



CHILDREN'S HEALTH PROGRAM

Clinical Practice Guidelines

TITLE:	Post-operative Care of Gastrostomy or Gastrostomy/Jejunostomy Tube Insertion	NUMBER:	1016
Sponsor:	Pediatric General Surgery	Page:	1 of 9
Approved by:	General Surgery Care Team	Approval Date:	September, 2018
		Effective Date:	February 7, 2019
Applies To:	Nursing, Nurse Practitioners, Pediatric General Surgeons, Fellows, Residents and Medical Students		

PREAMBLE

These guidelines are to be used with patients following gastrostomy tube (G-tube) and Gastrostomy/Jejunostomy tube (G/J-tube) insertion. Patients with postoperative complications may have care revised to meet their needs.

These guidelines are not a care directive and all healthcare providers must work within their scope of practice and in collaboration with the multidisciplinary team and with the guidance of an authorized prescriber.

PROTOCOL

Tube Care

- Notify Enteral Device Coordinator and Patient's Dietician of arrival to unit.
- G-tube to straight drainage x 6 hours post-operative.
- May use G-tube to administer prescribed enteral medications immediately post-op; clamp G-tube for 30 mins post meds.
- Secure extension tubing with securement device and/or tape when connected to prevent dislodgement.
- Disconnect extension tubing when tube not in use.
- **Do not check/change water in the balloon for 6 weeks post-op.**
- Remove the dressing at the insertion site post-op day 1. Do not reapply any further dressings.
- If concerns about drainage around the tube page surgery team.
- Clean under button and around tube daily with sterile saline and cotton swab. Dry skin thoroughly.
- If sutures are used to anchor the device, they are left intact until post-op day 10.
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Diet

- NPO x 6 hours post-op.
- Start feeds if patient stable at 6 hours post-op.
- Ensure right angle extension tubing correctly connected to button.
- Determine if Bolus or Continuous feeds. **Feeds via J-tube must be continuous.**
 - Bolus Feeds should be considered for all patients with G-tube.
 - Indications for continuous feeds:
 - Recommended by dietician
 - Severe gastroesophageal reflux
 - Nutritionally deficient indicating poor oral intake
 - Plan for overnight feeds
- Bolus Feeds : As Per Post-operative gastrostomy/jejunostomy feeding instructions PPO (IWKPOGA)
 - See Bolus flowsheet (page 4)
- Continuous Feeds: As Per Post-operative gastrostomy/jejunostomy feeding instructions PPO (IWKPOGA)
 - See Continuous flowsheet (page 5)
- Decrease IV rate as enteral feeds increase. Saline Lock IV once at goal feed rate.

Pain Management & Monitoring

As per post-operative general surgery pre-printed orders (IWKGESUPO).

Teaching

- Caregiver(s) Mastery Checklist should be mounted on wall in patient room.
- Caregiver(s) need to be involved in all tube/feeding related care.
- Nursing staff initially responsible for demonstrating all tube and feeding care to caregiver as per enteral device discharge guide (form ID #6639).
- Gradual transition to supporting caregiver(s) in performing all tube related tasks.
- Goal is that caregiver(s) should be able to perform all tasks independently.
- Caregiver(s) should be instructed to mark off mastery of each task on caregiver learning record once they feel comfortable in performing the task.
- Nurse should indicate caregiver(s) mastery only if:
 - Caregiver(s) has indicated mastery of the task.
 - Nurse has personally observed the caregiver(s) perform the task correctly and independently.

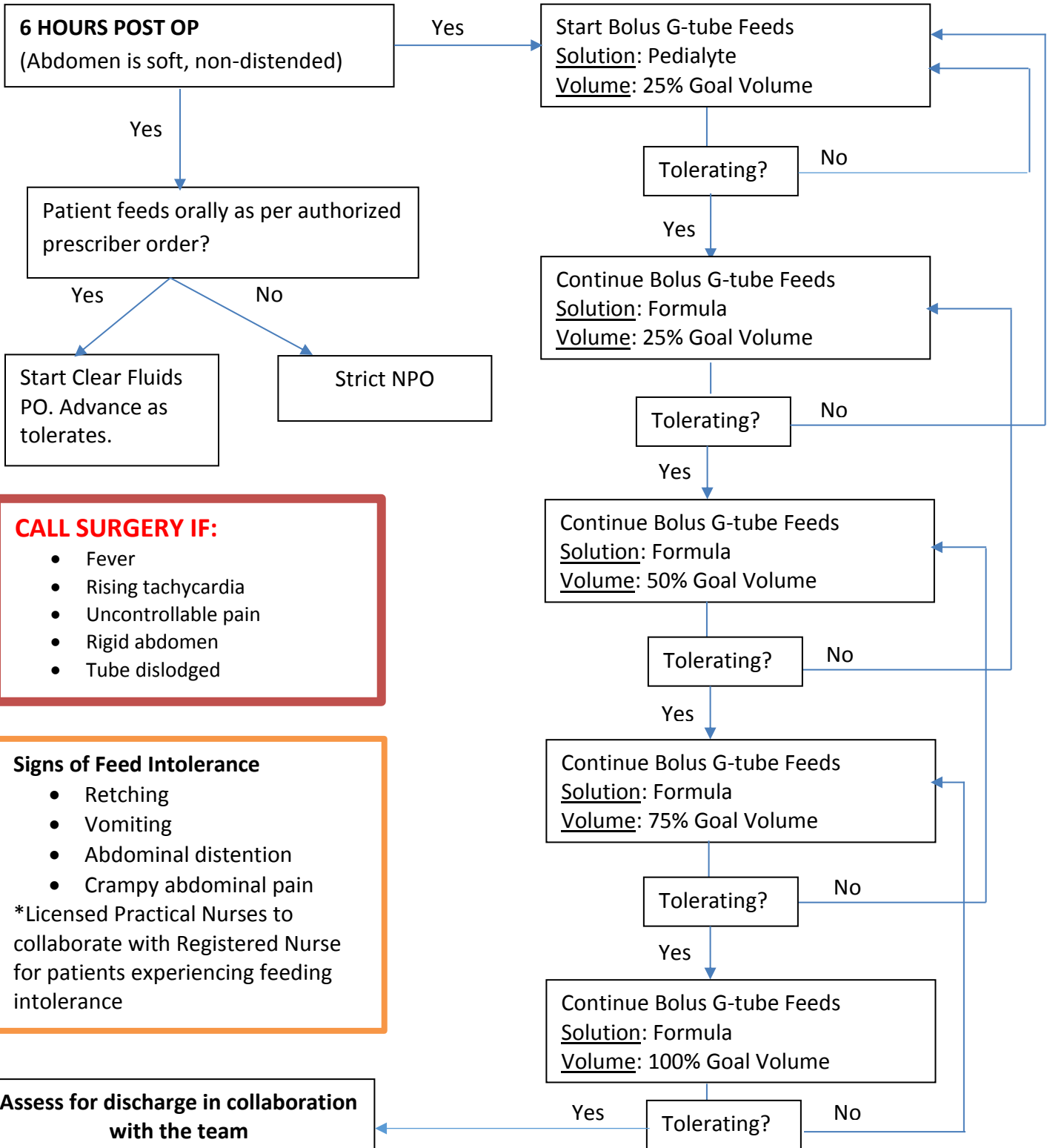
Ready for Discharge

- Patient tolerating full feeds.
- Enteral device discharge record completed (form ID #6639).
- Patient comfortable on enteral analgesia.

- 6 week follow-up appointment scheduled.
- If applicable, caregiver has plan for stay-suture removal on post-op day 10.

BOLUS FEEDING FLOWSHEET (G-tube only)

Recommended Intervals: Less than 6 months of age = q 3 h Greater than 6 months of age = q 4 h



CALL SURGERY IF:

- Fever
- Rising tachycardia
- Uncontrollable pain
- Rigid abdomen
- Tube dislodged

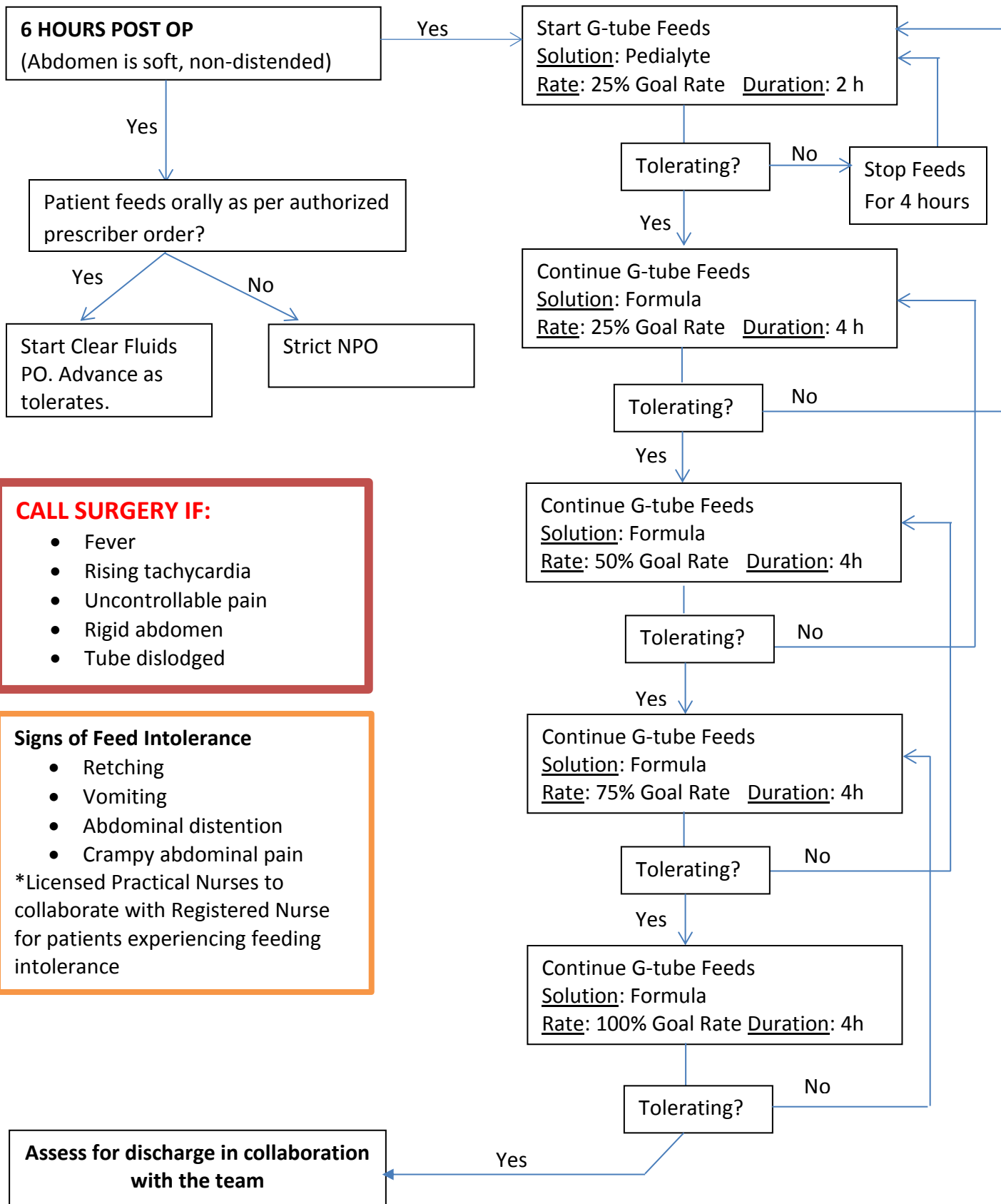
Signs of Feed Intolerance

- Retching
- Vomiting
- Abdominal distention
- Crampy abdominal pain

*Licensed Practical Nurses to collaborate with Registered Nurse for patients experiencing feeding intolerance

Assess for discharge in collaboration with the team

CONTINUOUS FEEDING FLOWSHEET (G or G/J tube)



CALL SURGERY IF:

- Fever
- Rising tachycardia
- Uncontrollable pain
- Rigid abdomen
- Tube dislodged

Signs of Feed Intolerance

- Retching
- Vomiting
- Abdominal distention
- Crampy abdominal pain

*Licensed Practical Nurses to collaborate with Registered Nurse for patients experiencing feeding intolerance

REFERENCES

Hendrickson, R.J., Poola, A.S., Sujka, J.A., Weaver, K.L., Rentea, R.M., St.Peter S.D. & Oyetunji, T.A. (2018). Feeding Advancement and Simultaneous Transition to Discharge (FASTDischarge) after Laparoscopic Gastrostomy, *Journal of Pediatric Surgery*, <https://doi.org/10.1016/j.jpedsurg.2018.04.035>

APPENDIX

Appendix A- Educational Materials for G-G/J tubes for Staff and Caregivers

RELATED DOCUMENTS

Forms

Post-operative Gastrostomy (G) or Gastrostomy/Jejunostomy (G/J) Tube Feeding Instructions (IWKPOGA)

Intake and Output Record Form ID IWKINOU

24 Hour Nourishment and Output Record Form ID IWKNOST

Enteral Device Discharge Guide Form ID #6639

Post-operative Gastrostomy/Jejunostomy Caregiver Learning Record

APPENDIX A

EDUCATIONAL MATERIALS FOR G-G/J TUBES

www.mic-key.com/life-with-mic-key.com

1. Cleaning

- Clean skin and dry underneath the tube.
- Make sure you lift tube to clean and dry underneath.
- Splash bath/shower x 1 week then bath as usual. Do not submerge in water for 1 week.

2. 0-6 weeks post op

- If tube becomes dislodged within initial 6 weeks: Try to gently reinsert tube, cover with tape. If unable to insert tube, gently insert foley catheter. Do not inflate balloon. Stop if any resistance. Go to local ER to have physician complete contrast study for radiology to confirm placement. Contact General Surgery Team.
- Do not change water in balloon during the first 6 weeks.

3. Greater than 6 weeks post-op

- If mickey comes out-try to reinsert tube as soon as possible. If you are unable to re-insert original Mickey, use your back up mickey. If you are unable to reinsert back up Mickey, insert foley catheter. Contact General Surgery Team.

4. Retention Balloon

- Do not deflate retention balloon before 6 weeks after surgery. After 6 weeks, check/change distilled/sterile water in balloon **weekly** with slip tip syringe.

5. Mobility

- Turn tube while cleaning and drying to prevent skin breakdown. Keep skin clean & dry. **GJ Tubes: Do not rotate the external bolster.** This may cause the tube to kink and/or may cause a loss of position in the jejunum.

6. Decompression or Venting

- Release air from stomach. Attach extension tubing, drain into cup/bag.
- Do not vent/decompress for 30 mins after medications/feeds.
- **GJ Tube:** Never connect the jejunal port to suction. Do not measure residuals from the jejunal port. Do not vent/decompress jejunal port.

7. Flushing

- Flush before and after medication administration.
- Flush tube every 4-6 hours during continuous feeds during the day
- Flush tubes/ports daily when being vented or not being used.

8. Securement

- Always secure extension tubing when connected to prevent dislodgment and to prevent GJ tube from rotating.
- Always remove extension tubing when not being used.

9. Cleaning Supplies

- Bags: rinse with water and tiny drop of dish soap. Rinse well.
- Syringes: wash & dry with your regular dishes. Do not sterilize or put in dishwasher.
- Extension Tubing: Flush with water and clean when not in use. Change every 30 days.

10. Emergency Kit

- Ensure patient/family is given foley catheter one size smaller than gastrostomy tube to have at home to insert if unable to insert balloon device.
- If unable to re-insert Mickey or back up Mickey, insert foley catheter approximately length of your Mickey tube to keep tract open.

11. Skin

- Use barrier cream to protect the skin. Do not use Vaseline, polysporin or hydrocortisone unless discussed with the Enteral Device Coordinator.
- Hypergranulation tissue-discuss with Enteral Device Coordinator.

District Health Authority/IWK Policies Being Replaced

N/A

Version History

(To Be Completed by the Policy Office)

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)