Gastrostomy – jejunostomy (G-J) tube care



What is a gastrostomy - jejunostomy (G-J) tube?

A gastrostomy-jejunostomy tube is a tube or button that is placed into your child's stomach and small intestine (jejunum). It is also called a G-J tube or G-J button.

The tube is used to:

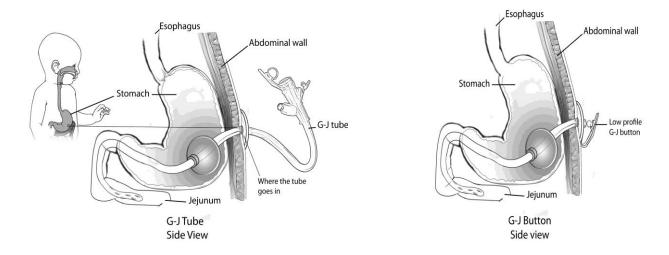
- Give your child feedings and medicines.
- Vent your child's stomach for air or drainage.

A doctor inserts your child's tube or button in the Radiology (X-ray) department, operating room (OR) or Special Procedures room. Please ask a member of your child's care team if you have any questions.

The gastrointestinal (GI) tract

Part of the tube is inside your child's stomach and jejunum. Both the tube and the button:

- Have a balloon that keeps them inside the stomach.
- Have small holes that let feedings and medicines travel into the stomach and jejunum. The holes also let air and stomach contents travel out.



Part of the tube or button is outside of your child's body.

- The end of the tube has 3 openings or ports: gastric, jejunal and balloon. These are all clearly labeled. A member of your child's care team will teach you how to use them.
- If your child has a tube, it has a plastic disc that rests on the stomach. This helps to keep the tube from moving too much.
- If your child has a button, it should rest snug against their skin. It should not be so tight that it causes pressure on the skin.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

What do I do before my child has the tube placed?

Your child will need to stop drinking and eating a certain amount of time before the test.

- If your child is having the tube placed in Radiology, follow the Radiology team's instructions.
- If your child is having the tube placed in the operating room (OR) **or** in Special Procedures, follow the doctor's instructions.

What will the procedure be like?

- Your child may or may not have sedation for the procedure.
 - Sedation is medicine to help your child relax and sleep.
 - It depends on your child's age, condition and what needs to be done.
 - If your child needs sedation, talk with a member of the care team for more details.
- In Radiology a radiologist (a doctor who is trained in children's X-ray procedures) or surgeon will place your child's G-J tube.
- In the OR or Special Procedures a gastroenterologist (a doctor who is trained in children's stomach and GI problems) or surgeon will place the G-J tube.

Are there any risks?

- Radiation in general is a risk. The amount of radiation used is the smallest amount possible to get the best pictures. Talk with the Radiology team for more details. It is OK to ask questions.
- If your child gets contrast (dye), there is a small chance they may have an allergic reaction. This can include hives, itching, sneezing and trouble breathing or other serious problems. Your child's doctor will talk with you about the risks before you sign the consent form.
- If your child needs sedation, your child's doctor will talk with you about the risks before you sign the consent form.
- A parent or legal guardian must be present or available by phone to give consent for the procedure and the use of contrast or sedation.

What happens once the tube is in place?

- If your child had sedation, they will need to stay until they are fully awake. Your child may start feedings in the hospital to make sure they will tolerate them.
- The doctor who placed the tube will give instructions on when to start using it.
- Schedule a follow-up visit with your child's doctor **right away**. The doctor will talk with you about any further care for your child and answer your questions.

G-J tube care

What type of care does my child need at home?

Your child's G-J tube will need special care to keep the area and tube clean.

Gather these supplies:

- Soap and water
- Clean gauze pads
- Syringes of different sizes
- Water to flush the tube

To clean your child's G-J tube or button:

- Wash your hands well with soap and water for at least 20 seconds. Always do this before and after you care for your child's tube.
- If your child has one, remove the old dressing.
 - Check the G-J tube site for redness, swelling and green or yellow liquid drainage. Check for excess skin growing around the tube.
 - A small amount of clear or tan liquid drainage is normal.
- Clean the skin around the tube and button or under the plastic disc with soap and water.
 - You may also clean the area during bath or shower time.
 - Rinse the skin using clean tap water and dry it well.
- If there is any drainage at the disc or button, place one 2 x 2 split gauze pad underneath.
- Do not rotate or twist a G-J tube. This can cause kinking and dislodgement.
- Do not use alcohol and hydrogen peroxide-based products. These may irritate your child's skin. Keep the stoma dry to help prevent infection and skin breakdown.
- Do not use antimicrobial creams, ointments and dressings.

How do I give my child feedings and medicines?

A member of your child's care team will teach you how to give your child medicines and feedings using the G-J tube or button. Your child's feeding schedules should fit with your family's life and routine at home.

Flushing the tube

Talk with your child's care team about when to flush the tube. When advised to do so:

- Slowly push warm, clean, tap water into the opening of the G-port or J-port. Talk with the care team about how much water to use.
- Wash the syringe after you are done flushing the tube. Use warm, soapy water. Let it air dry. You may reuse it later as long as it is not damaged.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Giving medicines

- Before giving your child any medicine, always check with the doctor or pharmacist first to find out about:
 - What medicines to give through the J-tube versus G-tube.
 - What medicines can be crushed or mixed together.
 - Some medicines cannot be opened or crushed.
 - Some medicines cannot be mixed together safely.
 - What to mix the crushed medicines in.
 - When to give the medicine.
- Do **NOT** mix medicines with formula or any other tube-fed liquids. If your child is not able to take the whole feeding, they will not get a complete dose of medicine.

How can I protect my child's tube?

- Keep your child's t-shirt over the tube. One-piece, snap t-shirts work best for babies and toddlers.
- You may also loosely wrap and cover the tube with a stretchy bandage or gauze.
- Until your baby or toddler gets used to having the tube, they may need to wear elbow immobilizers (also called welcome sleeves). This is to help prevent your baby or toddler from touching the site and pulling on the tube until the site can heal. If these are needed, talk with a member of your child's care team for more details.
- Keep the end of the tube closed.
- Remove the feeding tube extension from the button if it is not being used.

When should I call the doctor?

Call your child's doctor if the G-J tube gets pulled out or falls out and take your child to the nearest emergency department (ED) right away. The opening may close in 1 to 2 hours. It is important to call and go **right away**.

Before going to the ED:

- If bleeding happens, press gently on the site with a clean, soft cloth.
- Your child's doctor or nurse may give you a spare G-tube or Foley catheter to place in the hole just in case the G-J tube ever came out.
 - If so, insert the G-tube or catheter into the hole where the tube came out. If using a catheter, secure it in place with tape. This may help prevent it from getting pulled out or pushed in.
 - Do not put anything else into the hole to hold it open.
 - Be sure to go to the ED right away.
 - **Do not** use the G-tube or catheter to feed or give medicine to your child.
- Take your child's G-J tube with you.
- When the G-J tube is replaced, your child will get an X-ray to make sure it is in the right place.

Also call your child's doctor for these other problems.

Problem	What to do
The G-J tube site is red, sore, swollen or has green or white drainage.	 Clean the site and the tube as you were taught to do. Call your child's doctor right away if your child also has a fever over 100.3°F (38°C). This is an emergency.
Your child misses a feeding because of a problem with the tube.	Call your child's doctor.
The G-J tube site is leaking clear or mucus-like liquid.	Call your child's doctor.
Extra skin or scar tissue appears to be growing around the tube site.	Clean the site and the tube as you were taught to do.Call your child's doctor.
The G-J tube is clogged.	 Try to: Slowly push warm water into the tube with a 10 mL syringe. Gently push and pull on the syringe. Use a plunge or pulse motion. Never try to push any object into the tube to unclog it. If you cannot unclog the tube, call your child's doctor.
Your child vomits their feedings or their stomach is bloated.	 Stop the feeding. Call your child's doctor. If the tube is out of place, you may need to take your child for an X-ray.
MIC G-J tubes need to be changed about every 12 months.	Call your child's doctor to schedule a tube change.
You have questions or concerns about your child's tube or how your child looks or feels.	Call your child's doctor.

Please call your child's doctor if you have any questions or concerns about the tube or about how your child looks or feels.

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.

Be sure to write down this information and keep i	t with you.
Your child's doctor's name and phone number:	-
Your durable medical equipment (DME) company to order supplies in the future:	y (also called Home Health) name and phone number
Your child's G-J tube type and size:	

This teaching sheet contains general information only. Talk with your child's doctor or a member of your child's healthcare team about specific care of your child.