



Gastrostomy Feeding Tube Placement

What is gastrostomy feeding tube placement?

Gastrostomy feeding tube placement is a procedure in which the doctor makes another entrance into your stomach through which you can take food.

When is it used?

This procedure is done when you cannot swallow because you have had a stroke or have another problem with swallowing or appetite.

An example of an alternative is to choose to not have a gastrostomy tube placed, recognizing the risks of not being able to eat properly and accepting the natural course of the underlying illness. You should ask your doctor about this choice.

How do I prepare for gastrostomy feeding tube placement?

Plan for your care and recovery after the operation. Allow for time to rest and try to find people to help you with your day-to-day duties. Follow any instructions your doctor may give you.

What happens during the procedure?

The procedure is done in two basic ways. In the first, open gastrostomy tube placement, you will receive a general anaesthetic. This drug puts you to sleep, relaxes your muscles, and keeps you from feeling pain. The surgeon will make a cut in your abdominal wall and expose your stomach. Then he or she will make a cut through the wall of your stomach and place a tube through the skin into the stomach. Sometimes the tube will be threaded further into the duodenum, which is the first part of the intestines after the stomach. This requires a smaller tube, which plugs more easily but decreases regurgitation. The surgeon will then sew the tube to your abdominal wall and close the cut.



The second way, called percutaneous endoscopic gastrostomy (PEG) tube placement, is usually done with mild sedation given in the vein and a local anaesthetic. The doctor will guide an endoscope through your mouth and into your stomach. An endoscope is a long, narrow tube with a camera and light on the end of it. It lets your doctor look into the inside of your stomach. Your doctor will fill your stomach with air to make it bigger. He or she will guide a needle through your skin and abdominal wall and into your stomach. The doctor then will place a wire through the needle, retrieve it with the endoscope, and bring it out the mouth. The doctor will place a plastic tube over the wire through your mouth and push the tube along the wire's path into your stomach. He or she will secure the tube to your skin.

What happens after the procedure?

You will be taken back to your hospital room. You may stay in the hospital for 1 to 3 days, based on your condition. PEG tube patients may leave the same day. You may be fed directly into a vein for 1 or 2 days. Later, you will be fed by a nurse or instructed how to feed yourself through the gastrostomy tube. You may be shown how to care for the tube.

Ask your doctor what steps you should take and when you should come back for a check-up.

What are the benefits of this procedure?

You will be able to get enough nutrition.

What are the risks associated with this procedure?

- i) There are some risks when you have general anaesthesia. In the elderly, mild to severe confusion can occur which may last from hours to weeks after general anaesthesia. Discuss these risks with your doctor.
- ii) You may need to have the tube changed periodically. The area around the tube may become infected after the operation.
- iii) Infection or bleeding may occur.

You should ask your doctor how these risks apply to you.



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When should I call the doctor?

Call the doctor immediately if:

- ✓ The tube comes out.
- ✓ You find the tube becoming blocked.
- ✓ You are unable to take food through the tube.
- ✓ You have a lot of drainage around the tube.

Call the doctor during office hours if:

- ✓ You have questions about the procedure or its result.
- ✓ You want to make another appointment.

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