

G-Tube Feeding by Syringe

A guide for patients with a balloon retention gastrostomy tube

Read this book to learn:

- the parts of your G-tube
- how to care for your G-tube
- how to use your G-tube
- how to prevent your G-tube from becoming blocked
- common problems and what you can do about them



You had a gastrostomy tube (G-tube) put in your stomach to give your body nutrients and fluid. This booklet will guide you through the things you need to do and know to take care of yourself. You will also learn how to deal with any problems you may have.

At first, you may be scared or unsure about using your G-tube for feeding. This is normal. With practice you will feel more comfortable and will be able to go through the steps more quickly.

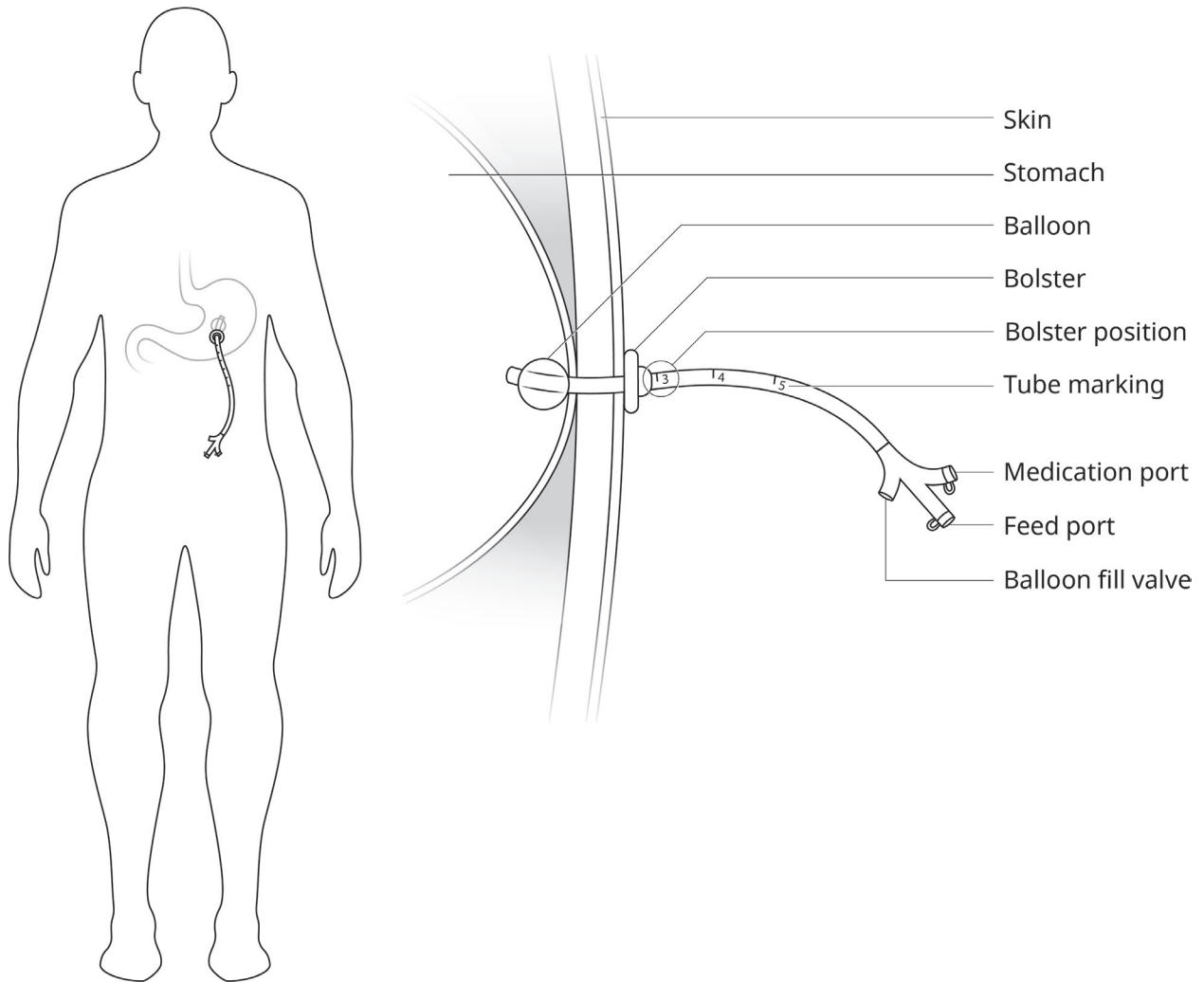
If you have any questions, contact your nurse at Princess Margaret Cancer Centre using the important numbers in Section F.

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Section A

Understanding the parts of your gastrostomy tube



My bolster position: _____

Sterile water in my internal balloon: _____

Balloon

This balloon is filled with sterile water and helps to keep your G-tube from moving outside the stomach. You will be told how much sterile water is in your balloon so it can be checked by a homecare nurse.

Tubing

The tubing connects the internal balloon to the ports. It lets the water, formula and medication get into your stomach. The tubing also has numbers on it which help you to check if your bolster is at the correct position.

Bolster

This is the clear, round piece of soft plastic that sits directly on top of the exit site. The bolster helps to keep your G-tube from moving further inside your stomach.

Bolster Position

The number on the tubing closest to the bolster is your bolster position. Your bolster position should always remain the same. You will be told your bolster position so you can check it every day.

Exit Site

The area of skin on your abdomen (belly), under the bolster, where the feeding tube comes out.

Medication Port

This is where you will give yourself medications.

Feed Port

This is where you will give yourself formula.

Balloon Port

This port allows the amount of sterile water in the balloon to be checked. Only a nurse or doctor should use this port.

Section B

How to care for your gastrostomy tube

How do I care for the exit site?

After you get your G-tube, there will be a gauze dressing under the bolster. This gauze dressing should be removed the next day. You don't need the dressing. It's better if the exit site is left open to the air.

Daily cleaning of the exit site

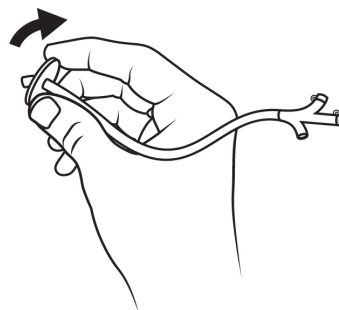
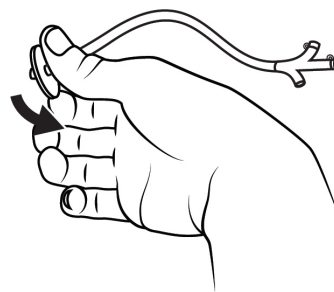
Wash your hands with soap and water before you begin.

For the first 3 days after your G-tube is put in:

- Clean under the bolster and around the exit site with the chlorhexidine swabs you were given two times a day. These swabs have a special antiseptic (germ killing) wash on them.
- Leave it to air dry.

After 3 days, clean under your bolster and around your exit site **every day** using mild soap and water on a clean, damp cloth. To clean under the bolster:

- Secure the upper half of the bolster with your thumb and gently lift the bottom of the bolster up so you can clean the skin.
- Repeat to clean the skin under the upper half of the bolster.
- Gently pat it dry.



Can I take a shower with my G-tube in place?

Showering with a feeding tube

You do not need to cover your G-tube when showering. Letting soap and water running gently over the tube will not hurt it.

- Don't let the water stream directly hit the G-tube.
- Don't rub soap onto the G-tube.
- Make sure you pat dry around the tube and under the flange once you are done.

Do not take a bath when you have a G-tube.

Checking your G-tube exit site every day

Every day, look at the exit site of your G-tube to make sure it is ok. You can do this while you are cleaning it.

What should I watch for?

1. Check for redness or pus.

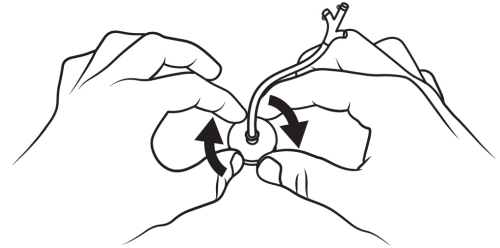
- If you are having radiation treatment and you see any pus, or your exit site looks red and feels tender, tell your nurse in your weekly review appointment or visit the radiation nursing clinic.
- If you finished radiation treatment and have home care, tell the visiting nurse or call the Clinic Site Telephone Line. See page 24 for important phone numbers. Or, visit your family doctor to check the exit site.
- If these signs of infection happen in the evening or on the weekend, go to your local emergency room.

Daily bolster care

After cleaning the exit site:

Turn the bolster.

- Place both hands on the bolster and gently turn it (which will turn the entire G-tube) one full circle so the bolster is back to its original spot.



- It doesn't matter what direction you turn the bolster. You can turn it to the left or to the right.

You need to turn the bolster once a day for 1 month after you get the tube. This helps to stop skin from growing onto and sticking to the tube.

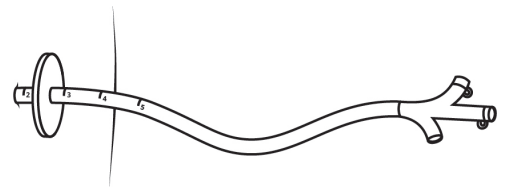
The date I can stop turning my bolster is: _____

2. Check the bolster position.

- The day after you get your G-tube, during your education session, you will be shown your bolster position number. Your bolster must always stay at this number.

My bolster position number is: _____

- If your bolster is at a different number or your bolster no longer sits just above of the exit site, (for example, there is now more room between the exit site and bolster), it may mean your feeding tube has moved inside or outside your stomach.





If you think your feeding tube may have moved, don't use your G-tube and don't eat or drink by mouth (if you are able to) until you speak to a health care professional and they tell you it is safe to do so.

- If you are having radiation treatment and you think your tube has moved, tell your nurse in your weekly review appointment or visit the radiation nursing clinic.
- If you finished radiation treatment call the Clinic Site Telephone Line for instructions. See page 24 for important phone numbers. Or go to your local emergency room to check your feeding tube.
- Your G-tube needs to be changed every 6 months. Ask your doctor or nurse practitioner to enter an order first and then call Interventional Radiology at 416 340 3384 (Monday to Friday 8:00 - 4:00 pm) to get an appointment time. Do NOT eat or drink anything 8 hours before the G-tube change.



If your tube comes out completely, cover the exit site with sterile (clean) gauze. Do not eat or drink by mouth (if you are able to do so) and go to your local emergency department.

Try to go to Toronto Western Hospital or Toronto General Hospital if you live in Toronto. Both are part of University Health Network along with Princess Margaret Cancer Centre.

Checking your balloon once a week

A home care nurse will be arranged to help you check and care for your feeding tube. This nurse will start weekly balloon checks 2 months after your G-tube was put in.

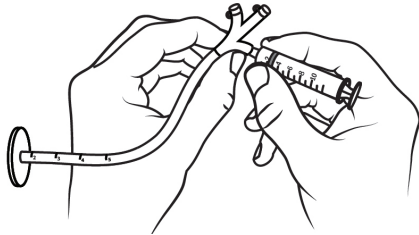
My balloon checks should begin: _____

The amount of sterile water in my balloon is: _____

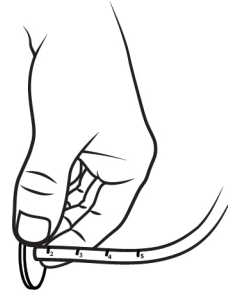
How to do a balloon check:

The information below is to help your visiting nurse when they do your balloon check.

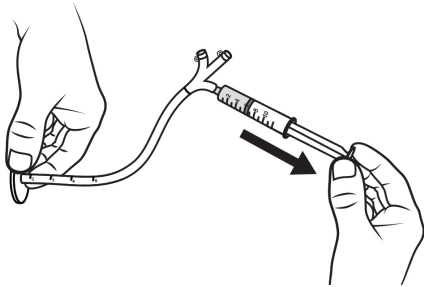
- Do not check the balloon when you are using the tube for feeding. Once you are finished, flush the feeding tube with 30 ml of water.



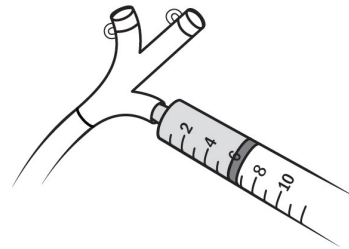
A. Attach an empty 10 millilitres luer tip syringe to the “balloon” port.



B. Place one hand firmly on the flange. This will stop your G-tube from accidentally slipping out of your stomach during the balloon check.

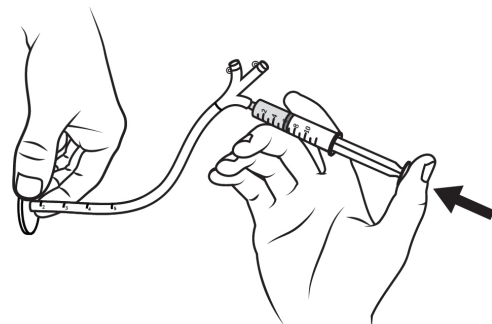


C. Slowly pull back on the syringe’s plunger. This will pull the sterile water from the balloon into the syringe causing the balloon to deflate. Keep pulling back on the plunger until no more sterile water comes out.



D. Check the syringe to see how much sterile water was in the balloon. It should be the amount put in during your procedure and written above.

E. Gently push on the syringe plunger putting the sterile water back into the balloon. This will cause your balloon to inflate.



- F. If the amount of sterile water is less than it should be, the missing amount needs to be added to keep your balloon properly inflated. For example, you need to have 6 ml and only 5 ml was in the balloon. You need to add the 1 ml of sterile water into the balloon.

Important: Less sterile water can cause you G-tube to move out of the stomach.

- G. Only when the balloon is inflated should you remove your hand off the bolster.

Adding missing sterile water into the balloon:

- If you need to add sterile water, remove the syringe from the balloon port.
- Put the syringe in sterile water and pull the plunger. This will pull water into the syringe. Stop when you get to the amount you need.
- Attach the syringe again to the balloon port.
- Gently press on the plunger putting the missing sterile water into the balloon.



If your balloon has less sterile water then it should 3 weeks in a row, your balloon may have a leak. In this case, it is important that your G-tube be checked. Call the Clinic Site Triage Line (see page 24 for important numbers) and they will help to arrange a G-tube check.

Section C

How to use your gastrostomy tube: A step by step guide using the syringe method

This section will teach you how to:

- gather supplies for your feeding
- flush your G-tube
- feed yourself
- clean up after the feeding
- give yourself medicine through your G-tube



Remember these important safety tips:

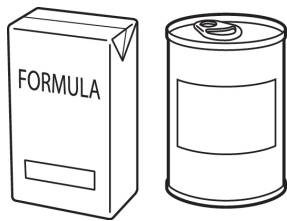
- Putting blended or pureed food into the feeding tube can cause it to become blocked. The only things you should ever put through your feeding tube are:
 - water
 - store-bought formula that a registered dietitian has approved
 - medications that your health care team have approved
- Make sure to clean your work surface before gathering your supplies.
- Wash your hands with soap and water before you begin your feeding.
- Always stay in a sitting position during your feeding. **Don't lie down.**
- After your feeding you should continue to sit up, or you may take a walk. **Don't lie flat for 1 hour after your feeding is finished.** If you lie flat, the formula could back up from your stomach and go into your lungs. This is also called **aspiration**.
- You should use a new syringe about every 7 days. Even if you rinse it, it can become dirty over time and harder to use.
 - Talk to your CACC coordinator or registered nurse during review appointments with your doctor. They can let you know where you can get new syringes.

Clean your work surface.

This will keep harmful bacteria (germs) from getting on your supplies.

Step 1: Gather your supplies

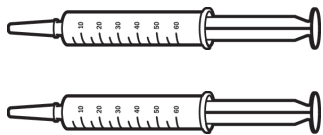
Here is a list of supplies you need to gather before you begin.



Formula

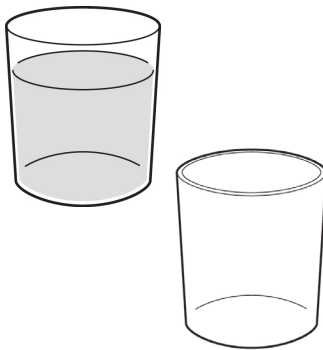
Formula is liquid food that you buy at the pharmacy. It usually comes in a can, bottle or Tetra Pak® box. The formula has all the nutrients, vitamins and minerals you need to stay healthy.

There are many different types of formula you can buy. Some examples are Nutren® 1.5 or Isosource®. Always store the formula at room temperature.



2 Catheter-tip syringes (60 millilitres, equal to 2 ounces)

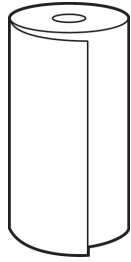
There is a 3-centimeter (1 inch) tip on it. You will use the syringes to flush your G-tube with water and to give yourself medicine and formula.



Glass of room temperature water and another empty glass

Room temperature water is used to flush your G-tube to make sure it is working properly. Using cold water could cause you to have pain or cramps in your abdomen (belly area).

The other glass will hold formula.

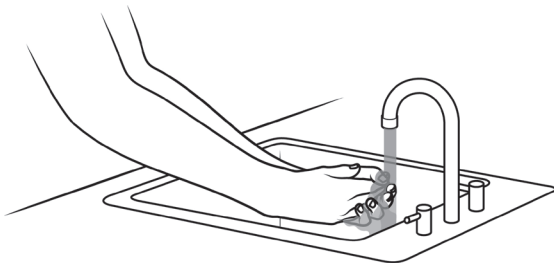


Clean paper towels

Use paper towels to protect your clothes from stains and spills. Choose one without any dye or print.

Place your supplies on top of the cleaned work surface, like a table. Place a chair next to the table to sit on during your feeding.

Step 2: Wash your hands

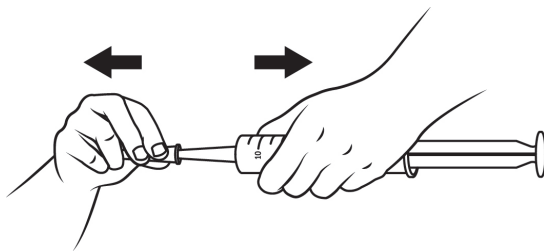


After gathering your supplies:

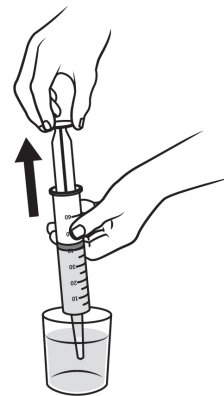
- Wash your hands with soap that has no perfume in it (unscented soap).
- Dry your hands using a clean towel.

Step 3: Flush your G-tube

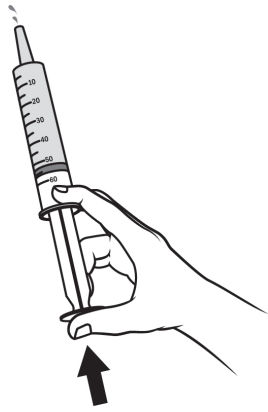
Flushing your G-tube before each feed will make sure it is working well and isn't blocked.



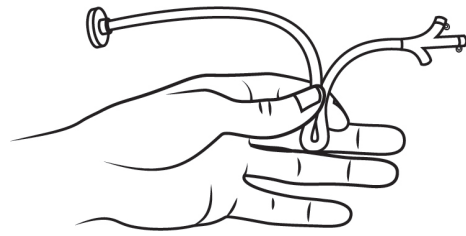
A. Remove the cap from your syringe.



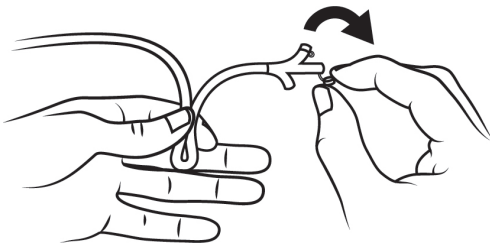
B. Place the tip below the waterline to make sure no air goes into the syringe. Fill the syringe with 60 millilitres of room temperature water.



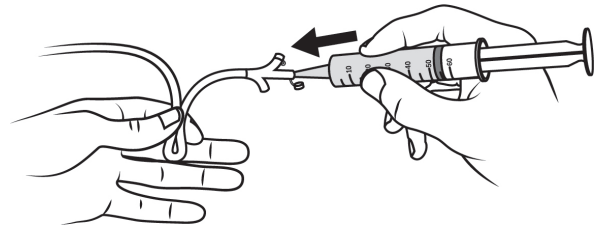
C. Aim the tip of the syringe up in the air. Squeeze a tiny bit of water out of the tip to make sure there is no air left in the syringe.



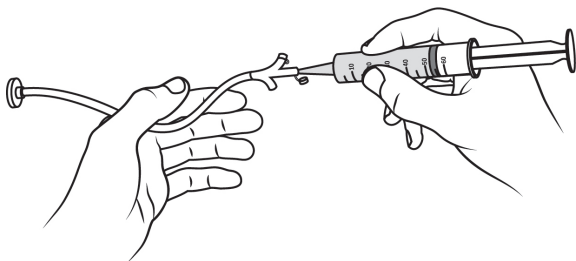
D. With one hand pinch the tubing into a V shape. This will help to stop fluid from spilling from the G-tube when the cap is removed.



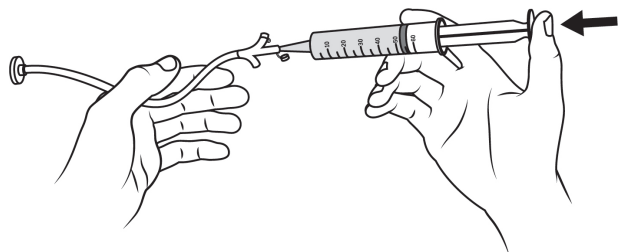
E. As you keep pinching the tubing, remove the cap on your G-tube from the middle "feed" port.



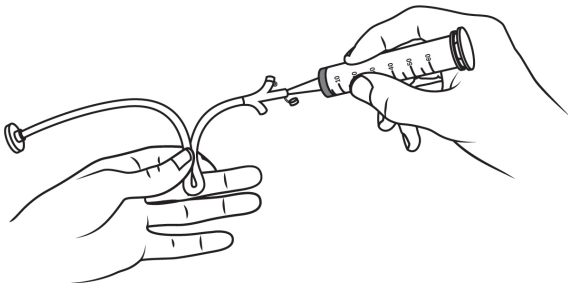
F. Keep pinching the tubing and insert the tip of the syringe filled with water into the opened feed port.



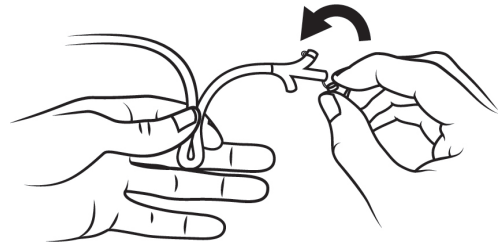
G. Stop pinching the tubing.



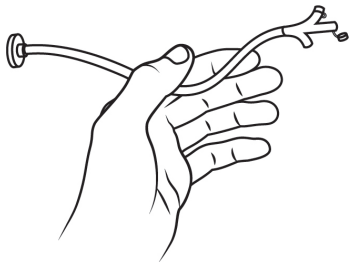
H. Slowly push the plunger on the syringe so the water goes into your G-tube.



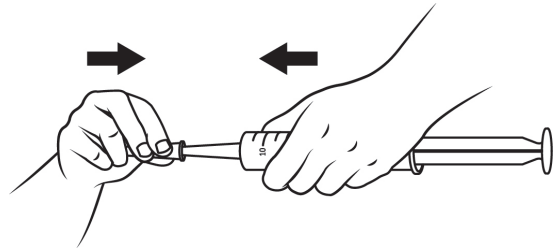
I. With one hand pinch the G-tube tubing back into a V.



J. Remove the syringe and put the cap back on the "feed" port.



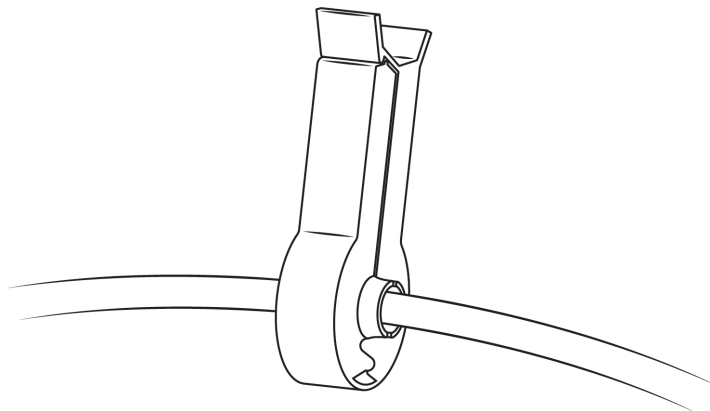
K. Stop pinching the tubing.



L. Put the cap back onto your syringe.

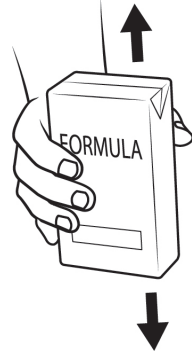


If you have trouble pinching your tubing into a V, speak to a nurse at Princess Margaret about using a clamp. It is very important that you only use a non-toothed, rubber shod clamp (as pictured below). This clamp helps to make sure the tubing doesn't become damaged.

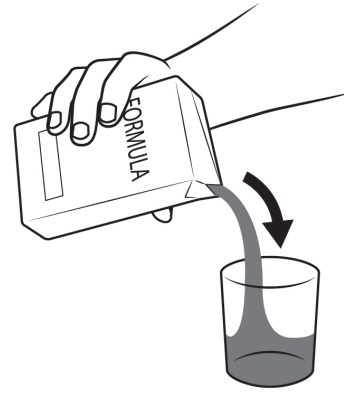


Step 4: Feeding yourself the formula

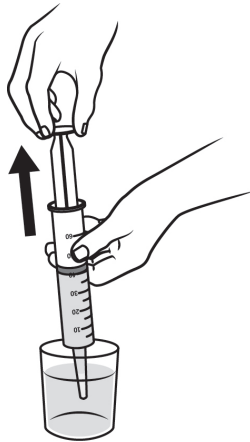
Sit on the chair by the table with your supplies. To give yourself formula through your G-tube.



A. Shake the can or Tetra Pak® of formula and open it

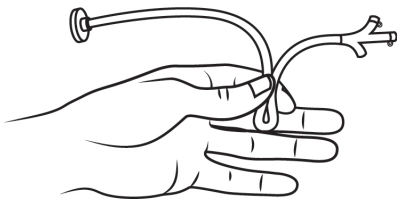


B. Pour the formula into the clean glass

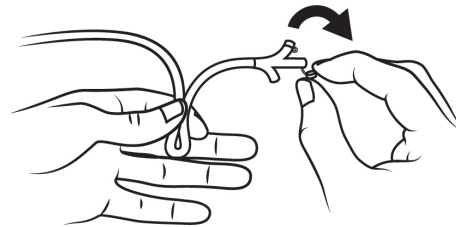


C. Fill the syringe with formula and place it on the table.

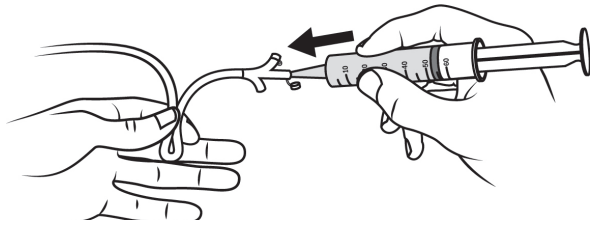
D. Place a clean towel under the end of your G-tube. Placing a towel on your lap will protect your clothes from formula that might drip from your tube during your feeding.



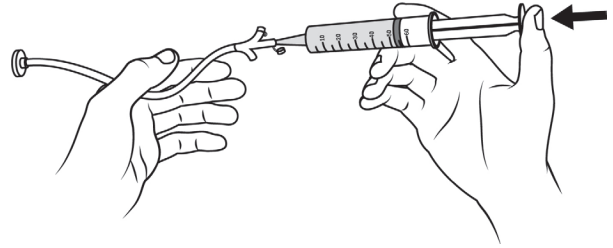
E. Make sure to pinch the tubing into a V to prevent fluid from leaking.



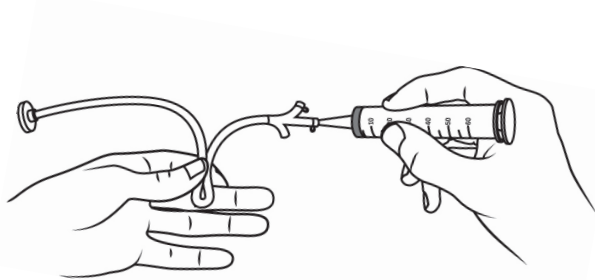
F. As you keep pinching the tubing, open the middle cap from the “Feed” port at the end of your G-tube.



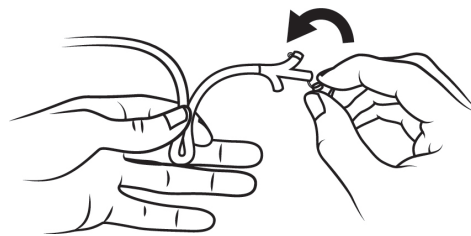
G. Keep pinching the tubing and place the tip of the syringe full of formula into the "Feed" port.



H. Stop pinching your G-tube tubing and slowly push in the formula. **Take 1 to 2 minutes to empty the syringe.**



I. Pinch the tubing again after the syringe is empty.



J. Remove the syringe and close the cap. Stop pinching the tubing.

K. Wait 2 to 3 minutes and repeat with another syringe full of formula. A 250 millilitre can or Tetra Pak® of formula should fill your syringe 4 times.

L. After the last syringe of formula, fill your syringe with 60 millilitres of water and flush your G-tube.

M. Close the cap on the "feed" port.



Remember:

- Wash your hands with soap and water before you begin your feeding.
- Stay in an upright sitting position while you feed yourself formula.
- Don't lie flat for 1 hour after feeding yourself formula. This reduces the risk of feed backing up and going into your lungs.
- If you feel bloated after the feeding, try waiting longer (about 5 minutes) between giving yourself each syringe.

Step 5: Cleaning the syringe

After each feed:

Take the syringe apart and rinse with warm soapy water and a bottle brush. Allow it to air dry.

Can I give myself medicines through my feeding tube?

1. Talk to your doctor, pharmacist or registered nurse about any medicines you are taking. They can help show you how to put medicines through your feeding tube.
2. **Not all medicines are safe to crush.** Ask your pharmacist if you are not sure.
 - Ask if the medicines you are taking are available in a liquid.
 - Some medicines, like the most common pain killers and anti-nausea medicines are also available in liquid form.
3. Crush pills that are safe to crush into a fine powder. Add 30 millilitres of water to the powdered medicine and mix well until the medicine is dissolved.
4. Flush your G-tube through the "Med" port with 60 millilitres of room temperature water before you give yourself the medicine.
5. Fill a catheter tip syringe with the water and medicine mixture and follow the steps above to give yourself the medicine.

6. Take different medicines 1 at a time. If you are taking more than 1 medicine, flush your feeding tube with 30 millilitres of room temperature water between each one. **Don't mix the different medicines.**
7. Flush your tube well with 60 millilitres of room temperature water after you finish taking all your medicines.

Section D

How to prevent your gastrostomy tube from becoming blocked

A blocked G-tube will prevent you from taking your medications, formula and water flushes. You can lower the chances of your G-tube becoming blocked by taking these steps:

1. If you are not needing to use your feeding tube, still flush with 60 millilitres of water in the morning and night.
2. Only put medications that have been okayed by either your doctor or pharmacist into your G-tube.
3. Make sure you crush your medicines well before putting them through your G-tube. Flush with 60 millilitres of room temperature water before and after medication.
4. No food or drinks other than your prescribed formula should go into your G-tube.
5. Always shake the can of formula well before using it. Do this to make sure it is mixed well (especially if your formula has fibre).
6. Flush your tube with 60 millilitres of room temperature water before and right after you finish a feeding



NEVER try to unblock your feeding tube if you think it has moved or come out of the insertion site. Please follow the instructions on page 15 if your tube has moved.

What should I do if my G-tube becomes blocked?

If your G-tube becomes blocked or if the flow is slower than usual:

1. First, use the syringe to flush the tube a few times with room temperature water using gentle pressure.
2. If this doesn't work, contact the Clinic Telephone Line or your doctor at Princess Margaret Cancer Centre for further instructions.
3. If your G-tube becomes blocked weeknights or on the weekend, go to your local ER and give the instructions below to them so the emergency room staff can unblock the tube.

This section is for ER staff ONLY.

Instructions for unblocking G-tubes:

1. You will need:
 - 1 Cotazyme capsule
 - 1 500 milligram sodium bicarbonate tablet
2. Open the Cotazyme capsule and mix with the 500 milligram tablet of crushed sodium bicarbonate.
3. Add 10 millilitres of water to the mix and stir to make a slurry.
4. Draw the mixture into a syringe, and inject it into the G-tube.
5. Wait 20 minutes to let the mix take effect and then try to flush the tube with 60 millilitres of water.

Section E

Common problems and what you can do

This section gives you information about how to manage common problems that you may have with your G-tube, including:

- nausea and/or vomiting
- diarrhea
- constipation (hard stool or no stool)

These problems can happen for many reasons, whether you are using your G-tube or not. They can be mild or severe.

Using your G-tube should not add to your feeling of nausea or affect your bowel movements. If you notice a change, try the tips below. If the tips don't help, contact a member of your health team so they can help you feel better.

Nausea and vomiting

Nausea and vomiting can be caused by your illness, treatment, certain medicines or even how fast you are feeding yourself.

- Give yourself formula slowly.
- Taking about 20 to 30 minutes to feed yourself will help prevent nausea and vomiting.
- Push each syringe of formula slowly and take a 5-minute break between each syringe.

Speak to your health care team if you don't have anti-nausea medicine or the one you have isn't working.

Diarrhea

Feeding yourself slowly can help prevent diarrhea. If you are doing this and still have diarrhea after your feeds, call your dietitian (if you have one) or the Clinic Site Triage Line (see page 24 for important phone numbers). There can be many causes of diarrhea. You may need to do some tests to check for other causes. You may also need to switch to another type of formula.

Replace the fluids you lose from diarrhea by drinking more fluids or putting extra water through your G-tube.

Don't use anti-diarrhea medicines like Imodium without talking to your doctor or nurse first.

How to avoid dehydration (not having enough fluid in your body)

You can easily get dehydrated when you have diarrhea, are vomiting, or not eating or drinking enough. The average person needs about 8 cups (2 litres) of fluid a day. This can include all fluids such as:

- juice, sports drinks or Jell-O
- milk, ice cream or formulas
- soups
- tea, coffee and water.



Remember: 4 syringes (60 millilitres each) equals only 1 cup of water.

If you are unable to eat or take formula through your tube, increase the amount of water you give yourself through your tube.

If you feel you are becoming dehydrated, call or visit the hospital.

Go to page 24 for important phone numbers and who to call.

Constipation

Constipation can be caused by many things. The most common reasons why you may be constipated when using your G-tube are:

- It's a side-effect of the pain medicines you are taking
- You are taking in less fluids (either fluids taken by mouth or fluids taken through your G-tube)

If your pain medicines are making you constipated, taking in more fluid and/ or doing more water flushes through your tube may help. For example, giving yourself 2 syringes of water (120 millilitres) through your G-tube between your feedings can add up to almost 3 extra cups of water a day (if you are feeding yourself 6 times a day).

You should also follow a bowel routine:

A helpful resource at the Princess Margaret Patient & Family Library (main floor) is called **Bowel routine for preventing constipation from pain medications**. You can also find this information on the Internet at:

www.uhn.ca/PatientsFamilies/Health_Information/Health_Topics/Documents/Bowel_Routine_for_Preventing_Constipation.pdf

If your doctor or nurse gave you a prescription for laxatives and/or stool softeners, follow the instructions when taking them. If you did not get a prescription, please ask your registered nurse or doctor for one.

Talk to your health care team or go to the Radiation Nursing Clinic if you are still having radiation treatment and:

- Have nausea and vomiting for more than 6 to 8 hours
- Feel you are becoming dehydrated:
 - you are not able to take enough fluids (8 cups) each day either by drinking or through your G-tube
 - you are weak or dizzy when you get up from bed or from a chair
 - are passing less urine and the urine is darker
- Are having trouble with your bowels, such as:
 - blood or mucus in your stool
 - 3 or more loose bowel movements in a day
 - severe cramping
 - no bowel movement for 3 days
- Are having trouble with your G-tube:
 - flushing does not unblock your tube
 - the skin around your exit site is getting red and painful
 - feeding formula is leaking out of your exit site

Go to page 24 for important phone numbers and who to call.



Go the hospital right away if your feeding tube falls out.

Section F

Important phone numbers

Here is some important contact information for your health care team at Princess Margaret Cancer Centre. Call these numbers if you need help while you are on treatment or after your treatment is completed.

While you are on treatment:

Weekdays (Monday-Friday) 9:00 am to 5:00 pm:

- Call the Head and Neck Nursing Telephone Line or go to the Radiation Nursing Clinic, level 2B at Princess Margaret
- Phone: 416 946 4501 extension 6558

In evenings (after 5:00 pm), weekends and holiday:

- Call the Princess Margaret Cancer Centre and ask to speak to the Nursing Coordinator
- Phone: 416 946 2000

After your treatment is complete:

- Call the Clinic Site Telephone Line
- Phone: 416 946 4501 extension 2206

Dietitian:

- Phone: 416 946 4501 extension 5266

If at any time you need help in an emergency, go to your nearest hospital emergency department.

Other important numbers:

Notes:

Visit www.uhnpatienteducation.ca for more health information.

Contact us to provide feedback or request this brochure in a different format, such as large print or electronic formats: pfep@uhn.ca

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