

GASTROSTOMY

SAINT BARNABAS MEDICAL CENTER
NEONATAL INTENSIVE CARE UNIT

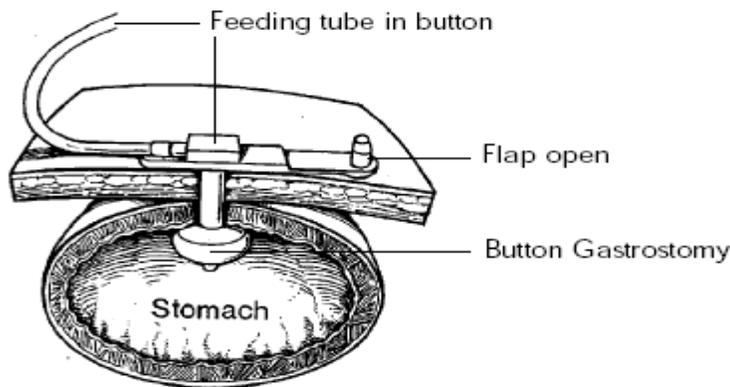
What is a gastrostomy?

A Gastrostomy Tube (G-tube) is a way to feed babies who are not able to suck or swallow enough for good nutrition. The gastrostomy tube is placed directly into the stomach. Baby's who have a G-tube may have a problem with their heart, esophagus, mouth (such as a cleft palate), intestines, or may not be able to suck and/or swallow well.

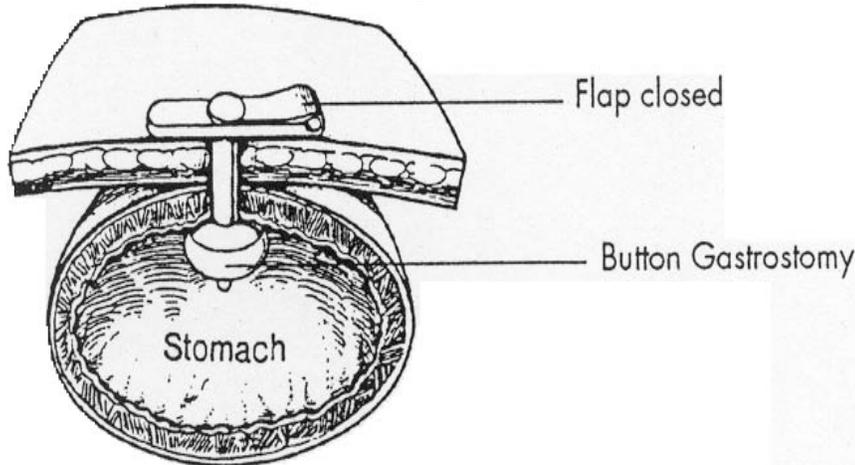
The Button Gastrostomy

The Button gastrostomy has a one-way valve inside that makes it difficult for milk to come out of the stomach and Button. Babies who have problems with gas may not do well with this type of gastrostomy. A special tube fits into the Button to feed the baby. The tube is removed and the outside flap closed after each feeding.

Button Gastrostomy with feeding tube



Button Gastrostomy without feeding tube with flap closed



Button Advantages:

1. The feeding tube is removed after feeding
2. Tube care is easy. You do not need to measure the tube, or use special adhesive dressings.
3. Fewer skin problems.
4. Lasts longer. Usually lasts 3-4 months before it needs to be replaced. The one-way valve not working is the most common reason the Button needs to be changed.

Disadvantages of the Button:

1. You must take the baby to the doctor if the tube comes out or use a Foley Catheter until another Button can be inserted.
2. The valve that stops formula from coming up feeding tube may get clogged and stop working.
3. Feeding tube can come disconnected if baby is active during feeding

Insertion of the Button:

1. The Button can be inserted in the surgeon's office or in the hospital.
2. Your baby may be given pain medicine before the Button is inserted because it can sting when the stoma is stretched before the Button is placed.
3. The doctor uses a guide to stretch the Button out so it can be inserted through the stoma and into the stomach.
4. Your baby may be fussy several hours after the Button is inserted. The doctor may tell you to use Tylenol or another pain medicine to make the baby comfortable. The will recover by the next day.
5. The stoma may be weepy or bleed slightly the first day or two.
6. Turn the Button in a complete circle each time you feed the baby the first 3-4 days after the Button is placed.

Cleaning the stoma (opening)**Supplies needed:**

1. Mild soap
2. Cloth - to wash skin
3. Water
4. Cloth - to dry skin
 - Wash the skin with mild soap and water 1-2 times a day.
 - Dry the skin well and leave open to air for about 15 minutes.
 - Turn the Button in a complete circle 1-2 times a day.

Weepy skin:

1. If the skin is weepy or blistered, rinse the area well with water and pat dry.
2. Sprinkle Stomahesive powder on weepy skin.
3. Dust off extra powder. Stomahesive powder will stick to weepy skin.
4. Repeat every 3-4 days until skin is healed.
5. Call the doctor if the area is not better in 1 week.

OR

1. If the skin is weepy or blistered rinse the area well with water and pat dry
2. Apply a thin layer of barrier cream.
3. Call the doctor if the area is not better in 1 week.

Rash:

1. If skin looks like it has "prickly heat" or "diaper rash," wash the area with soap and water.
2. Rinse well and pat dry.
3. Apply Cavilon™ No-sting barrier film and allow to dry until tacky.
4. Apply Stomahesive to the site.
5. Repeat every 2-3 days until skin is healed.
6. Call the doctor if the area is not better in 1 week.

Button care:

1. Flush the tube and Button with 2-5cc's of tap water after each feeding. This will keep the Button from getting clogged up as easily.
2. Clean the inside of the Button with a Q-Tip and tap water daily.

Types of feeding tubes:

1. Feeding tube for continuous feedings: The end is shorter. Use for regular or continuous feedings. Smaller size tubing allows for more control. Does not open one-way valve, so no venting occurs.
2. Feeding tube for bolus feedings: Tubing is larger. Opening is at the end of the tube. Used for thicker fluids. Difficult to control the rate of the feeding if just formula is given because of the size of the tube is large. Does not open the one-way valve, so no venting occurs.

Feeding Supplies:

Gather all equipment before beginning feeding:

Breast milk or formula 60cc catheter tip syringe Pacifier Tap water

1. Make baby comfortable: change diaper, suction as needed, offer pacifier, place in infant seat or on bed with head elevated.
2. Connect feeding tube adapter to Button
3. Check for breast milk or formula left in stomach from last feeding (residuals) by attaching a syringe to the tube and gently pulling back on plunger. If you get anything back in the syringe give it back to your baby by gently pushing on the plunger of the syringe. **DO NOT** throw this away because it contains important nutrients that your baby needs. If you get more than 15-20 cc's of breast milk or formula back from the last feeding call the doctor for a possible change in what you are feeding your baby.
4. Remove the plunger from the syringe
5. Put the syringe into the open end of the feeding tube.
6. Pinch feeding tube closed. Hold syringe upright but not too high- this can cause the feeding to go in too quickly.
7. Pour breast milk or formula into the syringe and add any medications. Release the tube and let the feeding begin to flow. Some parents measure formula for each feeding into a plastic bottle instead of directly into syringe.
8. A gentle push on the plunger to start the feeding may be needed
9. Add more breast milk or formula as the syringe empties. Pinch the tube closed when adding more breast milk or formula. To prevent air from getting into the stomach, do not let syringe run dry.
10. Feeding should run at 2-3 cc's/minute or be finished in about 20 minutes.
11. **Do not hang tube feeding or leave unattended.** BE
12. When feeding is finished, flush with 5 cc's of tap water or air to clear it of formula.
13. Remove feeding tube and close flap. Formula should not come back up the Button because of the one-way valve.
14. Clean equipment by washing syringe and feeding tube with hot soapy water. Let it air dry. Store in clean towel or baggie.
15. If feeding tube disconnects from the Button, breastmilk or formula will pour onto the baby. Reconnect the tube to the button and re-feed amount of breastmilk or formula you think was lost.

Medications:

1. Thick medicines can clog the Button. They need to be diluted with water or formula before being placed in the syringe.
2. Medicine in tablet form must be crushed and mixed with water or formula before placing in the syringe.
3. Give medicines at the beginning of the feeding. The remainder of the feeding will help to
4. Wash the medicine down the tube.
5. Flush feeding tube and Button with 2 - 5 cc's of tap water at the end of the feeding.

Cleaning and storing equipment:

1. Wash the feeding tube in hot soapy water; rinse well and air dry after each feeding.
2. Wash the feeding tubes once a week with vinegar and water mixture.
 - a. To use Vinegar Mixture (acetic acid)
 - i. Wash with mild liquid detergent and water. Bottled sterile water may be used. If tap water is used, run hot water for 3-5 minutes to remove germs from the water faucet.
 - ii. Soak feeding tubes in white distilled vinegar mixture (mix 16 ounces of tap water and 16 ounces of distilled vinegar) for 3 hours or overnight.
 - Remove from vinegar solution and rinse with tap water. Allow to air dry.
 - Discard used vinegar and water mixture after use.
 - Make a new vinegar and water mixture each time.
3. Store in clean towel or baggie.

Call the doctor if:

1. Bloody residuals (formula left in baby's stomach between feedings).
2. Residuals of more than 15 -20 cc's.
3. Stomach enlargement not helped by attaching feeding tube and hanging the tube open for 1 hour.
4. The button is leaking formula.
5. Unpleasant smell from the stoma (opening into stomach), bleeding stoma, formula leaking around gastrostomy tube.
6. Button is clogged and formula will not go down tube. Attempt to flush tube with 5cc of tap water. Use very gentle pressure on plunger. Stop if formula does not flow easily.
7. Button comes out. Save the Button and call the doctor. Stoma will stay open for several hours. Ask your doctor if there is anything they want you to do when/if the Button comes out.

Other information**Increasing feedings:**

1. The doctor will give you a schedule on how to increase your baby's feedings. Feedings are increased according to your baby's weight gain and the calories needed for growth.
2. Feedings are usually increased about 5cc's for each 1/2 pound of weight gained.
3. When your baby is allowed to nipple feed part or all of his/her feeding, the nipple feeding should be tried before the gastrostomy feeding when the baby is hungry.
4. A Feeding Record may be helpful to keep track of how well your baby eats. Take this record with you to each doctor's visit.

If you have any further questions, please ask your nurse or doctor.