Fact Sheet: Gastrostomy Tubes (G-Tubes)

About G-Tubes:
A gastrostomy tube (G-tube) is a tube inserted through a small incision in the abdominal wall into the stomach. A gastrostomy tube provides an alternate access route for feeding or administering medication. It also can be used to vent a person's stomach for air or drainage.

- For persons who have difficulty swallowing due to prematurity, neurologic disorders such as stroke, or anatomic disorders such as esophageal atresia (blocked esophagus) and tracheoesophageal fistula, gastrostomy tube feeding decreases the risk of aspiration pneumonia.
- G-tube feeding provides improved nutrition for those who are malnourished and underweight due to severe illness caused by gastrointestinal conditions and severe weakness found in certain muscle disorders.

Placing the Tube:
- When the tube is first placed it may be secured with a stitch through the skin and around the tube. This helps the tube stay in place until the gastrostomy tract is well healed, which takes about three weeks. During the healing period, the wound will require regular cleaning and dressing. A more permanent tract will form between the stomach and skin in about three months.
- When the gastrostomy tube is placed, a second procedure, called a fundoplication, is often done to create a sort of one-way valve that prevents stomach contents from ascending into the esophagus. This can minimize the risk of aspiration and chronic heartburn.

Maintenance:
- Gastrostomy tubes should be flushed before and after any tube feedings, before and after any medications are administered, or at least every eight hours. Usually 3-10 ml of water will clear the tube.
- Particularly in children, the tube should be protected under clothing. Children should not be allowed to pull on the tube.
- Any individual with a gastrostomy tube in place should be under the care and supervision of someone in the home or residential setting who knows how to respond to problems. Such problems include signs of pneumonia, abdominal pain, extubation (the tube was pulled out or came out), signs of infection, leaking, excess growth of tissue around the tube as it enters the skin, and a clogged tube.
- The person's weight should be monitored for excess weight gain or unexpected weight loss. Excess weight gain is a frequent problem for young children with gastrostomy tubes.
Medication:
- Medication, either crushed pills mixed with water or liquid medicine may be given by gastrostomy tube after the tube has been flushed. For crushed pills and opened capsules, approval should given by the individual’s doctor or pharmacist.

Oral Feeding:
- Particularly for children, part of the program may include oral stimulation, some oral feedings and often subsequent transition to oral feedings.
- Oral feeding can be difficult, since children frequently lose interest once they have been chronically fed by tube. Transition to oral feedings requires special care to minimize the risk of aspiration.
- Since individual circumstances vary, the decision to attempt transition to oral feeding should be individualized in collaboration with the physician.

Alternatives to the G-Tube:
- There are two alternatives to the gastrostomy tube: the Jejunostomy tube (or J-tube) and the Gastro-Jejunostomy tube (or G-J-tube.)
  - The J-tube goes through the skin like a G-tube but is placed in the jejunum, a part of the small intestine. It is used to minimize the risk of aspiration when the stomach does not empty properly.
  - The G-J-tube is a two tube system that is used to allow feeding into the jejunum and also the ability to perform gastric (stomach) decompression. It is used in patients who are unable to properly empty the stomach into the intestines.
- In both of these variants, the care issues are similar to those of a G-tube, including proper flushing and the need to replace the tube promptly if or when it comes out.