

How To Take Care of My Child's G-tube A Guide for Caregivers



Thank you, Caregiver!



This guide belongs to:

Please write in this booklet!

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Many thanks to the Connecticut Children's Division of Pediatric Surgery, Division of Pediatric Gastroenterology, the UConn Health Librarians, and the wonderful families of children with G-tubes.

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What is a G-tube?

A gastrostomy tube (G-tube) or a gastrojejunostomy tube (GJ-tube)

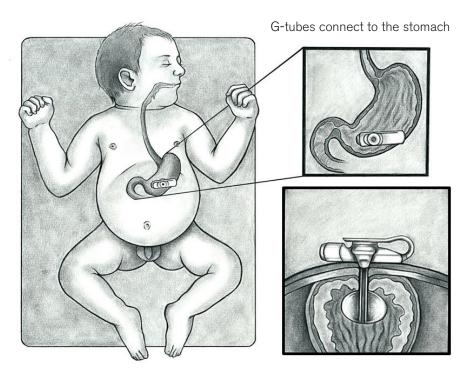
is a small plastic tube that connects to your child's stomach or small intestine.

While your child is asleep, a surgeon makes tiny cuts on their belly and puts in the tube using a camera. Your child won't feel any pain while the G-tube is being placed, but they might feel sore afterwards.

After the G-tube is placed, you can give your child nutrition, fluids, and medicine through the tube into their stomach.

The **G-tube tract** is the connection from the outside of your child's belly to their stomach. It will start to heal right away, but it takes 6-8 weeks to heal completely.

The **stoma** is the small hole in your child's skin where the G-tube goes in.



Why does my child need a G-tube?

Children need G-tubes for different reasons, such as:

- Your child needs more food and water than they are able to take by mouth.
- Your child has trouble with chewing, swallowing, or digesting food.
- Your child needs a special diet.
- Your child needs medicines that taste bad.

A G-tube will make it easier to feed your child and give them medicine. This will help your child's body and brain grow as much as possible.

Your child will have a G-tube for as long as they need it. Once your child no longer needs the G-tube for nutrition, fluids, or medicine, your doctor will discuss with you the best time to remove it.

Growing up with a G-tube

My child needs a G-tube because...

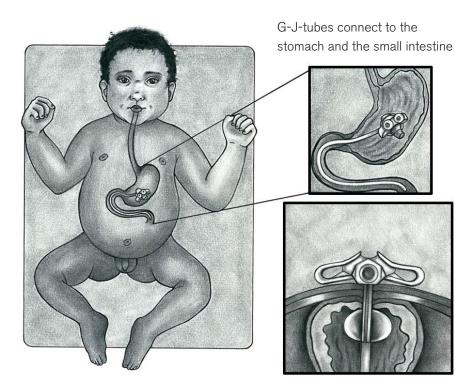
What type of G-tube does my child have?

There are many different types of G-tubes. Some tubes are long, while some are short. Some tubes are temporary, while some are used for a long time. **GJ-tubes are different** (see page 5).

Your child may have different types of G-tubes over time.

Your doctors will discuss the different types of G-tube with you and make sure your child has the right one.

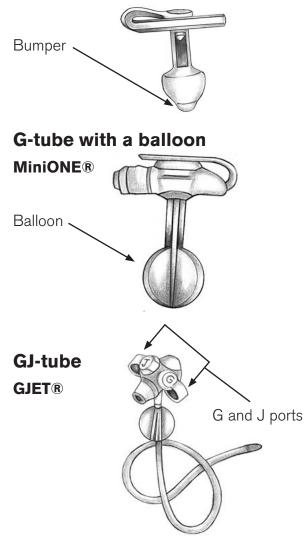
Each G-tube has different holes, or ports, for you to give nutrition and medicine. Talk to your doctors and nurses about how to use each G-tube port.



What type of G-tube does my child have? My child has a...

G-tube with a bumper

Microvasive button®



Refer to your manufacturer's guide for more information about your child's specific brand of G-tube.

What type of G-tube does my child have?

GJ-tubes are different

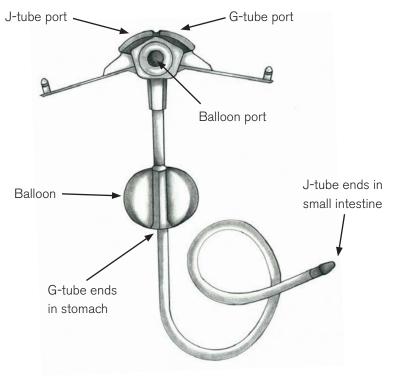
If your child has a GJ-tube, you should know that this tube is different and has special instructions.

That is because a GJ-tube has two parts. One part connects to your child's stomach, and another part connects to their small intestine. **This is why you should never turn a GJ-tube!**

Your child's GJ-tube must be changed by a radiologist using X-rays.

Your child's GJ-tube has 3 holes, or ports, for different purposes:

- Jejunal (J) gives nutrition
- Gastric (G) lets air out of the stomach and gives medicine
- Balloon (Bal) holds water to keep the tube in place



Activities

Kids with G-tubes can go to school, travel, and play with friends and pets!

Right after the G-tube is placed, your child can do their regular activities, such as lying on their belly, crawling, walking, or running.

If your child goes to school, talk with your child's teacher and school nurse about their G-tube so they will know what to do in case there is a problem with the G-tube.

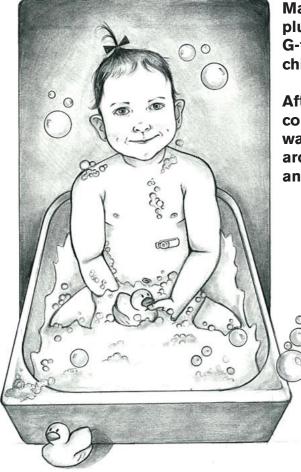


Bathing

Your child can take a tub bath **7 – 10 days** after their surgery. During this time, you should still clean and dry your child's skin around the G-tube (see page 19).

Your child can take a shower **2 days** after their surgery.

Your child can go in a swimming pool **10 days** after their surgery. Talk to your doctor before your child plays in a lake, pond, or ocean.



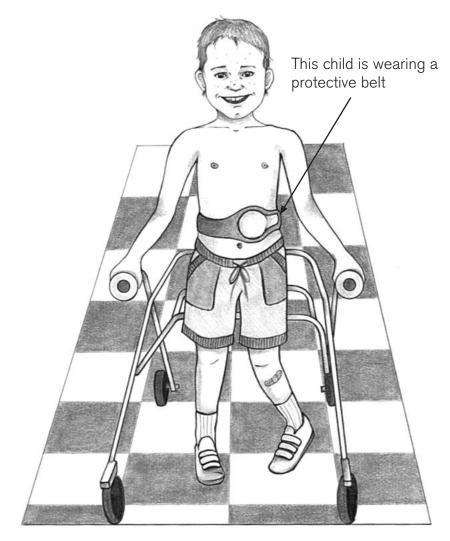
Make sure to plug or clamp the G-tube before your child gets wet.

After your child comes out of the water, clean the skin around the G-tube and dry it well.

Clothing

Your child can wear their favorite clothes! Do your best to prevent your child from tugging on the G-tube. For infants, a onesie works well.

If the G-tube is long or hangs loose, secure it to your child's clothing or skin. You can try a safety pin, tucking the G-tube snugly inside their clothing, or using a protective belt if your child is very active (see below).



Travel

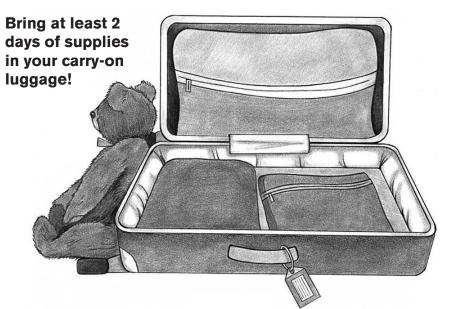
You and your child can still go on fun adventures together! If you are going on a long trip, talk to your doctor about how to plan for it.

When leaving home, bring all your child's equipment, formula, medicine, and extra supplies with you. *Write down your child's equipment using the checklist on the next page.*

If you are flying on a plane, you should **pack at least 2 days of supplies** in your carry-on luggage. You may require a doctor's letter to bring formula in your carry-on luggage.

Make a plan so you know where to get medical help in case your child gets sick or there is a problem with the G-tube.

Our pediatric surgeons and gastroenterologists can recommend places for G-tube care in most states. Just ask!



My Child's Equipment Checklist

Your child's formula type, amount, and feeding schedule depends on their needs. *Write down your child's formula information below. Write down their feeding schedule on the next page.*

Types of feeds include bolus and continuous.

- Bolus feeds are given over a short period of time during the day or night.
- Continuous feeds are given continuously or for several hours at a time.

Most children are fed with a pump which you will be taught how to use. Your doctor will tell you if it is safe to feed your child with a syringe.

	Туре:
	Manufacturer:
Formula Information	Total amount of formula per day:
	Total amount of water per day:
	Supplements:
	Steps to Make My Child's Formula:
Formula Preparation	

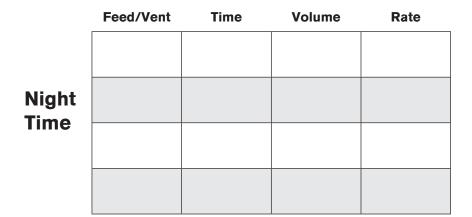
If instructed by your doctor, flush the G-tube with water.

Flush the G-tube with _____ mL of water before each feeding.

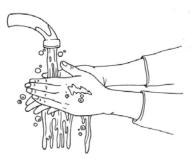
Flush the G-tube with _____ mL of water after each feeding.

My Child's Feeding Schedule

	Feed/Vent	Time	Volume	Rate
Day Time				
TIME				



Flush the G-tube



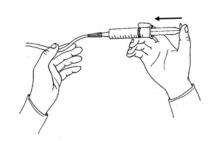
 Wash your hands well with soap and water for at least 30 seconds.



2. Gather the equipment. Prepare the formula or medicine. If possible, have your child sit up with their head raised.



 If instructed to flush the G-tube with water, attach a syringe with water to your child's G-tube extension tubing. Hold the syringe upright so that water flows freely through the G-tube.



 If the water does not flow freely, gently press on the plunger to push water into the G-tube . Try this a few times. Call your doctor if the G-tube will not flush with water.

Feed with a pump

- 1. Wash your hands and prepare the equipment.
- 2. Fill the feeding bag with the correct amount of formula.
- 3. Connect the feeding bag tubing to the pump.
- 4. Turn on the pump. Then prime the pump and tubing with formula.
- 5. Connect the feeding bag tubing to the G-tube extension.
- 6. Connect the G-tube extension to your child's G-tube.
- 7. Secure the G-tube extension so that your child does not tug on it.
- 8. Set the pump at the correct rate.
- 9. When the feeding is done, turn off the pump and disconnect the feeding bag tubing from the G-tube extension. If instructed, use a syringe to flush the G-tube extension with the correct amount of water.
- 10. Disconnect the G-tube extension from the G-tube.
- 11. Clean the equipment (see page 20).



If possible, keep your child's head upright after the feeding.

Feed with a syringe

- 1. Wash your hands and prepare the equipment.
- 2. Connect the G-tube extension to your child's G-tube.
- 3. Remove the plunger from the syringe, then connect the syringe to the G-tube extension.
- 4. Hold the syringe above your child's stomach.
- 5. Pour the correct amount of formula into the syringe.
- 6. Let the formula flow freely into your child's stomach.
- 7. If instructed, use the syringe to flush the G-tube extension with the correct amount of water.
- 8. Disconnect the G-tube extension from the G-tube.
- 9. Clean the equipment (see page 20).



If possible, keep your child's head upright after the feeding.

How do I give my child medicine?

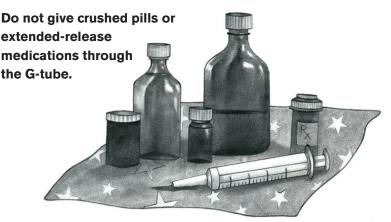
Your child needs their medicines to stay healthy.

Medicines come in all different types and forms. Some medicines are given with food, while some are given on an empty stomach. *Write down your child's medicines on the next page.*

Tell your pharmacist that your child has a G-tube. Give your child their medicines as instructed!

Give medicine

- 1. Wash your hands and prepare the equipment.
- 2. Connect the G-tube extension to your child's G-tube.
- 3. Put the prepared medicine into the syringe.
- 4. Attach the medicine syringe to the medicine or feeding port on your child's G-tube.
- 5. Slowly and gently push the medicine into your child's G-tube.
- 6. Use a syringe to flush the G-tube with the correct amount of water. *It is important to flush with water because sticky medicines can block the tubing.*
- 7. Disconnect the G-tube extension from the G-tube.
- 8. Clean the equipment (see page 20).



Flush the G-tube with _____ mL of water after giving medicine.

My Child's Medicines

Name	Dose	Preparation	Time

How do I vent the G-tube?

When your child has a G-tube, they may need help with burping before or after their feedings. Venting the G-tube allows gas to leave their belly, like a burp. *Write down your child's feeding and venting schedule on page 12.*

Your doctor will tell you how often and how long to vent your child.

Some children may use a device called a Farrell bag attached to their G-tube to vent their stomachs continuously. If your child needs a Farrell bag, your doctor will give you special instructions.

Vent with a syringe

- 1. Connect a syringe to the G-tube extension. Remove the syringe plunger.
- 2. Elevate the syringe to allow air out.
- 3. Allow any stomach fluid that comes out to drain back into the stomach.
- 4. Vent until your child looks comfortable.



How do I clean the G-tube?

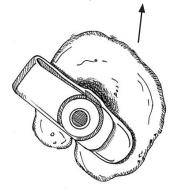
Clean around the G-tube after feeding, showers or baths, and as needed if there is drainage from the stoma.

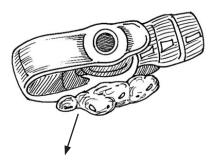
It is very important to keep your child's skin clean and dry around the G-tube.

Daily skin care

- 1. Wash your hands well with soap and water for at least 30 seconds before and after cleaning the G-tube.
- 2. Disconnect the G-tube extension if it is not being used.
- 3. Clean the skin around the G-tube at least once daily using a soft clean cloth with mild soap and water, then dry well. **Do not use Q-tips!**
- 4. Pat the skin dry with a clean cloth or towel.
- 5. Check around the G-tube every day for skin changes, such as irritation, redness, swelling, or leakage. *A smear of blood or a small amount of clear yellow or tan drainage is normal.*
- 6. Turn the G-tube daily to prevent skin irritation. **If your child has a GJ-tube, do not turn it!**
- 7. If you use a gauze or pad underneath the G-tube, change it daily or if it gets wet. *Do not use cream, lotion, or ointment unless instructed.*

Skin infection around the G-tube (cellulitis) will be red, painful, warm and spread outwards. Take pictures and call your doctor right away if you see this.





Thick, red, bumpy skin around the G-tube (**granulation tissue**) may bleed easily. This is not an emergency, but show your doctor because it can be treated.

How do I clean the G-tube?

Daily equipment care G-tube extension tubing and syringes

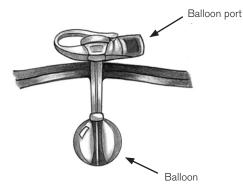
- Clean the G-tube extension tubing and syringes after each use.
- Mix one drop of dish soap with one cup of water. Rinse the G-tube extension tubing and syringes with the soapy water. Then rinse for 30 seconds with water only.
- Lay the equipment on a clean towel to dry. Once dry, store the equipment in a clean, covered container.
- Replace the G-tube extension tubing every week.

Pump feeding bag and tubing

- Clean the feeding bag and tubing with water every 4 hours.
- Rinse the feeding bag and tubing with water only.
- Replace the feeding bag and tubing every day.

G-tubes with water balloons

- If your child's G-tube has a water balloon, your doctors will show you how to check the balloon after 6 weeks.
- Check the balloon volume every other week and refill as needed.
- Do not check the balloon until your doctors have shown you how to do this.



Replace any equipment that is cloudy, cracked, too hard to clean, or not working properly.

Reorder supplies at least 10 days before you run out!

Problem-solving

Problem	What you should do
G-tube fell out	
The G-tube balloon broke.	 If your child has a new G-tube (placed within 3 months), go to the emergency room or clinic immediately. Do not attempt to replace it.
The G-tube was accidentally pulled out. • The G-tube soon as positive that the trace	 The G-tube needs to be replaced as soon as possible (within 4 hours) so that the tract will not close.
	 For G-tube previously changed, gently insert a deflated tube into the stoma, but do not force it. Go to the clinic or emergency room.
	 Do not attempt to replace the G-tube on your own unless you were taught how to do this. Never replace a GJ-tube.
G-tube is clogged	

Thick formulas or medicines are clogging the tube.	Prevent clogging by flushing the G-tube with water after feeding or giving medicines.Check the G-tube and extensions for any
The G-tube may be out of place.	kinks or closed clamps.Flush the G-tube with a small amount of warm water. Repeat 2-3 times.If the G-tube is still clogged or you are unable to use the G-tube for any reason, call your child's doctor.

G-tube is leaking fluid

Balloon may need water.	Check the water in the balloon and replace if needed.
G-tube may be out of place or the wrong size.	 Check that G-tube turns freely (do not turn GJ-tubes). If the leaking does not stop, call your child's doctor.

Problem-solving

Problem

What you should do

Redness or irritation around the G-tube

G-tube is rubbing too much.

Your child may have a skin infection (cellulitis). A skin infection may have pain, redness, swelling, warmth, bleeding, draining fluid, or a bad smell.

- If you are concerned about an infection, call the clinic. Take pictures to show your doctor!
- Clean the skin around the G-tube daily with mild soap and water and keep it dry.
- If you use a dressing, change it daily or whenever it gets wet.
- Apply barrier cream only if instructed by your doctor.
- Turn the G-tube daily (do not turn GJ-tubes).
- If these steps do not help or if your child has other signs of illness (fever, vomiting), contact your child's doctor.

Bumpy, red, thick skin around the G-tube

This may be 'granulation tissue'. Granulation tissue looks bumpy and wet. It is also fragile so it bleeds easily.

G-tube is rubbing too much.

G-tube may be too tight or too loose.

- Disconnect the G-tube extension tubing when you are not using it.
- Secure the tubing when you are using it to prevent it from tugging or rubbing on your child's skin.
- Clean the skin around the G-tube daily and keep the skin dry. If you use a dressing, change it daily or whenever it gets wet.
- Call your child's doctor to discuss how to treat granulation tissue.

If your child has a temperature above 100.4 F, call your child's doctor.

My Notes

Special Instructions for My Child:

Му	Notes			

Helpful Resources

www.connecticutchildrens.org/health-library/en/parents/G-tube/

www.feedingtubeawareness.org

Don't Freak Out If Your Child Needs A G-tube: https://www.youtube.com/watch?v=JJeWwSY-Kro

My Important Information

Contact information

Provider	Contact Information
	<u> </u>

Call for feeding problems or skin problems:

Call for equipment problems:

My Important Information

Next appointments

Provider	Appointment

Thank you, Caregiver!





My Important Information: G-tube Essentials

My child's G-tube information	Type/Brand:
	Size: F Length: cm Balloon volume: mL
	Date of initial placement:// My child's G-tube was placed (circle):
	Laparoscopically PEG Open Notes:
My child's care team	Pediatrician/primary care doctor:
	Gastroenterologist:
	Surgeon:

connecticutchildrens.org

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