

G/GJ Feeding Tube Insertion Discharge Instructions

What are my Care Instructions?

You received local anesthesia during your Radiology Procedure. As the local anesthesia wears off, you may feel some pain and discomfort from your procedure. The area where your procedure was performed may be sore or bruised. If you have pain, don't be afraid to say so. Pain medicine works better if you take it before the pain gets bad.

Follow-up care is the key part of your treatment and safety. Be sure to make and go to all appointments and call your doctor if you are having problems.

How will I care for myself at home?

Activity

- You may shower 24 hours after your G/G-J tube has been placed. If a dressing is used, change dressing after your shower.
- No tub baths, swimming or hot tubs for 2 months after the tube is placed.
- Change the dressing every 1-2 days or after a shower using following steps:
 - Wash your hands
 - Remove old dressing
 - Clean around tube with a clean single-use washcloth, mild soap and water
 - Rinse well and patting dry with clean towel
 - Apply new clean dressing. Be careful not to kink your tube
- If there is no drainage around the tube, you do not need a dressing. Clean tube site daily with mild soap and water.

Diet

- Do not put any food including pudding, jello, applesauce, pop or any kind of food into feeding tube.
- Resume your previous diet as tolerated eating oral food only, according to your primary care doctor's directions until tube feeds are arranged.
- Your doctor will arrange Home Care Nurses to give you supplies and instructions for feedings through your tube.

Medications

- Do not give crushed pills through the "J" port. Only give liquid medicine through the "J" port.
- Do not give the following medicines through any port ("J" or "G") of a feeding tube:
 - Carafate or antacids
 - Enteric-coated tablets
 - Slow-release tablets or capsules
 - Drugs that irritate the inside of your mouth when taken by mouth
 - Drugs that need chewed or put under your tongue
- Avoid mixing any medications with your feeding formula.
- If liquid medications are not available, check with your doctor or pharmacist to see if the tablet medication can be crushed.
- Check tube to make sure it is not clogged by flushing with 30 ml of water.
- Use a syringe no smaller than 30 ml to avoid high pressure and possible bursting of the feeding tube.
- Prepare medication by mixing liquid medication with 30 ml of water or by crushing tablet with a mortar and pestle to fine powder and mix with 30 ml of water.
- Give each medication separately to keep the drugs from interacting with each other.

- Connect syringe to medication port or “G” port on tube and gently push in medication.
- If medication port is not available, connect syringe to end of tube.
- Flush tube well following all medications to make sure the tube does not clog and then reconnect feeding bag.
- If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine for your pain.

If Your Tube is Blocked IMMEDIATE action is important:

- Check to see if the feeding tube is kinked and unkink it if it is kinked
- Place the flushing syringe into the tube end and gently pull back on the plunger to dislodge the clog.
- If the blockage remains, put warm water into the tube with a syringe. Gentle pressure alternating with suction will relieve most blockages.
- The tube can also be milked with your fingers from the insertion site out to the end of the tube.
- If the above measures do not work, call Interventional Radiology.

Follow-up Care

- Your tube may have sutures around it, holding it in place. These sutures do not need to be removed.
- If you have white buttons or green string near where the tube enters your skin, these should be removed 10-14 days after tube insertion or they may cause an infection. The white buttons should fall off when the green strings are cut. Please check with your doctor about their removal.
- The feeding tube may need to be replaced approximately every 6 months as the tube weakens. Please talk to your doctor if you have questions or concerns.

When should I call for help?

- If the tube falls out, it must be replaced within 12-24 hours.
 - Cover the hole in the skin with gauze pads and tape.
 - Call Vascular and Interventional Radiology at 734-936-4500, option 1, 5, for instructions on how to get the tube replaced. Interventional Radiology is available 8 a.m. and 5 p.m. Monday through Friday.
 - After hours and on holidays please call 734-936-6267 and ask to speak with the Interventional Radiologist on-call.
- Call 911 anytime if you have any of the following signs and symptoms:
 - shortness of breath
 - chest pains
 - Loss of consciousness – (if you passed out or fainted)

Call 911 anytime you think you need emergency care.

- Call Vascular and Interventional Radiology at 734-936-4500, option 1, 5, between 8 a.m. and 5 p.m. Monday through Friday, if you have any of the following signs and symptoms:
 - Increased pain at tube site
 - Fever (greater than 100.6°F)
 - Foul smelling drainage or abnormal bleeding from the tube site
 - Excessive leakage or redness around the tube site
 - Tube falls out
- After hours you can call 734-936-6267 and ask to speak with the Interventional Radiology Resident On-Call.

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