

CLiP

15 minute Worksheet



Helping the patient with reduced hydration and nutrition

7: Managing a gastrostomy

Advanced level

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Aim of this worksheet

To understand the principles of managing a gastrostomy.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case study

Ben is a 33 year old man who has a moderate learning disability together with hydrocephalus, spastic diplegia, visual impairment and epilepsy. He has been diagnosed as having a carcinoma of the kidney with lung metastases.

A decline in Ben's nutritional status meant decisions relating to maintaining his weight and general overall condition had to be made. Ben has capacity for many decisions but he was not able to understand the complexities of this procedure. However, Ben's was clear that he wanted to feel better and following a best interests meeting, the decision was that he should have a percutaneous endoscopic gastrostomy (PEG).

The staff caring for Ben would like further advice on aftercare and problems relating to the PEG.

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Gastrostomy

T. It is an opening through the abdominal wall into the stomach through which a feeding tube can be passed.

F. PEG = percutaneous endoscopic gastrostomy since an endoscope is used to insert the tube.

F. Local anaesthetic and light sedation can be used (only surgery needs a general anaesthetic).

T. With good after care, gastrostomies can last for years (see also worksheet on *Non-oral routes*).

T. In a patient with a swallowing disorder, the risk is higher with a nasogastric tube.

Initially Ben was given a PEG with a small tube exiting from the stoma site. This was changed after six weeks to a low profile PEG tube 'button' which is discreet and comfortable to use and is favoured, especially by young people.

Initial care of the PEG site (if you have a local PEG team, follow their protocols)

For a new gastrostomy

1. The external fixation plate should be left intact for 72 hours to minimise gastric leakage and allow adherence of the stoma to abdominal wall.
2. Each day:
 - always wash hands before caring for PEG sites;
 - clean the newly formed stoma site using sterile saline solution.
3. After 72 hours, the external fixation plate should be loosened slightly to prevent adherence, and the tube rotated daily to avoid adherence to the tract.

When the stoma site has healed:

- cleaning should be done daily using water or mild soap solution;
- a dressing is not necessary unless there is a heavy discharge;
- bathing and showering are allowed at this stage;
- the tube should be flushed with 25-50 mls of water between feeds and after drug administration to prevent blockages. The frequency of flushes and the amount of water used will depend on frequency of feeds and whether medication is being given through the PEG.

Possible problems

Redness around the stoma:

Skin Excoriation: Is the fixation too tight or not being cleaned regularly? Is it too loose causing leakage? This inflammation and reddened skin can be prevented by use of barrier creams. If the stoma site is leaking gastric contents, ensure that the fixation plate is in the correct position.

Local infection: Are you using good hygiene techniques? Infection occurs in 3-15% of cases so a good hygiene technique is essential. Dressings may lead to moisture accumulation. Turning the tube daily prevents crusts forming and the development of scar tissue. If a local cellulitis is suspected (redness spreading well beyond the stoma) antibiotics should be given through the gastrostomy (usually flucloxacillin) and a wound swab should be taken for culture and sensitivity.

Tube blockage: why has it happened? Can it be reduced by regular flushing? Try flushing with a small diameter syringe to exert more pressure. If water does not clear the blockage, soda water or carbonised liquid may clear the tube. Pineapple juice contains a proteolytic enzyme which can be used to digest a blockage caused by feeds. Regular use of cranberry juice can reduce blockages. Some drugs coagulate with feeds and cause blockage (eg. anacids, carbamazepine, phenytoin) and they need to be well diluted (at least an equal volume of water) or given at least one hour separate from a feed.

Dislodged tube: has this been pulled too hard? If this is a new gastrostomy of 10 days or less, contact the team who inserted the tube. If the gastrostomy is well established then a urinary Foley catheter should be inserted to keep the stoma patent until a replacement can be obtained.

Nausea and vomiting this may due to the infusion running too fast or volumes being too large. Some patients need a prokinetic (metoclopramide or domperidone) to encourage gastric emptying.

Chest infections: these can be due to aspiration of feeds. There is no evidence that non-oral feeding reduces the risk of aspiration. It will help the patient to keep the head of bed at minimum of 30 degrees during a feed (and for at least 30 mins afterwards) may help and consider using metoclopramide to increase gastric emptying.

After care

- Oral hygiene should not be overlooked. Problems can be avoided with good regular oral hygiene as a part of routine care.
- Ben should be weighed regularly, his weight recorded, intake recorded and a check made that the prescribed amount is given. All of these are less important once his cancer progresses.
- Ben's tube size and date of insertion and removal method should be recorded.
- Details for delivery of supplies and feed for Ben should be made available.
- Balloon inflated tubes should be regularly checked (sizes vary from 5 to 30ml).
- Be innovative with volumes and schedules. NB. A flexible feeding regime constitutes a good quality of life.
- Stratton (2002) found that 83% of patients on home artificial nutrition still had the desire to eat.

True or false?

Write down your answers to these questions:

- A gastrostomy passes food directly to the stomach True False
- PEG stands for Percutaneous Exterior Gastrostomy True False
- Insertion needs a general anaesthetic True False
- A gastrostomy can be used long-term True False
- The risk of aspiration is lower with a gastrostomy True False

Solutions

What can you do for the following problems?

Problem	Your solution
Redness around the stoma	
Blocked tube	
Dislodged tube	
Vomiting after feeds	
Increase in chest infections	

Reflect

Think about what care Ben will need after his gastrostomy

FURTHER ACTIVITY: Managing a gastrostomy

The next time you have a patient with a gastrostomy.

- List the advantages for that patient
- Observe any problems the patient is having and consider ways of helping

FURTHER READING : Managing a gastrostomy

Journal articles

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Current Learning in Palliative care
An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

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