

# Gastrostomy tube (G-tube) care

## What is a gastrostomy tube (g-tube)?

A gastrostomy tube, or g-tube, is a tube (sometimes called a button) that is placed into your child's stomach during surgery.

The tube is used to:

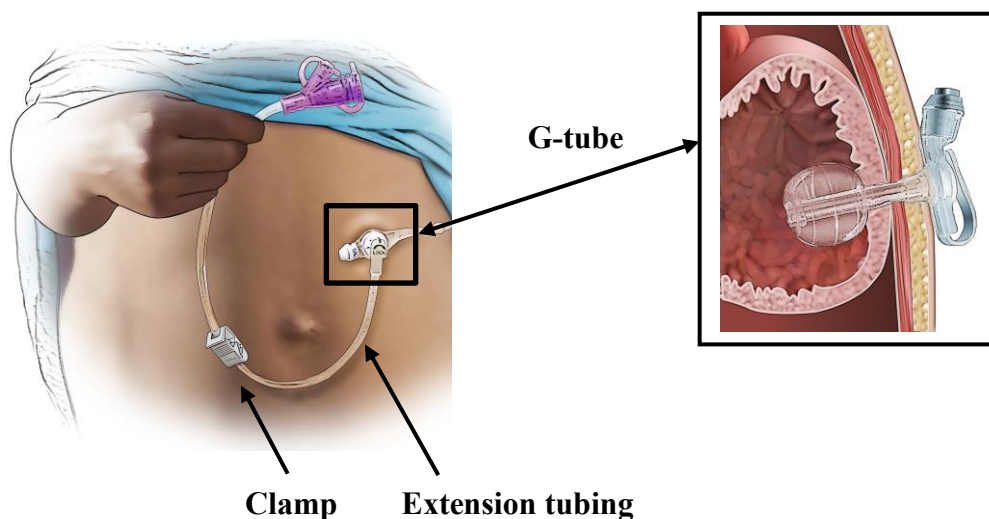
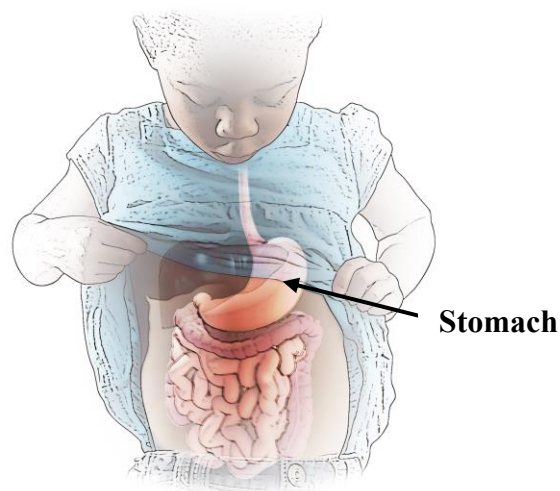
- Give your child feedings and medicines.
- Give your child water.
- Vent your child's stomach for air or drainage.

Part of the tube is inside your child's stomach. The tube has:

- A balloon that keeps one end inside the stomach.
- A small hole in the balloon that let feedings, water and medicines go into the stomach.

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

- The outside of your child's tube should not be so tight that it causes pressure on the skin.
- You will connect extension tubing to the g-tube when needed. Remove extension tubing when not in use. Rinse with tap water from the sink. Removing extension tubing helps prevent:
  - The tube from getting accidentally pulled out.
  - Granulation tissue from forming (raised, reddish skin around the tube).



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

Closely follow the care team's instructions about when to have your child stop eating and drinking before surgery.

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

# Gastrostomy tube (g-tube) care, continued

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## What happens when the tube is placed?

- Talk with the doctor about how they will place your child's tube during surgery. There are 3 ways:
  - Laparoscopy. The doctor will make 2 to 4 very small incisions (cuts) in the belly.
  - Percutaneous. The doctor will make a small "hole" in the stomach through the belly. The tube will go through the hole.
  - Open incision. The doctor will make one larger incision.
- Your child will get anesthesia. They will be asleep and not feel any pain.

## What happens after the tube is placed?

Your child:

- Will likely have some pain and gas. The care team can most often treat your child with medicine.
  - Most times the g-tube can be used right away for medicines. Check with your child's care team about when it is safe to give medicines.
- Will not be able to drink, eat or start feedings through the new tube for at least 6 hours. It is common for your child to get I.V. fluids during this time.
- May come back with the g-tube vented to allow any extra gas and stomach contents to drain out of their stomach.

When it is OK to use the g-tube, the care team will start giving feeds.

- They may first start with clear liquid (or electrolytes) that goes in slowly. This is to help make sure your child can tolerate liquid without getting sick to their stomach.
- If your child does OK with feeds at a slow rate, the care team will gradually increase how much formula goes in over 1 hour (hourly rate) until they reach the rate the doctor orders.

## G-tube care at home

### How do I care for my child's skin?

- Clean and check the skin around tube every day.
- Remove any tape or dressings before cleaning.
- Always rotate the g-tube as advised by the care team.
- Remove any crusted material from your child's skin and tubing with soap and water. You may use a cotton swab to clean the skin under the g-tube.
- Rinse the area around the tube with warm, clean water. Pat it dry.
- You may leave it open to air.
  - You may place split gauze around the tube to protect and keep skin dry.
  - Never leave a wet dressing on the skin. Stomach acid may cause a burn or discomfort to your child's skin.

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## How do I give my child medicines and feedings?

Your child's care team will teach you how to give your child medicines and feedings using the g-tube. Your child's feeding schedule should fit with your family's life and routine at home.

### Flushing the tube

- Flushing the tube is when you slowly push water through it using a syringe.
  - Make sure the tube is clamped shut.
  - Attach a syringe with water to the tubing.
  - Unclamp the tube.
  - Slowly push the water through the tube.
  - Clamp the tube shut.
  - Remove the syringe.
- Talk with the care team about when to flush the tube. Ask them how much water to use.
  - Some examples of when you may flush the tube include after you give feedings and medicines.
- Even if your child is no longer using the tube, you should still flush the tube at least every 8 hours to help prevent bacteria (germs) from building up in the tube.
- Wash the syringe after flushing the tube. Use warm, soapy water. Let it dry. You may reuse it later as long as it is not damaged.

### Giving medicines

- Before giving your child any medicine, always check with the doctor or pharmacist to find out:
  - 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.
- To give medicine through the tube:
  - Make sure the tube is clamped shut.
  - Attach a syringe with the medicine to the tubing.
  - Unclamp the tube.
  - Slowly push the medicine through the tube.
  - Clamp the tube shut.
  - Remove the syringe.
- Always flush with water after giving a medicine to ensure your child gets the full dose.

### Giving feedings

- There are 3 types of tube feedings.

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## Gastrostomy tube (g-tube) care, continued

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- Bolus feeds. This is when only a certain amount of formula goes through the tube. This happens over a short period of time at certain times throughout the day and/or night.
- Continuous feeds. This is when formula goes through the tube at a certain rate (set amount of formula goes in at a set speed) over a long period of time.
- Gravity feeds. This is when formula is poured into an open syringe and flows through the tube by gravity.
- Talk with the care team about what type would be best for your child. Ask them what supplies and equipment you will need at home.

### How can I protect my child's tube?

To help prevent the tube from getting pulled out:

- Keep your child's t-shirt over the tube. One-piece, snap t-shirts work best for babies and toddlers.
- You may loosely wrap and cover the tube with a stretchy bandage or gauze.
- Do not let the tube or extension tubing dangle.
- Remove the extension tubing while the tube is not being used.
- Do not let your child pull on or play with the tube.

### What happens if the tube comes out?

Take your child to the emergency department (ED) **right away** if the tube comes out and you have not been taught to put it back in.

The area where the tube was placed needs time to fully heal. Your child will need to see their doctor 8 to 10 weeks after surgery. Most often, you will be taught how to replace the tube at this visit. You will then replace the tube every 3 to 5 months (or sooner if it comes out).

### When should I call the doctor?

Call your child's doctor for any of the listed problems below.

Problem	What to do
The g-tube site is red, sore, warm, swollen or has green or white drainage.	<ul style="list-style-type: none"><li>• Clean the site and the tube as you were taught to do.</li><li>• Call your child's doctor.</li></ul>
Your child misses a feeding because of a problem with the tube.	<ul style="list-style-type: none"><li>• Call your child's doctor.</li></ul>
The g-tube site is leaking clear or mucus-like liquid.	<ul style="list-style-type: none"><li>• Call your child's doctor.</li></ul>
It looks like extra skin or scar tissue is growing around the tube site.	<ul style="list-style-type: none"><li>• Clean the site and the tube as you were taught.</li><li>• Call your child's doctor.</li></ul>

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The g-tube is clogged.	<ul style="list-style-type: none"><li>• Try to:<ul style="list-style-type: none"><li>– Slowly push warm water into the tube with a 10 mL syringe.</li><li>– Gently push and pull on the syringe. Use a plunge or pulse motion.</li></ul></li><li>• Never try to push any object into the tube to unclog it.</li><li>• Call your child's doctor if you cannot unclog the tube.</li></ul>
Your child vomits their feedings or their stomach is bloated.	<ul style="list-style-type: none"><li>• Stop the feeding.</li><li>• Call your child's doctor.</li><li>• If the tube is out of place, you may need to take your child for an X-ray.</li></ul>
Your child has a fever (temperature of 100.4°F or higher).	<ul style="list-style-type: none"><li>• Call your child's doctor.</li></ul>
You have questions or concerns about your child's tube or how your child looks or feels.	<ul style="list-style-type: none"><li>• Call your child's doctor.</li></ul>

### What information should I keep on hand?

Your child's surgeon's name and phone number:

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Your child's gastroenterologist's (stomach doctor) and phone number:

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Your durable medical equipment (DME) company (also called Home Health) name and phone number:

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Your child's g-tube type and size:

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### Where can I learn more?

Scan the QR code to watch a short video about using your child's g-tube at home.



**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.**

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