

Having a gastropexy feeding tube

Information and advice for patients

Endoscopy

What is the procedure?

You may need to have a gastropexy feeding tube if your nutrition needs are not being met due to your medical condition. The tube can be used to give you a feed to improve your nutrition and give you medication if you need.

A soft tube will be placed in your stomach through a cut in your tummy, which is held in place by a small balloon on the inside of your stomach with some stitches or 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.

After the procedure you can use the tube to feed or still eat and drink as normal if you are able to.

Your dietitian will advise you on your personal nutrition requirements.

What is the benefit of having the tube?

The benefit of having this tube is that it will help you to get the nutrients and medication that your body needs.

What are the risks of the procedure?

- You will experience bloating, abdominal (tummy) discomfort and a sore throat for a few hours.
- There is a slight risk of damage to your teeth, crowns or bridgework so please tell the nurse if you have crowns or have had any bridgework.
- There is a risk of making a perforation (small hole or tear) in the oesophagus (food pipe), stomach, intestine, or nearby organs such as your liver. This happens in about 1 in 5,000 patients and may require an operation to repair the damage.
- A rare complication is an adverse reaction to the sedative and pain relief medication. Sedation can also alter your breathing rate, heart rate and blood pressure so you will be monitored for any changes during the procedure.
- There is a small risk of bleeding (1 in 10,000 cases), which may be serious enough for you to be admitted to hospital and need treatment with a blood transfusion.
- There is also a small risk of infection which we will give you antibiotics for.
- You may feel pain where the tube is fitted; we can give you strong painkillers for this.
- You may experience some soreness around the skin where the tube was placed; you can take painkillers for this such as liquid/soluble paracetamol or tablets if you are able to swallow normally.

If you have any questions about the risks of this procedure please ask the endoscopist doing the test or the person who has referred you.

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What are the risks of not having the procedure?

The risk of not having a gastropexy-feeding tube is that your nutrition needs will not be met and you will not receive your medication.

Are there any alternatives to this procedure?

An alternative to this procedure is to have a nasogastric tube or a radiologically inserted gastrostomy (RIG). A nasogastric tube is a thin tube passed through your nose and into your stomach and a RIG is a similar procedure to a gastropexy but the tube is inserted using an x-ray instead of an endoscope.

Your doctor or nutrition nurse will discuss the alternatives in more detail with you.

Preparing for the procedure

Visit from the Community Nutrition Nurse Specialist

Before the procedure a Community Nutrition Nurse Specialist (CNNS) will visit you at home to:

- Assess you to check you are suitable for the procedure. He/she will ask you questions about your nutrition and also look at your tummy to check for scars or anything else which may affect you having the procedure.
- Tell you which medications you will need to stop taking before the procedure such as warfarin, clopidogrel and aspirin, and when you can start taking them again.
- Teach you how to manage and care for your tube and how to check the water in the balloon. (see 'follow up care' on page 9). If you are unable to manage your tube yourself, the nurse will make a referral to the District Nurses who will come and do this for you.

What do I need to do before I attend?

If you need the help of an interpreter to understand any of this information, or on the day of the procedure, please contact us as soon as possible.

If you are unable to attend your appointment for any reason, please let us know as soon as possible so that your appointment can be offered to somebody else. If you fail to attend without notifying us then you may not be offered another appointment.

0121 507 5318 (City and Birmingham Treatment Centre patients)

0121 507 3467 or 0121 507 3460 (Sandwell patients)

Please do not bring any valuables or jewellery to the hospital, or wear nail varnish or lipstick.

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Preparing your stomach

To give us a clear view during the procedure your stomach must be empty. Do not have anything to eat or drink for at least 4 hours before the test. You can take your regular medication with a small sip of water only.

Medication

If you take diabetic tablets or insulin please contact the Endoscopy Unit as your appointment may need to be altered and you may need additional information.

0121 507 5318 (City and Birmingham Treatment Centre patients)

0121 507 3467 or 0121 5073460 (Sandwell patients)

Please bring any medication you are currently taking (including sprays and inhalers) with you to your appointment, and details of any allergies or reactions to medicines in the past

What happens when I arrive at the hospital?

When you arrive please report to the reception desk at the Endoscopy Unit where a receptionist will check your details and direct you to the waiting area.

To respect the privacy of other patients, we do not usually allow friends or relatives to stay with you whilst you are attending for the procedure.

A nurse will then explain the procedure to you, to make sure you understand the benefits and possible risks as detailed in this leaflet. We want you to be as relaxed as possible for the procedure and welcome any questions you have. The nurse will also check your pulse and blood pressure.

You will also see the doctor who will perform the procedure and they will ask you to sign a consent form. The form also asks for consent for further procedures that may be necessary. You will need to remove dentures, glasses, contact lenses and any jewellery or metal objects before the procedure.

What happens during the procedure?

The procedure will take place in a private room with only you, the endoscopist and nurses present. In the examination room you will be made comfortable and asked to lie down. The procedure usually takes about 30 minutes.

Sedation

The procedure will be carried out using sedation.

You will be given the sedation through a small tube in the back of your hand or in your arm (through a cannula). The sedation will make you sleepy and although you will be awake, you may not remember the procedure taking place afterwards. You will also be given oxygen

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through small tubes placed gently in your nostrils. A clip will be attached to a finger or ear lobe so that the levels of oxygen in your blood can be monitored.

Your blood pressure may also be measured during the procedure using a cuff around your arm.

The procedure

To keep your mouth slightly apart, a plastic mouthpiece will be put gently between your teeth.

The endoscope will then be passed through your mouth and stomach. This won't interfere with your breathing and will not cause any pain, but may be uncomfortable. If you get a lot of saliva in your mouth, the nurse will clear it using a suction tube, like the one used at the dentist.

You will then have local anaesthetic injected in your tummy to make it numb and a small cut will be made where the tube will be placed. You will not be able to feel this. The tube will be kept in place by a balloon. You will also have either stitches or 3 small white buttons on the outside of your tummy to keep the tube in place.

If the tube was fitted to help give your medication then you will need to keep it in until your treatment is complete. If it was to help your nutrition then you will need to keep it in until your dietitian is satisfied that your nutrition needs are being met. He/she will review this with you regularly.

What happens after the procedure?

After the procedure, we will monitor you for around 4 hours. If there are no problems or concerns a nutrition nurse will flush your tube and you can go home.

You will be given a written report of the procedure and a copy will be sent to your GP.

Going home

The first 24 hours

If you have had sedation it is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi. Public transport is not suitable.

When you arrive home it is important to rest quietly for the remainder of the day with someone to look after you overnight. It is advisable you have the following day off work.

Sedation can impair your reflexes and judgement. For the first 24 hours following sedation do not:

- Drive a car
- Drink alcohol

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- Take sleeping tablets
- Operate any machinery or electrical items; even a kettle
- Work at heights (including climbing ladders or onto chairs)
- Sign any legally binding documents

If you are still feeling pain after you go home and after taking pain killers, please contact your GP, District Nurse or CNNS for advice.

Visit from the CNNS

Sometime after the procedure, a CNNS will arrange with you to come and see you at home the day after the procedure. He/she will check the area where tube was fitted and make sure you are able to use it.

After 2 days

You may shower 48 hours (2 days) after the procedure. It is important that you do not hold the shower head directly over the area the tube is placed and make sure you dry it thoroughly afterwards.

After 2-3 weeks

Do not have a bath or swim until the wound has fully healed, this will take 2-3 weeks.

Removing your stitches - If you had stitches, they will be removed 2 - 4 weeks after having the procedure. This will depend on how you are recovering and the stability of the tube. A CNNS will contact you to arrange this.

Buttons - If you had the 3 white buttons outside your tummy, they will fall off on their own. This usually happens after 2 weeks.

Homeward service

After the procedure a dietitian will refer you to the Homeward service. Homeward can:

- Deliver syringes and feeds to you
- Give you any extra training and information you need
- Provide a 24 hour help line

For more information please speak to your dietitian or nutrition nurse.

Follow-up care

Changing the tube

About 4 weeks after your procedure, your balloon and tube will need to be changed. A CNNS will contact you to arrange this.

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Cleaning the skin around the tube

To do this you should:

1. Wash and dry your hands.
2. Clean the area under the small external disc and around the stitches using cooled boiled water for the first few days then with mild soap and water.
3. Make sure you dry it well. You do not need a dressing.

Flushing the tube

You should flush your tube once or twice a day with fresh water from the tap to stop the tube from blocking until your feed begins, or flush the tube before and after each feed or medication. If your tube is used to give medication we will show you how to do this in more detail.

Checking the balloon volume

You must do this once a week:

1. Wash and dry your hands
2. Fill a 5ml syringe with 5ml of sterile water
3. Have another empty 5ml syringe ready
4. Place a finger on the external disc to hold the tube in place
5. Use the empty syringe to draw the water out of the balloon
6. Attach the 5ml syringe with 5ml of sterile water into the coloured port then gently push the plunger of the syringe to inflate the balloon

Symptoms to report

If you notice any signs of infection such as redness around the area where the tube is placed, pain, or discharge which has a smell, contact you CNNS, GP or District Nurse

If the tube falls out

The tube can fall out if the balloon bursts or the stitches become loose and fall away within 2 weeks after the procedure.

If the tube falls out, place a dry dressing over the wound and contact the CNNS, your GP or District Nurse, or if out of hours go to your nearest A&E Department taking your paperwork and spare tube with you.

Do not try to place another tube into the hole yourself, because the hole may not be fully formed.

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Contact details

If you have any questions or concerns, you can contact one of the following for advice:

Endoscopy Unit

City Hospital and Birmingham Treatment Centre patients

0121 507 5318

Monday - Friday, 7.30am - 6.30pm

Sandwell Hospital patients

0121 507 3467 or 0121 507 3460

Monday - Friday, 9am – 4.30pm

Community Nutrition Nurses

City Hospital and Birmingham Treatment Centre patients

Tel: 0121 446 1311

8.30am – 5pm, Monday - Friday

Sandwell Hospital patients

Tel: 0121 612 2971

8.30am – 4.30pm, Monday - Friday

District Nurses

City Hospital and Birmingham Treatment Centre patients

Birmingham Community Healthcare NHS Trust (Single Point of Access)

Tel: 0300 555 1919

8.30am – 6:00pm, Monday – Friday

Tel (Out of hours - After 6.00pm, Sat, Sun & Bank Holidays): 0300 555 1919

Sandwell Hospital patients

Tel: 0121 507 2264 (Option 1)

8.30am – 6.00pm, Monday – Friday

Tel (Out of hours): 0333 999 7083

After 6.00pm Sat, Sun & Bank Holidays

Homeward service

Tel: 0845 762 3603

This is for additional support if you are having problems with your gastropexy tube.

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Further information

For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Source used for the information in this leaflet

- British Society of Gastroenterology, 'Guidelines on safety and sedation during endoscopic procedures', 2003
- British Society of Gastroenterology, 'Guidelines on Complications of Gastrointestinal Endoscopy', 2006
- Fresenius Kabi Ltd, 'Freka Pexact Aftercare Sheet', August 2007
- Guidelines for Adult Enteral Feeding, Sandwell & West Birmingham Hospitals NHS Trust, September 2013 (SWBH/Pt. care/24)
- National Institute of Health and Care Excellence, CG32 'Nutrition support in adults', February 2006

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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