

Gastrostomy/Jejunostomy

Tube Care Instructions

A tube has been placed into your stomach or jejunum. Ask your nurse if it is a G-tube or a J-tube. A G-tube goes into the stomach. A J-tube goes into the jejunum. The tube can be used to give feedings or fluids. It can also drain fluid or air if needed.

It is important that you know how to care for the tube. This includes cleaning around the tube daily, flushing the tube and changing the dressing if there is one. You should also know when and how to get help.

Supplies

Patients are responsible for obtaining their own supplies:

- Tape (cover roll tape)
- 4" x 4" (10 cm x 10 cm) gauze pads
- Syringe/irrigation sets (60cc)
- Q-tips
- Plug or clamp

Procedure

1. Gather supplies.
2. Wash your hands with soap and water.
3. Remove and dispose of soiled dressing.
4. Clean the tube site with soap and water. Rinse well. Do not use alcohol or hydrogen peroxide.
5. When cleaning, lift the tube to clean under it. Remove all drainage, dried blood and crust with each cleaning. Use a Q-tip to clean under the J-tube disc, if your J-tube has one.
6. If the tubing is secured to your skin with a stitch, look at it carefully. If the stitch is loose or not in place, tape the tube. Tell your doctor on your next clinic appointment.
7. Inspect the area around the tube for signs of infection. These include redness, swelling, pus, or pain. If the area appears to be infected, call the clinic nurse or doctor.
8. The area where your G-tube is located may be marked with a black color "1". Inspect it to make sure that the mark has not migrated on your skin. If the mark has moved, and you have diarrhea, sweating, and generalized fatigue, call your doctor. The tube needs to be checked.

Dressing (Optional)

1. Fold one gauze pad in half. With the folded edge up, place it under the tube. Then fold the other pad the same way; with the folded edge down, place it over the tube.
2. Tape the dressing in place.
3. Tape the tube to an area of skin below the dressing to prevent the tube from being dislodged.

Flushing

1. Flush the tube with tap water when your tube feedings are:
 - a. 2 times a day – for example 8:00 a.m. and 8:00 p.m. – and before and after each feeding or medicine application.
 - b. Continuous – for example 4 times a day – and also before and after medicine application.
2. Fill a syringe with 20 to 30 cc of tap water. It takes 30 ml to clear the tube.
3. Pinch the tube closed with one hand.
4. Remove the clamp or plug with the other hand.
5. Place the syringe into the tube. Release the pinched tube.
6. Gently push the water into the syringe.
7. Pinch the tube closed. Remove the syringe.
8. Reclamp (or replug) the tube. Release the pinched tube.

After instilling medicine, wipe the tip of the port with a Q-tip and water to remove residual medicine.

Obstructed Tubing

If you push with gentle pressure but the water will not go in, the tube may be clogged. Do not force the water with the syringe.

- Be sure the clamp is open and there are no kinks in the tubing.
- Try again to flush. If you still cannot, gently pull back on plunger. This may dislodge the obstruction. You may need to alternate gentle pressure with suction a few times. Do not pull the tube out.
- If you still cannot flush the tube:
 - Mix 1 teaspoon (5 ml) Adolf's meat tenderizer in 15 ml of water.
 - Using a 10 cc syringe, instill as much of this mixture into the tube as you can. Cap the tube. Let the mixture stay in the tube for 15-20 minutes.
 - Try to flush the tube again with water.
- If you still cannot flush the tube:
 - Mix one 650 mg sodium bicarbonate tablet or half teaspoon of baking soda and 2 pancreatic lipase (Viokase® or Creon®) pills crushed in 5 to 15 milliliters of lukewarm water. If using the capsules,

they should be opened before crushing. Viokase® and Creon® are prescription medicines that will need to be called into your pharmacy by your nurse or doctor. Compound pharmacies can prepare single dose kits for use with advance notice.

The solution should be infused into the feeding tube and capped for at least 15 to 30 minutes before trying to flush again.

- If you still cannot flush the tube, call your nurse, doctor or dietitian.

Medicine Administration

If possible, take your medicine by mouth. You may be told to give medicines through the tube. If so, tell the pharmacist the medicine will go through a feeding tube. Liquids are less likely to clog the tube. If you have a G-tube, only liquid medicines may be given.

Tips:

- Give each medicine alone. Do not mix them together.
- Do not mix medicines with feeding formula.
- Flush before and after each medicine. If giving more than one medicine, flush between each with 5 ml of water. After the last medicine, flush with 30 ml to clear the tube.
- After giving medicines, wipe the tip of the port with a Q-tip and water.
- Flush the tube before and after medicines are administered through the tubing with a minimum of 30 ml of water.

Special Instructions

Call your doctor or clinic nurse if:

- Your temperature is higher than 101°F (38.3°C).
- You cannot flush after following the instructions above.
- The site becomes red or swollen or has a foul-smelling drainage.
- The G-tube comes out. If your G-tube or J-tube comes out, go to the nearest emergency center immediately. The tube will have to be put back in.

Resources

Questions: Please call our Nurse Triage line at (904) 202-7300 Option 4 or your clinic nurse, 8 a.m. to 5 p.m. Monday through Friday and (904) 202-7300 after hours, holidays, and weekends. For medical emergencies after normal working hours and on weekends and holidays, call 911 or go to the nearest hospital emergency center.

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