

# ASCENSION ST VINCENTS

## FEEDING TUBE PATIENT HANDOUT

### **Radiologist who performed your procedure:**

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### **Feeding Tube Placement Procedure Description:**

- Image-guided gastrostomy (G-tube) and gastrojejunostomy (GJ-tube) placement are procedures performed to provide nutrition, hydration, or medications directly into the stomach or small intestine when oral intake is not possible or not safe.
- During the procedure, a radiologist uses imaging (such as X-ray or CT) to precisely place the tube. The skin is cleaned with antiseptic, and local anesthetic is used to numb the area.
- For G-tube placement, a feeding tube is placed into the stomach through the abdominal wall. The tube is secured to the skin and connected to a feeding or drainage system.
- For GJ-tube placement, a longer tube is advanced through the stomach into the small intestine. The tube is secured to the skin and connected to a feeding or drainage system.
- The procedure usually takes 30–60 minutes (sometimes longer). You will then be observed for a period of time to monitor for any complications.
- Most outpatients go home the same day; however, some patients may be kept in the hospital overnight or, rarely, longer.
- Inpatients remain in the hospital until their other medical conditions are adequately addressed.
- A G or GJ-tube usually stays in place for 4-6 weeks before removal or exchange to allow for proper healing.

### **Feeding Tube Exchange Procedure Description:**

- Image-guided feeding tube exchange is performed when an existing tube becomes clogged, displaced, damaged, or no longer functions properly.
- During the procedure, a radiologist uses X-ray imaging to precisely exchange the tube. The skin is cleaned with antiseptic, and local anesthetic may be used to numb the area. The old tube is removed and replaced with a new tube.
- The procedure usually takes 15-30 minutes (sometimes longer). You will then be observed for a period of time to monitor for any complications.

### **Feeding Tube Removal Procedure Description:**

- Feeding tube removal is performed when an existing tube is no longer needed.
- During removal, the tube is gently taken out, and a dressing is applied over the site.
- The procedure usually takes about 15 minutes.

### **Benefits:**

- Provides reliable access for nutrition, hydration, and medications when oral intake is not safe or possible.
- Imaging allows the radiologist to precisely place or exchange the tube and reduce the risk of complications.
- Minimally invasive procedures performed through small skin openings.

- Allows replacement of clogged or displaced tubes without surgery.
- GJ tubes allow feeding directly into the small intestine in patients who cannot tolerate stomach feeding.
- Removal can be safely performed once the tube is no longer needed.
- Most patients tolerate the procedure well and return to normal activities shortly afterward.

### **Feeding Tube Placement and Exchange Risks & Potential Complications:**

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Injury to nearby organs, bowel, blood vessels, or nerves can occur but is uncommon.
- Leakage of stomach or intestinal contents around the tube site can occur.
- The tube can become clogged, displaced, or stop functioning properly and may require adjustment or replacement.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the local anesthetic, topical antiseptic or other medications are uncommon.
- Death can occur but is rare.

### **Feeding Tube Removal Risks & Potential Complications:**

- The following list includes some, but not all, possible complications.
- Pain is common but usually mild, typically resolves within a few days, and can be managed with over-the-counter pain medication. Severe pain can occur but is uncommon.
- Minor bleeding is common and usually does not require medical treatment. Any resulting bruising typically resolves on its own over several days. Serious bleeding that requires medical treatment (such as hospital admission, blood transfusion, or an additional procedure or surgery) can occur but is uncommon.
- Infection can occur but is uncommon. Most infections are mild and can be treated with antibiotics.
- Leakage of stomach or intestinal contents at the prior tube site can occur.
- Feeling faint or lightheaded (a vasovagal reaction) can occur during or after the procedure. This is usually mild and resolves quickly.
- Allergic reactions to the topical antiseptic are uncommon.

### **Alternatives:**

- Oral feeding when safe and tolerated.
- Nasogastric (NG) or nasojejunal (NJ) feeding tubes for short-term nutritional support.
- Total parenteral nutrition (TPN) through an IV line in select cases.
- Surgical placement or management of feeding tubes.
- Medical management alone, depending on the underlying condition.
- Some patients choose no further treatment; however, this may result in inadequate nutrition or hydration and is generally not recommended.

### **Aftercare:**

- A bandage will be applied over the procedure site. Change the bandage as needed and anytime it becomes wet.
- You may shower and allow water to flow over the site 24 hours after your procedure; however, do not submerge the site in water (bath, pool, hot tub, or ocean) until the drain has been removed and the site has healed.
- Do not apply lotion or ointment to the site until it has healed unless instructed to do so.
- Avoid strenuous physical activity for at least 24 hours after your procedure. Then gradually increase your activity level as tolerated.
- It is normal to experience pain and bruising after your procedure. You may take acetaminophen (Tylenol) for the first 24 hours. After 24 hours, you may switch to aspirin, ibuprofen (Motrin), or naproxen (Aleve) if acetaminophen does not adequately control your pain.
- Flush the tube with water before and after feedings or medications to help keep the tube clear.
- Make sure any pills or powder are crushed finely and mixed with plenty of water before administering them through the tube. Flush the tube with plenty of water afterward to help prevent clogging.
- Contact Radiology, your ordering provider, or your nurse if you have any concerns or experience any of the following: severe pain not responding to medications; significant pain or swelling at the procedure site; signs of possible infection (significant redness or purulent drainage from the procedure site, severe pain, or high fever); shortness of breath and/or chest pain worse than normal for you; dizziness or lightheadedness when standing; a faster-than-normal heart rate; or drainage from around the catheter. Call 911 in the event of an emergency.
- Weekdays 8 am to 5 pm call 308-8401 (Riverside), 296-3886 (Southside), 602-1360 (Clay) or 691-1297 (St Johns). Weekdays 5 pm to 10 pm or weekends 6 am to 10 pm call 308-8401. If outside of these hours, call the hospital operator at 308-7300 and ask to speak to the Interventional Radiologist on call.