



The Dudley Group
NHS Foundation Trust

Caring for a balloon retained gastrostomy tube (Pexact or RIG tube)

GI Unit

Patient Information Leaflet

Introduction

This leaflet is about caring for a balloon retained gastrostomy tube. It includes information on what the tube is, what it looks like, how to check if it is okay and what problems to look out for.

What is a balloon retained gastrostomy tube?

It is a special feeding tube which is kept in place by an inflated medical balloon inside your stomach. There are two ways in which the tube can be inserted.

- **It can be inserted in the Endoscopy Department:**

A soft tube is placed in your stomach through a cut in your abdomen (tummy). It is held in place by a small balloon on the inside of your stomach with some stitches or medical buttons.

The procedure also involves the use of an endoscope (a thin, flexible tube with a bright light on the end) being passed through your mouth and into your stomach.

This tube is called a Pexact tube.

- **It can be inserted in the X-ray department:**

This tube is called a radiologically inserted gastrostomy (RIG) tube.

Radiologically – is the term used for a procedure carried out in an X-ray department, using X-ray and scanning equipment.

Inserted – the tube is inserted through the skin. You may also hear the term ‘percutaneous’ used to describe this part of the procedure.

Gastrostomy – an opening into the stomach.

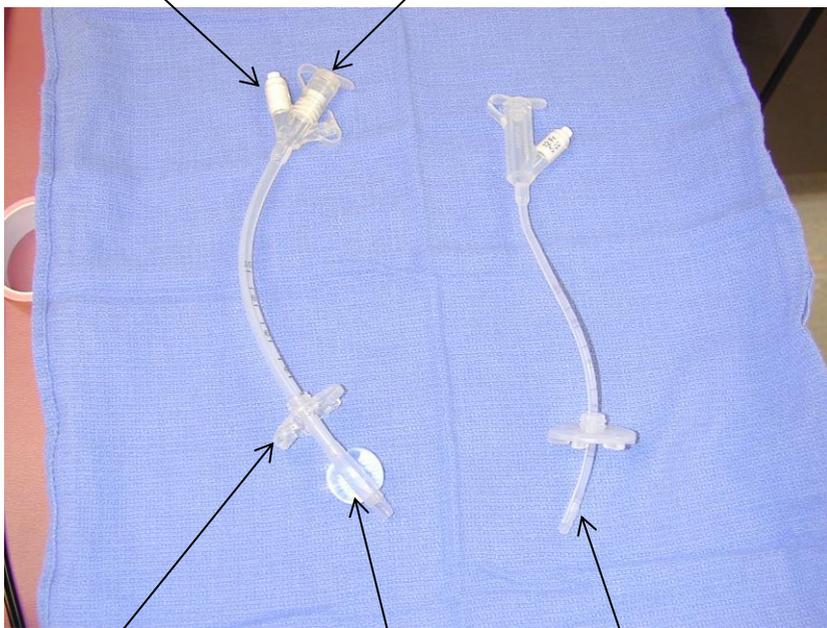
The aftercare for both types of tube is the same.

What does it look like?

Please see image below:

1. Balloon port

2. Feeding port



3. External fixation plate

Deflated balloon

4. Internal balloon (inflated)

Figure 1 – shows a balloon retained gastrostomy tube

Notes:

1. Balloon port – used for inflating and deflating the internal balloon.
2. Feeding port – used for feeds, water and medication.
3. External fixation plate – this holds the tube in place. The bottom of the base should rest just above the skin surface.
4. Internal balloon – the inflated balloon within the stomach will keep the tube in place. The balloon should be inflated with sterile or boiled and cooled water.

When will my stitches be removed?

When the tube is first inserted, it is held in place with two stitches. These will need to be removed after 10 to 14 days. We will remove these during an appointment at the nutrition clinic.

After this time, the balloon will be sufficient to keep the tube in place. When inflated, the balloon will prevent the tube from falling out. This is a hard-wearing balloon but will need to be changed at regular intervals, about once every two to three months.

We will normally change the tube when you come to the hospital for an appointment but sometimes we can arrange for this to be done in your own home by a district nurse.

Over time, you or your carer may feel confident enough to change the tube yourself.

How do I check if the balloon is OK?

Once a week, it is important to check the amount of water in the balloon. This is to check the condition of the balloon.

To do this:

- Collect the equipment together. You will need two purple 5ml syringes and sterile water (cooled boiled water).
- Wash your hands.
- Draw up 5mls of water into one syringe.
- Hold the feeding tube still by placing your finger and thumb on either side.
- Insert the empty syringe into the balloon port and remove water from the balloon.
- Check water in the syringe for volume and colour.
- Discard old water.
- Insert the syringe filled with fresh water into the balloon port (labelled 1 on figure 1).
- Gently push water from the syringe into the balloon.

How will I know if the balloon is okay?

If the balloon is starting to perish, this will be indicated by either drawing back less water than expected and/or the water being discoloured.

If this happens, contact the GI unit and they will arrange for a nurse to change the tube.

How do I flush out the tube?

It is important to flush out your tube both before and after every time you use the tube, either for a feed or medication.

You should fill a purple 60ml syringe with cooled boiled water and put this through the feeding port of your tube to flush it. We will show you how to do this.

What should I do if the tube falls out?

Sometimes the balloon can wear out before the three month period and if this happens, the tube is at risk of falling out.

If the tube does come out, it is important that we replace it as quickly as possible to prevent the track from healing over.

If you can put the tube back in yourself, this would be very helpful as this will keep the track open. However, you should contact the GI unit straight away on 01384 244113 (7am to 4pm, Monday to Friday), for them to replace it with a new tube. If this happens out of the GI opening hours, please go to your nearest Emergency Department (A&E).

How do I keep my mouth clean?

Brush all the surfaces of your teeth, gums and tongue at least twice a day, using your regular toothpaste and toothbrush.

Try not to lick your lips as this can make drying and chapping worse. Moisten lips with a lip balm or moisturiser.

Artificial saliva or a mouthwash may help if your mouth is dry.

If you have had surgery on your face, neck or mouth, your nurse or hygienist will advise you on what to do to keep the area clean.

Can I have a bath or shower after my tube has been fitted?

Yes. It is perfectly safe to have a bath or a shower with a feeding gastrostomy tube.

It is a good idea to have a shower for the first two weeks after the tube has been inserted.

After two weeks, the site should be fully healed and you may safely have a bath and even go swimming if you wish.

What can I put down the tube?

- Your feed as prescribed by your dietitian
- Water
- Medicines in liquid form

How can I feed myself with my tube?

- Always follow the instructions your dietitian has given you.
- Make sure you are always sitting in an upright position, never lying down.
- Do not change the type or amount of feed that has been prescribed for you, without contacting your dietitian for advice.

How do I put medicines down my tube?

- Medicines need to be in liquid form – your pharmacist will provide these.
- Some tablets can be crushed and dissolved in water so ask your pharmacist for advice.
- If you are taking syrup medication, measure your dose and then dilute it with the same amount of water before putting it down your gastrostomy tube.

Gastrostomy tube do's and don'ts

Do:

- ✓ Check the site daily. Tell your district nurse or GP if you notice any swelling, leakage, redness, soreness or pain.
- ✓ Follow the instructions given by your dietitian.
- ✓ Wash your hands thoroughly before touching your stoma site (the area of skin where the tube goes in).
- ✓ Clean and dry the area carefully each day, especially under the external fixation plate.
- ✓ Flush the tube properly with sterile water.
- ✓ Only put liquid medicine, feed and water down your gastrostomy tube.
- ✓ Contact your district nurse if the feeding port is damaged in any way.
- ✓ Check your balloon on a weekly basis.
- ✓ Make sure you are upright when you give yourself a feed. Stay upright for one hour before and after your feed.

Don't:

- X Don't put anything down the tube not recommended by your dietitian.
- X Don't re-position the tube yourself unless you or your carer have been trained to do so.
- X Don't try to replace the tube end unless you know you have a replacement to hand.

Important information

Feeding through the gastrostomy tube should be painless. If you experience pain whilst having a feed, switch off the feed and go straight away to your nearest emergency department (A&E).

Similarly, if you notice any fresh blood or feed coming out around the side of the tube during feeding, stop feeding and go straight away to your nearest emergency department (A&E).

Can I find out more?

You can also get further information from:

www.pinnt.com

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit on 01384 244113 (7am to 4pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/gastroenterology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ، ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ پیرائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔