

Guidelines for Emergency Gastrostomy replacement - replacement with balloon tube.

If an existing Gastrostomy tube has fallen out, or been accidentally pulled out, the stoma will close quickly, often in the space of a few hours. The appropriate clinician should be contacted immediately and they may delegate the reinsertion of the tube. It is important that a tube is reinserted as soon as possible to prevent the stoma closing. If a Gastrostomy tube is not available a urinary catheter can be used.

How long has the Gastrostomy been in situ?

If this is less than 6 weeks a mature track may not have formed and the risks of inadvertently placing the replacement tube in the peritoneal cavity are high. A mature track can take many weeks to form in a malnourished patient. If there is a mature gastrostomy track, reinsertion of a balloon tube can be attempted.

Assessment of the removed tube and length of the track.

If the removed tube is available:

- a. What French gauge is the tube?
- b. From the position of the external retaining piece on the tube or the change in texture or colour of an older tube it should be possible to estimate the length of the track.
- c. If the tube was the first tube placed it may have a button end which, if forcibly removed, could have resulted in separation of the stomach from the abdominal wall. Any replacement tube should be checked radiologically or with a gastroscopy.

Tube reinsertion

1. Place the patient in a lying position or straight with the bed tilted head up.
2. Clean the external site with saline.
3. Lubricate the track with local anaesthetic gel.
4. **Gently** insert the tube through the track (**Do not use any force**). The track is often not perpendicular to the skin and if the tube will not pass easily into the stomach the direction of the track can be reassessed using a much narrower urinary catheter. **Do not force it in.** It should go easily into the track for at least 4-5cms or at least the length of the track as assessed on the removed Gastrostomy tube. For example, if the retaining piece on the old tube is at 3cms the new catheter should be easy to insert to about 4 or 5 cms.
5. Once the direction of the track has been identified insert an appropriate size replacement tube using gentle pressure in the direction of the track.
6. If the stoma has started to close you may need to use a narrower tube to keep the stoma patent in the short term.

If the track needs dilatation this should only be done by appropriately trained medical or surgical staff.

The Victorian Surgical Consultative Council

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Inflation of the tube

Once the tube has been passed into the stomach it should rotate freely. The tube should be advanced **at least** 2 to 3cms further in than the position of the displaced tube.

1. Inflate balloon with water according to the instructions on or with the tube. **Inflation should not cause pain.**
2. Gently pull the tube back until there is resistance (when the internal balloon comes up against the stomach wall). The tube should still rotate freely.
3. Secure the tube in this position either with the external retaining piece on a Gastrostomy tube or with tape to the skin if a temporary urinary catheter is used. Externally fixing the tube prevents the internal balloon being pulled into the pylorus or duodenum. If this happens it can result in gastric secretions or feeds being vomited or leaking around the tube.

Check tube position

If there has been any difficulty reinserting the tube, particularly in patients who cannot communicate well, its correct position should be checked with a gastrographin study or gastroscopy. Water or a test feed should be instilled into the stomach before the patient leaves the hospital.

Because of problems retaining a urinary catheter in the correct position a urinary catheter is not appropriate for long term use as a Gastrostomy tube. If a urinary catheter has been used arrangements should be made for this to be changed to a Gastrostomy tube as soon as possible.

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