Service: Imaging

Guidelines for management of Gastrostomy tubes/PIGG

(Percutaneous image guided gastrostomy)

Information for healthcare professionals

Exceptional healthcare, personally delivered
Feeding by Gastrostomy is an alternative to the nasogastric (NG) route, usually in patients who require long term feeding. The tubes can stay in situ for many months.

At Southmead we use the Fresenius Kabi’s Freka feeding tube, 15FG (Order Code: 7755651).

1.0 Post insertion PIGG management

1.1 Post insertion: Immediate

- The patient will remain nil by tube and nil by mouth for minimum 4 hours post procedure (water may be taken up to 2 hours before the procedure)

- Analgesia may be required. If patient has been prearranged for day case PIGG then the IR nurses may administer PR pain relief.
1.2 Post-insertion: after 4 hours

- Flush the tube with 50ml of sterile water
- Check the stoma site
  - Small amounts of serous fluid will be present; this is normal.
  - If the fixation device is loose and there is leakage or swelling contact the insertion team.
- Gastric juices in the tube are unsightly and may cause blockage. To prevent this: cap the tube immediately following flushing to prevent backflow.

*If there is pain on the initial sterile water flush then stop and obtain advice.*

**Once the initial sterile water flush has been tolerated:**

- If patient going to in-patient bed:
  - Start feeding as per the dietitian’s regimen: - When connecting PIGG to feed administration set raise the PIGG ENFIT end.
  - Unless contra-indicated, ensure the patient’s head and shoulders are supported at least 45° during, and for one hour following feeding, to reduce the risk of aspiration.
- The tube should then be flushed with 15ml of water using a 50ml syringe.
- If no dietitian regimen is available contact the dietetic department and consider using the temporary feeding regimen.

If patient being discharged as a day case procedure (prearrangements will have been carried out and agreed ahead of the procedure):
- The patient must demonstrate that they are able to give a bolus flush of tap water (50ml) via their PIGG.
- Please check that the patient has a supply of sterile water/saline and gauze for cleaning PIGG site, syringes and nutrition at home.
- Please contact the dietitian department to confirm the patient has had the procedure and fit for discharge.

1.3 Post-insertion: 24 hours
- Clean the stoma site with sterile water or saline. Do not reapply a dressing.
- Check the tension of the tube. When the external fixation is in place you should be able to move the tube in and out approximately 5mm. If it is:
  - Too tight - necrosis may occur
  - Too loose – the tube may migrate into the stomach allowing leakage or pyloric blockage.
1.4 Post-insertion: 48 hours

- Clean the site with sterile saline/water one to two a day, for five days and thereafter with soap and water.
- Ensure the area around the tube is dried gently but thoroughly.
- Inspect the site carefully. Significant swelling or leakage should be reported to the medical staff or Nutricia nurse if at home.
- Do not apply a dressing unless there is leakage around the stoma site. If necessary a dry dressing should be applied. Avoid occlusion dressings as the accumulation of moisture may lead to skin irritation.
- Check the tube tension as in 1.3
- You may shower but do not immerse the site in water for at least two weeks following insertion.

1.5 Post-insertion: 2 weeks

1.5.1 Daily cleaning routine

- Push the tube 2-3cm into the stoma and rotate through 360° to clean the whole site and prevent granulation.
- The fixation device may now be separated to allow further cleaning.
- Immersion of the site is now permitted (bathing and swimming) but always remember to close the port.

1.5.2 General care

- Oral hygiene is essential even when total nutrition is via the PIGG.
2.0 Problem solving

2.1 Tube blockage

Prevention is better than cure:

- Medicines should be in liquid form is possible. When solid medicines are unavoidable they must be well crushed and suspended in water.
- Liquidised food is NOT to be put into the tube.
- Flush the tube with not less than 15ml of tap water using a 50ml syringe before and after feeds and medication.

2.1.1 Unblocking

- Flush with warm water, as above, using a gentle push-pull action.

2.1.2 If you are unable to unblock the tube:

- In patients – Contact the IR unit.
  Remain nil by tube.

- Community patients – Contact Nutricia helpline.

See contact numbers on back page.
2.2 Redness and infection around the wound site

Scrupulous skincare as detailed should prevent this. However, alert the medical staff if there are signs of redness, pain, swelling or discharge.

2.2.1 Tenderness, pain or discomfort

- May be a sign that the fixation device requires adjustment. However, the PIGG must not be adjusted for the first two to three weeks.
- If the tube is too loose or too tight contact:
  - Inpatients – the IR unit.
  - Community patients – the Nutricia helpline.

2.2.2 After 2-3 weeks

- Open the fixation device.
- The external fixator should be secured ensuring the tube moves 5mm.
- Medical staff should be informed if there is a problem.
3.0 Discharge Information

3.1 Items that the patient may require on discharge -

3.1.1 Items that the patient will have already been supplied with prior to their PIGG placement

- Syringes: 2 x 50ml – Single patient use
- Feed supply
- 10 x ampules of sterile water/saline
- Gauze for cleaning PIGG site

3.1.2 Items that the patient may require on discharge from ward

- Sufficient feed/supplement
- Syringes:
  - 2 x 50ml – per flush/water/bolus feed.
  - 2 x 20mls – administration of medicines.
  - 1 x 2ml – unblocking the tube.

3.2 Discharge with PIGG / Gastrostomy tubes -

3.2.1 For patients having PIGG replacement and are established on home feeding

Discharge can be arranged the day following placement providing:

- Water has been tolerated.
- Pain is not excessive.
- There is no discharge from the site.
- The district nurse has been informed (the dietitian will liaise with the HETF dietitian).
- If there are leaks of fluid around the tube, or pain on feeding or new bleeding STOP feed immediately and seek urgent advice. Telephone the IR unit if tube inserted within the last five days or the Nutricia Helpline if after three working days (see contact numbers).

3.2.2 For all other patients discharge will take at least 3 working days and can occur when:
- The feeding regime is fully established.
- The home enteral feeding service is set up if within the North Bristol area. For patients outside the area liaise with the dietitian.
- Necessary patient/carer training has occurred.
- The district nurse has been informed.
- Discharge will be co-ordinated between the HMS service and hospital dietitians.

3.4 Removal of the PIGG tube
- Should only occur on the advice of the appropriate medical team.

3.5 PIGG parts
- Spares are available via the dietetic department.
How to contact us:

IR consultant, accessed through Gate 18 secretaries
0117 414 9012

Dietitian
0117 414 5828 (office hours)

Nutricia Homeward 24 hour helpline
08457 623653

www.nbt.nhs.uk