Gastric Tube Placement

What is a Gastrostomy Tube?
Gastrostomy (G-Tube) is the insertion of a tube through the abdomen wall and into the stomach. The tube is used for feeding or drainage. It can be inserted with surgery or by more minimally invasive means, such as under x-ray guidance by an interventional radiologist.

Reason for Placement
The purpose of gastrostomy tube placement is generally to provide a patient temporary or permanent feeding directly through a tube in the stomach. Reasons for difficulty feeding may be from disorders of the mouth, esophagus, or stomach. Gastrostomy tube placement may also be indicated in disorders causing obstruction of the intestines.

Precautions
The procedure is relatively simple and safe. As with any invasive procedure, patients should not be currently taking medications which affect the ability of blood clotting (aspirin, plavix, coumadin, heparin, etc). If a patient is on any of these medications, they should notify the physician performing the procedure to determine what changes in medication administration should be made prior to gastrostomy placement. In addition, some prescription medications may increase risks associated with anesthesia.

Pre-Procedural Evaluation
Prior to the gastrostomy, the patient will meet with the physician and supporting staff to explain the procedure and evaluate any special conditions that may affect tube placement. The patient will likely be asked to have blood drawn to evaluate for any bleeding disorder. It is important that you do not drink or eat 6 hours prior to the procedure.

Procedural Description
Gastrostomy tube insertion can be performed by an interventional radiologist, gastroenterologist, or general surgeon. Interventional radiologists use x-ray guidance and minimally invasive techniques to perform the procedure. This generally results in less complications and faster recovery time. It also allows the patient to avoid the need for general anesthesia (where the patient is placed in a deep sleep). Interventional radiologists will use conscious sedation (the patient will be in a twilight sleep). Pain medication will be given as well in order to minimize any discomfort.

After the patient is given conscious sedation, the skin on the abdominal wall will be cleaned and ‘numbed up’. Then a small incision will be made on the upper left aspect of the abdomen. Next, a small incision is made on the skin. This allows passage of a small plastic
tube into the stomach. The inside of the tube is hollow and will allow feeding material to be
delivered to the stomach. Once the tube is in place it will be secured to the abdominal wall
and stomach. No stitches are needed. The procedure in Radiology, is performed while using
x-rays to guide placement of the tube. The tube is placed with the use of T-fasteners that
hold the Stomach to the Abdominal wall for placement. These will need to be removed in
10-14 days. You will be given Instructions prior to discharge.

Gastrostomy tube placement itself lasts approximately 30 min – 1-hour. Usually the patient
can have gastrostomy tube placement and not require overnight hospitalization. The patient
and their family will be instructed on care of the tube and discharged after the sedative
medication resolves. The patient will stay approximately 2 hours after the tube is placed in
the holding recovery area.

**Post-Procedure Care**
Immediately following the procedure, the patient MUST NOT EAT OR DRINK FOR 12 HOURS.
After 12 hours water may be placed through the tube. After 24 hours the patient can begin
clear feedings through the tube. Feedings are then gradually increased as tolerated.
Patients and their families are taught how to care for the tube, recognize and prevent
infection around the tube, how to feed through the tube, how to handle tube blockage, what
to do if the tube pulls out, and what normal activities can be continued.

**Risks**
There are few risks associated with this procedure. The main potential complications are
infection, bleeding, dislodgment of the tube, stomach bloating, and nausea. You should
report these complications if they are not controlled by the medications provided.
Dislodgment of the tube should be reported immediately.