

Gastrostomy Tubes Home Care Manual

(Corpak, Foley catheter, Genie,
Malecot, Mic-G)



Physician who placed the gastrostomy: _____ Date placed: _____

Type of gastrostomy tube: _____

Size of the gastrostomy:

- Gastrostomy tubes are measured in French (Fr.) sizes.
- A size 16 Fr. gastrostomy is larger than a 14 Fr. gastrostomy.

Your child has a _____ Fr. gastrostomy.

Phone number to ask questions after discharge: _____

Call the Surgery Team night or day if your child has any of the following symptoms:

- If the gastrostomy tube comes out. Call now and look at page 17 of this manual.
- Has purulent, bloody, bright green, or brown drainage that smells like stool coming from the gastrostomy.
- Has a temperature over 101°F (38.4°C)
- Has any of the following for more than 48 hours (2 days):
 - drainage or leakage around the gastrostomy.
 - redness larger than the size of a quarter around the gastrostomy.
 - skin irritation or rashes.
 - swelling or tenderness.

Note: Call the General Surgery Office 314.454.6022 during office hours. If after hours (nights, weekends, and holidays) call 314.454.6000 and ask for the Surgery Resident on-call to be paged.

Call your child's regular doctor if:

- Has a swollen or hard stomach.
- Is throwing up with feeds.
- Has pain or cramping with feeds.
- Is crying without tears.
- Has a dry mouth or cracked lips.
- Is an infant and has a sunken soft spot.
- Is more sleepy than normal.
- Is dizzy.
- Is an infant and has no wet diapers in 8 hours.
- Has no urine in 12 hours at any age.

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A. Introduction

- Feedings and/or medications can be given to your child through the gastrostomy.
- Your child may need the gastrostomy for a short time or for a lifetime.
- A Home Care company delivers supplies to care for the gastrostomy at home.

B. Placement of the Gastrostomy

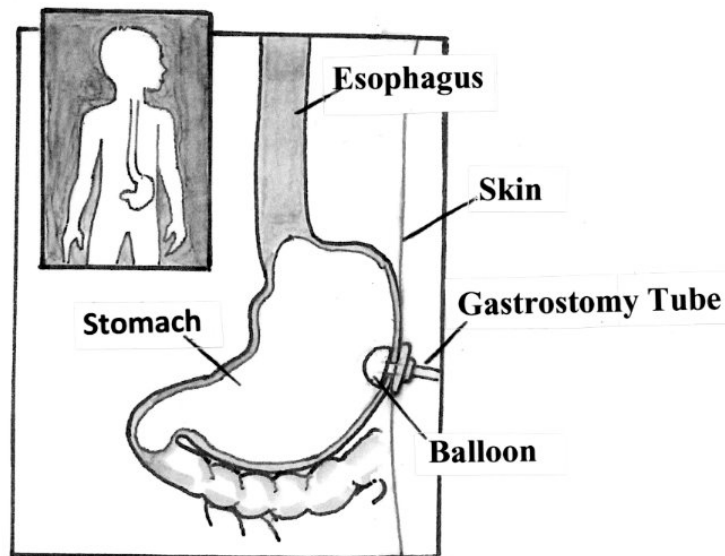
Note: Your child does not have to go to surgery if the gastrostomy needs to be replaced or have button inserted.

1. Your child's medical provider or surgeon will decide how the gastrostomy is placed.
 - A small opening called a stoma is made on your child's abdomen.
 - The gastrostomy goes into the stomach, passes through the muscle and fatty layers, and comes out the stoma.
 - A path (tract) from the stomach to the abdominal wall forms around the gastrostomy in **6 to 8** weeks.
 - The healing around the gastrostomy is similar to the tract formation after a body piercing.
 - **Do not turn the gastrostomy.**
 - **Unnecessary movement of the gastrostomy in the tract will interfere with the healing process.**
 - The end of the gastrostomy in the stomach may look like a mushroom or have a small balloon at the end.
 - The mushroom or balloon keeps the gastrostomy up against the stomach wall.

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After the Gastrostomy is placed:

- The area around the gastrostomy may be tender for several days.
- It is normal to see drainage around the gastrostomy after it is placed.
- A small plastic container may be attached to the gastrostomy after surgery.
 - Stomach contents drain into the container.
 - The container is removed when your child starts feeding.
 - Some of the tubes will come back with a dressing after surgery.

C. Your Child's Gastrostomy

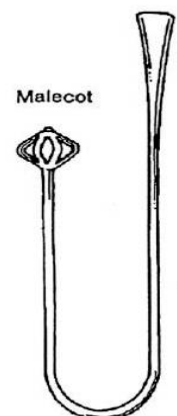
There are several types of gastrostomies, but the care is basically the same. You do not have to know the specific name of your child's gastrostomy.

Types gastrostomy tubes:

- The tan gastrostomy tube is a **Malecot** or **Mushroom** or **de Pezzer**.
 - The tan or red baby nipple around the gastrostomy prevents the tube from moving.
 - There is no separate port for giving medicines.



Mushroom/de Pezzer



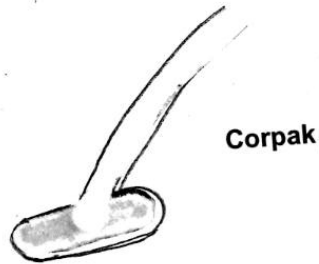
Malecot

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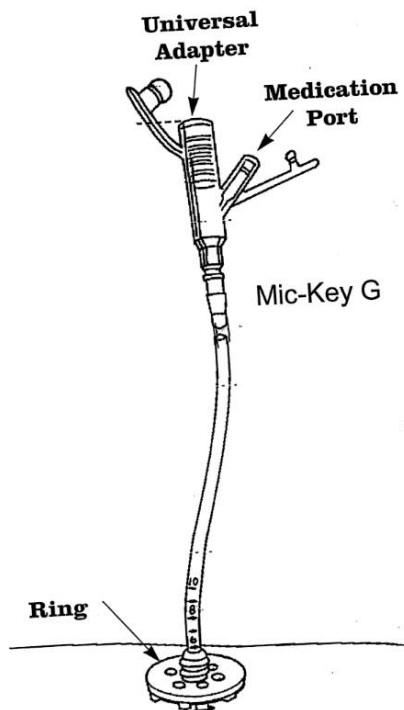
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- The clear gastrostomy tube is a **Corpak**:
 - There is a cap on the end of tubing.
 - There may or may not be a separate port for giving medicines.



- **Mic-key (G)** gastrostomy tubes are also clear.
 - The ring around the gastrostomy prevents the tube from moving.
 - There may or may not be a separate port for giving medicines.

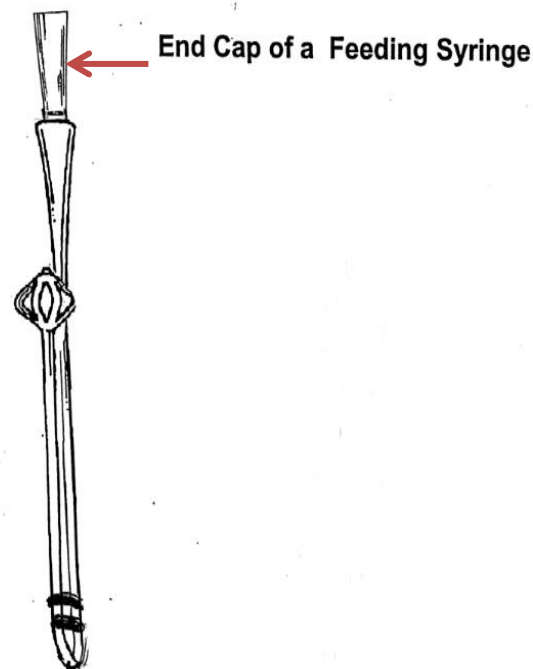


D. Clamping the Gastrostomy

- Your child's gastrostomy tube may or may not have a clamp.
- Gastrostomy tubes are clamped when not being used to prevent formula and gastric contents from coming out of the tube.
- **Never use the blue clamps (gizmos) on the gastrostomy!**
- Use the clamp or the end cap on the gastrostomy.

OR

- If the gastrostomy does not have a clamp or an end cap:
 1. Take the cover off the end of the feeding syringe.
 2. Gently put it into the end of the gastrostomy.
 3. If a rubber band is used, change the position every 8 hours.



E. General Guidelines for Care

The following care is important for all different types of gastrostomies:

- 1. Prevent the gastrostomy from being pulled or turned.**
 - Dress infants in onsies.
 - An ace wrap may be used on active children.
- 2. Keep the balloon or mushroom up against the stomach wall to create a seal.**
 - The balloon or mushroom works like a sandbag in a flood wall.
 - If the balloon or mushroom is not up against the stomach wall, the seal is broken and formula or gastric juices may leak onto your child's skin.
- 3. Provide safe and comfortable feedings through the gastrostomy.**
 - Your child's stomach may need to adapt to the volume of the feedings.
 - Give feedings slowly. Never push in feedings with a syringe.
 - Giving the feedings too fast is uncomfortable for your child. Your child could cramp, wretch, or vomit.
- 4. Age appropriate mouth care should be given to a child receiving gastrostomy feedings.**

F. When to Call the Surgery Office

- 1. Call the surgery office immediately if you see drainage from the gastrostomy that looks:**
 - Purulent (like pus)
 - Bloody
 - Bright green
 - Brown and smells like stool
- 2. Gastrostomy sites very seldom get infected. However, look at your child's gastrostomy site daily for any skin changes. Look for:**
 - Drainage or leakage around the gastrostomy.
 - Redness larger than the size of a quarter.
 - Skin irritation or rashes.
 - Swelling or tenderness.
 - **Call the Surgery Office if any of the above last longer than 24 hours.**

G. General Feeding Guidelines

1. Feeding Orders:

- In the hospital, your child's medical provider will order the type of feeding, schedule for feedings and method of feeding.
- Your child's Primary Health Care Provider will monitor the feedings after your child is from the hospital.

2. The Feeding Experience:

- You and your child should be in a comfortable position during feedings. You can do **any** of the following:
 - Hold your child during feedings.
 - Put your child in an infant seat, wheelchair or chair.
 - Lay your child on his or her right side. This helps the stomach empty and keeps food from sitting in the stomach for a long time.
- Provide comfort to your child during feedings:
 - Offer your child a pacifier during the feeding.
 - Rock and talk to your child.
 - Gently stroke your child's lips and cheeks.
 - Play your child's favorite music or video.

3. Feeding Methods: (Feeding procedures are described later in this tool.)

- **Feeding by gravity (bolus feeds):**

Amount of formula: _____ Frequency of feedings: every ____ hours

- **Feeding by a feeding pump: Pump feedings may be continuous or intermittent.**

Continuous feedings:

Volume of feedings _____ Time of infusion: Start time ____ End time ____
and/or

Intermittent (several times a day):

Volume of feeding _____ Infused over _____ minutes every _____ hours

4. Flushing the gastrostomy

- Flush the gastrostomy with 5 to 10 ml of tap water after every feeding and medicine.
- Flush the gastrostomy **once a day** with 5 to 10 ml of tap water if the gastrostomy is not needed to give your child feedings or medications.

H. Relieving Excess Air in the Stomach: Venting Air (Burping)

- Most children with gastrostomies can burp or pass gas to relieve air in the stomach.
- However, some children have problems with excess air in the stomach.
- Usually gas is the biggest problem the first few days after surgery.
- A syringe or Farrell bag may be used to relieve gas from the stomach.

Using a syringe to relieve gas in the stomach:

1. Close the gastrostomy tubing to keep formula from coming out.
2. Place the feeding syringe (without the plunger) into the gastrostomy.
3. Open the gastrostomy.
4. Hold the syringe above the level of your child's stomach.
5. Excess gas will bubble up in the syringe. It is normal if formula or stomach contents rise into the syringe.
6. Once the gas is relieved, allow the formula or stomach contents to slowly flow back into the stomach.
7. Add 5 to 10 ml of tap water to the syringe to flush the gastrostomy. Close the gastrostomy.

Using a Farrell Bag to relieve excess gas in the stomach:

- Your child's medical provider may order a Farrell bag if your child had a Nissen Fundoplication (anti-reflux procedure).
- The Farrell bag attaches to the gastrostomy and allows excess gas to come out of your child's stomach while your child is being fed.

Refer to the Farrell Bag Teaching Tool.

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I. How to Feed Your Child Through the Gastrostomy

Note: Clean supplies with warm water. Rinse and air dry. **DO NOT** boil or place them in a dishwasher.

Feeding by Gravity

1. Gather supplies:
 - ✓ formula
 - ✓ feeding syringe without the plunger
 - ✓ water (5 to 10 ml) for flushing
2. Wash your hands.
3. Attach the syringe to the gastrostomy.
4. Open the gastrostomy.
5. Lower the syringe and pour the formula in.
6. Raise the syringe until the formula flows in slowly.
7. Raise the syringe to increase the flow of feeding. Lower the syringe to decrease the flow of the feeding.
8. Feedings should go in over 15 to 20 minutes.
 - The feeding will come back into the syringe if your child is crying or fussy.
 - Wait a few minutes and comfort your child. The feeding will go in again once your child is quiet.
 - If the formula is not going down and your child is quiet, put the plunger into the syringe and gently push the plunger about one-half inch to start the flow of the formula. **Do not push hard.** Take the plunger out after the feeding starts to flow in.
9. Flush the gastrostomy with 5 to 10 ml of tap water after the feeding is finished.
10. Close the gastrostomy.



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Intermittent pump feedings for (several times a day) feedings

NOTE: Your child's home health company will review the pump with you.

1. Gather supplies:
 - ✓ feeding pump and tubing
 - ✓ formula
 - ✓ feeding syringe without the plunger for flushing
 - ✓ tap water (5 to 10 ml) for flushing
2. Wash your hands.
3. Pour formula into the feeding bag.
4. Open the clamp on the feeding bag, fill the pump tubing, then close the clamp.
5. Place the pump tubing into the pump.
6. Attach the pump tubing to the gastrostomy.
7. Make sure the tubing connections are secure.
8. Open the gastrostomy.
9. Open the clamp on the pump tubing.
10. Check the feeding rate on the pump.
11. Start the feeding pump.
12. Flush the gastrostomy after the feeding is done:
 - a) Turn off the pump.
 - b) Close the gastrostomy.
 - c) Remove the pump tubing.
 - d) Attach the feeding syringe (without the plunger) to the gastrostomy.
 - e) Open the gastrostomy.
 - f) Flush the gastrostomy with 5 to 10 ml of tap water.
 - g) Remove the syringe.
 - h) Close the gastrostomy after flushing.

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Continuous feedings (during the day and/or night time) by the pump

Use the syringe method to relieve gas (as explained above) before continuous feeds if your child is not using the Farrell bag.

NOTE: Your child's home health company will review the pump with you.

1. Gather supplies:
 - ✓ feeding pump and tubing
 - ✓ formula
 - ✓ feeding syringe without the plunger for flushing
 - ✓ tap water (5 to 10 ml) for flushing
2. Wash your hands.
3. Pour formula into the feeding bag.
4. Open the clamp on the feeding bag, fill the pump tubing, then close the clamp.
5. Place the pump tubing into the pump.
6. Attach the pump tubing to the gastrostomy.
7. Make sure the tubing connections are secure.
8. Open the gastrostomy.
9. Open the clamp on the pump tubing.
10. Check the feeding rate on the pump.
11. Start the feeding pump.
12. Flush the gastrostomy after the feeding is done:
 - a) Turn off the pump.
 - b) Close the gastrostomy.
 - c) Remove the pump tubing.
 - d) Attach the feeding syringe (without the plunger) to the gastrostomy.
 - e) Open the gastrostomy.
 - f) Flush the gastrostomy with 5 to 10 ml of tap water.
 - g) Remove the syringe.

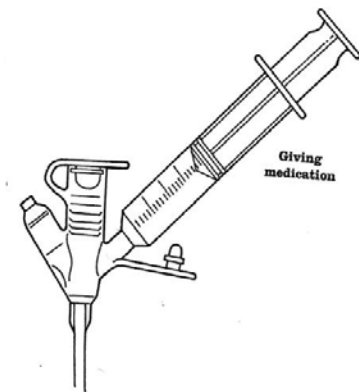
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J. Giving Medicines

- Flush the gastrostomy with 5 to 10 ml of tap water after giving medications.
- Ask your pharmacist to dispense all medications in a liquid form if possible.
- If your child's Primary Care Provider or Pharmacist tells you to crush pills or open capsules, dissolve the medications in water before giving.

Using the medication port on the extension set for feeding: Mic-key G

1. Be sure the feeding port is closed when using the medicine port.
2. Put the medicine syringe (with medicine in it) into the small port on the gastrostomy.
3. Open the gastrostomy.
4. Slowly push the medicine into the gastrostomy.
5. Close the gastrostomy.
6. Disconnect the medicine syringe.
7. Attach a syringe with 5 to 10 ml of water.
8. Open the gastrostomy.
9. Slowly push the water into the gastrostomy to flush it.
10. Close the gastrostomy.
11. Disconnect the syringe.
12. Close the medicine port.



If the Gastrostomy does not have a medicine port:

1. Attach the feeding syringe without the plunger directly into the gastrostomy.
2. Open the gastrostomy.
3. Put medicine into the feeding syringe and allow it to flow into the gastrostomy.
4. Put 5 to 10 ml of water into the feeding syringe and flush the gastrostomy.
5. Close the gastrostomy.

K. Skin Care

Mic-key G and Corpak

- Clean the skin around the gastrostomy at least three times a week with soap and warm water. Rinse well and pat dry.
- A dressing may not be needed unless the gastrostomy is leaking.

Dressing Change

- You may be instructed to place small dressing under the Mic-Key G to protect your child's skin if there is leaking around the tube.
- Stomahesive powder should be sprinkled on your child's skin before placing the dressing (see below).
 1. Gather Supplies:
 - ✓ Washcloth
 - ✓ Soap and water
 - ✓ Stomahesive powder
 - ✓ Pre-cut 2x2 gauze (1 package)
 - ✓ Hypafix tape
 - ✓ Scissors
 2. Remove the tape on the silicone ring. Take out the gauze
 3. Hold the gastrostomy tube straight up and clean the skin around the gastrostomy with warm soapy water
 4. Rinse the area and pat it dry.
 5. Sprinkle stomahesive powder around the gastrostomy.
 6. Separate the 2x2 gauze- there are 2 pieces in each package. Put one gauze around the tube
 7. Place four pieces of tape to cover the ring, gauze and skin.

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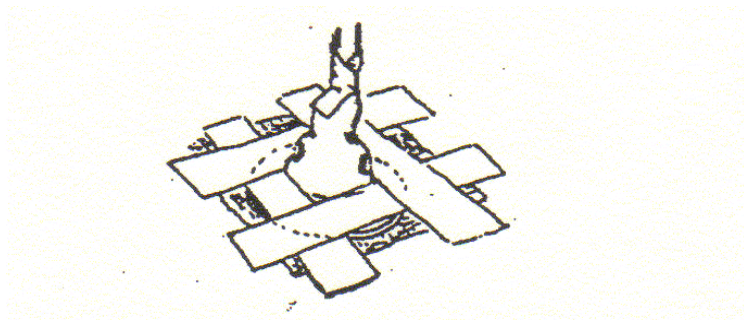
☐ Malecot, Mushroom, or de Pezzer with Nipple Dressing

- Change the dressing 3 times a week unless it is wet or the skin is reddened.
- Bath time is a good time to change the dressing.

Dressing Change

Gather Supplies:

- ✓ Washcloth
 - ✓ Soap and water
 - ✓ Pre-cut 2X2 gauze (1 package)
 - ✓ Tape
 - ✓ Scissors
1. Remove the tape on the nipple. Take out the gauze.
 2. Hold the gastrostomy tube straight up and gently lift up the nipple.
 3. Clean the skin around the gastrostomy with warm soapy water.
 4. Rinse the area and pat it dry.
 5. Separate the 2x 2 gauze – there are 2 pieces in each package. Put one gauze around the gastrostomy tube. **Put the second piece of gauze around the tube facing the opposite direction.**
 6. Hold the tube and gently push the nipple down on the gauze.
 7. Place four pieces of tape on the nipple, gauze and skin. (see picture).



L. Leaking

- Feedings or stomach contents (greenish, yellowish in color) can leak around the gastrostomy onto your child's skin.
- Leaking can happen if the end of the gastrostomy in the stomach is not up against the stomach wall.
- If the gastrostomy easily moves up and down. Hold the gastrostomy in one hand and gently push the nipple or ring down on the skin. This will re-create the seal.
- **Call the service that placed the gastrostomy if the leaking persists.**



M. Products that Can Protect Your Child's Skin from Leakage

1. Stomahesive Powder

- Stomahesive powder can be sprinkled around the button.
- The powder absorbs some of the drainage and helps protect your child's skin
- Use a small amount of powder to prevent clumping on the skin.
- It will not hurt your child if some of the powder goes into the gastrostomy site.

Call the surgery office if the leaking persists.

- The nurse may discuss the use of the following supplies to protect your child's skin.
- Do not use any of these supplies without talking to a nurse from the surgery office.

2. Dressings

- A dressing may be placed over the powder to absorb leakage around the gastrostomy (2x2 split gauze or panty-line cut to fit).
- Foam dressings may be ordered to place around your child's gastrostomy if leaking increases.

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3. Stomahesive paste

- Do not use the stomahesive paste unless you are told to do so by the Surgery Office.
- Stomahesive paste is a putty-like substance used around the gastrostomy to help prevent leaking. The stomahesive paste comes in a tube similar to toothpaste.
- The paste is used around the gastrostomy to help prevent persistent leaking.

How to apply the paste:

1. Take the plunger out of a small syringe.
2. Squeeze the paste into the barrel of the syringe.
3. Replace the plunger.
4. Sprinkle stomahesive powder where you will put the paste if the skin is irritated.
5. Push the plunger and put a small dab of paste around the gastrostomy.
6. Do not smooth the paste with your finger. This removes the paste.
7. Too much stomahesive paste is difficult to remove from the skin.
8. Replace the cap on the syringe. You can save this for another time.

N. Granulation Tissue

Sometimes, “extra tissue” called granulation tissue grows around the gastrostomy. You cannot prevent granulation tissue from forming.

Granulation tissue contains many capillaries (small blood vessels). The tissue may be red or pink. It looks like the inside of the mouth.

Granulation tissue is not an infection but it can have yellow/green drainage that smells like stinky feet. Do not worry if you see tiny spots of blood if the tissue becomes irritated.

Granulation tissue is more likely to form if the gastrostomy is turned a lot. Granulation tissue may go away but it can return.

- Call the surgery office if the granulation tissue becomes tender and painful to your child or if the drainage increases.
- A nurse from the Surgery Office or Home Care will gently roll a small q-tip with medicine on it over the granulation tissue. This medicine is called silver nitrate. This medicine will help the granulation tissue shrink and dry up. The tissue may turn dark or white.

O. What if the Gastrostomy Comes Out Before 2 Months after Surgery or Before Your Child's Surgery Clinic Appointment?

- Gastrostomies, on very rare occasions, may come out.
- Formula or food may leak from the stoma and you may see a small amount of blood.
- There is no immediate danger to your child.
- Cover the opening with a washcloth or towel.
- Prepare to insert the replacement tube.
- **DO NOT place the old tube back in!**
- Two (2) replacement tubes (**Foley tubes**) will be in your take-home bag.
- One Foley tube is the same size as your child's old gastrostomy and the other tube is one size smaller.
- The Foley tube is inserted to keep the stoma and gastrostomy tract open.
- When you get home with your child, take the Foley tubes and lubricant out of the take-home bag and put them in a handy location.

P. Placing the Foley Tube into the Gastrostomy Stoma

1. Get the Foley tube that is the same size as your child's gastrostomy.
2. Put a dab of water soluble lubricant from the take home package or KY Jelly® on the narrow tip of the Foley.
3. Gently insert the appropriate length of the Foley into the gastrostomy stoma.
4. How far do you put the Foley Tube in the stomach?
1¼ inch (3 cm) for a child under 30kg (66lbs)
2 ½ inches (6cm) for a child over 30 kg (66 lbs)
5. Your child may cry, wiggle, or kick causing the abdominal muscles to contract.
6. Take a deep breath, try to relax and comfort your child. When your child breathes out, the abdominal muscles relax and the Foley tube should slide into the stoma.
7. Never force the tube into the stoma. Try the smaller size Foley if needed.
8. Do not take more than 10 to 15 min to try to insert the Foley.

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9. Tape the Foley tube to your child's abdomen after it is in the stoma.
10. **Do not blow up the balloon on the Foley!**
11. **Do not feed, give water, or give medicine to your child!**
12. Call the Surgery Office or the Surgical Resident on Call (after office hours and on the weekends) when the Foley is in the stoma.
13. Take your child to **St. Louis Children's Hospital**.
14. If you are **unable** to insert the Foley, take your child to **the nearest emergency room!**
15. Have the local Emergency Room physician call the Surgical Resident on Call.

Q. Frequently Asked Questions

1. Can my child swim or take a bath?

- After 2 weeks, the gastrostomy site should be healed and your child can take a bath or swim in chlorinated water.
- After 4 weeks, your child can swim in lakes, rivers or the ocean.
- Clean the gastrostomy site immediately after swimming.
- Water may leak into your child's stomach. This is okay for most children.

2. Can my child lay on the gastrostomy?

- Yes, after the site is no longer tender after placement.
- Infants can lie on their stomachs for tummy time.
- Older children can sleep on their stomachs.

3. Does my child have to go back to surgery to remove the gastrostomy?

- No. Most gastrostomies are removed in the Surgery Clinic.
- Some leaking from the stoma is normal after the gastrostomy is removed.
- You will be shown how to put a dressing over your child's old gastrostomy site.
- Your child may need to have surgery to close the stoma if the gastrostomy has been in place over a year or does not close on its own.

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R. Call Your Child's Medical Provider if:

- Your child's abdomen (stomach) is hard or distended (bulging) or your child vomits with feedings.
- Your child has pain or cramping with feeding.
- Your child has a fever.
- Your child has signs and symptoms of dehydration:
 - No urine in 12 hours for toddlers
 - No urine in 8 hours for infants
 - Crying without tears
 - Very dry mouth or cracked lips
 - Sunken soft spot (infants less than 1 year)
 - Your child is more sleepy than usual
 - Your child feels dizzy

S. Home Care Supplies

- Replacement gastrostomy tube
- For Skin Care:
 - ✓ Stomahesive powder
 - ✓ Stomahesive paste (optional)
 - ✓ 2X2 gauze
 - ✓ Skin barrier wipes
 - ✓ Tape of choice
 - ✓ Adhesive remover
- For feedings:
 - ✓ Feeding syringe
 - ✓ Farrell bag if ordered

For General Health Information and Resources:

Call or visit the [Family Resource Center](#), a health information library on the 3rd floor of the hospital. Call 314.454.2350, email at frc@bjc.org, or check out the FREE [St. Louis Children's Hospital Kid Care App](#).

