balloon or replace if burst	Check balloon volume (between 3-5mls)
Tube too small for opening	Replace with larger tube	
Tube migration	Adjust retention disk and ensure balloon is snug against abdominal wall	<i>Check migration on tube (if there is no mark, you can mark one yourself with a waterproof pen)</i> <i>See page 00</i>
Perished tube	Replace tube. If uncertain, contact stomal therapist or doctor.	
Pressure ulceration due to plastic disc being too tight	*PEGs & balloon tubes: loosen plastic disc and consult stomal therapist / doctor as to ulceration management *skin level gastrostomies: consult your gastroenterologist to arrange to have gastrostomy replaced with a longer one	Check child's weight *adjust plastic disc when necessary *arrange to have skin level gastrostomy replaced with a slightly longer one when necessary

- Topical Applications**
- Barrier films/creams**
- Hydrocolloid pastes /powders/films**
- Foam dressings**
- Silver dressings**
- Steroid creams**
- Antibiotic creams**
- Protective belts**

Cause	Action	Prevention
<i>Neurodegenerative disorders</i> <i>Gastric secretions around</i> <i>gastrostomy tubes when</i> <i>unwell</i>	<i>Use barrier ointment</i> <i>Medications as directed by</i> <i>your doctor eg Ranitidine and</i> <i>Omaprazole</i>	<i>This will decrease as the</i> <i>child becomes well</i>

. Leaking tubes

Cause	Action	Prevention
Formula fats make silicone tubing slippery. All surfaces that make contact must be 'defatted'.	This can be done with any mild acid such as distilled white vinegar, cranberry juice, or mineral water	With a fine cloth or gauze rub the surface of all extension set tips, plugs and into the gastrostomy device. Rub each surface a couple of times to keep them clean.
The valve may be plugged with medications or food	Probe devices can be used to clean valves. Flush with a carbonated drink via an extension tube. Use a syringe with up to 30ml of fluid and infuse in 10ml increments over 20min. Flush with water	
	If this doesn't work, the valve may be permanently damaged	
May be related to the relative sizes of the tube and stoma tract, may need replacement with larger tube.		

Deflated or ruptured balloon

Cause	Action	Prevention
	If balloon ruptured, tube will need replacement If no water in balloon, replace (3-5mls)	Balloon can be checked monthly, fluid 3-5mls of water should drain from balloon. If less than 3mls is in the balloon, replace water in balloon (3-5mls)

. Irritation, skin redness, bleeding, soreness, swelling and oozing

Cause	Action	Prevention
Tube leakage	Contact your Stomal Therapist	Keep skin clean and dry
	A foam dressing, gauze of Sofwick will absorb exudate	
	Solutions such as Mylanta can help reduce redness	
	Hydrocolloid powder can help stop bleeding and absorb excess moisture	
	A thin hydrocolloid dressing protects and heals irritated skin	

. Candida (Thrush)

Cause	Action	Prevention
	Anti fungals can be administered orally, down tube and topically	Prophylactic 10mls cranberry juice down tube, after feeding at the end of day (contraindicated in children less than 4 months of age)

Cellulitis

Cause	Action	Prevention
Staph infection	Appropriate antibiotics may be ordered by doctor If site is very swollen, tube may have to be replaced to relieve pain	Clean and check site daily

Infected site



Contact Dermatitis (Appear like swelling, redness, itching or blistering)

Cause	Action	Prevention
Due to sensitivity to soap, tapes and/or anchoring devices used around gastrostomy tube.	remove causative agent. Medications such as antihistamines may need to be ordered.. Topical Corticosteroids can reduce the inflammatory response	Clean daily with non perfumed soap and check site daily

Chemical dermatitis

Cause	Action	Prevention
caustic agents coming into contact with the skin which are high in acid. This will burn the skin and lead to excoriation and weeping.		Protect skin from further damage/ see your stomal therapist or docotor



Granulation tissue

Cause	Action	Prevention
Often occurs around 6 Weeks post-surgery.	Contact your stomal therapist or doctor	Check tube daily to ensure it doesn't move too freely and adjust retention disk as necessary
The tube is moving too freely	Anchor device (eg FlexiTrak)	
	A foam dressing can be used to apply pressure to reduce granulation.	
	Silver nitrate application daily to granulation tissue only	
	Application of steroidcream	



Royal Children's Hospital, Melbourne