

Replacing a Gastrostomy Tube/Button

Call 911 or an ambulance if your child:

- Struggles to take each breath
- Grunts with each breath
- Is unable to speak or cry
- Has blue or white lips or nails

Call the doctor NOW if your child has any of the following symptoms:

- Problems or concerns with replacing the gastrostomy tube.
- Looks or acts very sick.
- Is limp or very weak.
- Cries uncontrollably for more than an hour.
- Severe neck pain or neck stiffness.
- Is confused, has behavior changes or has had a seizure.
- Is less than 3 months old and has a temperature over 100.3°F (38°C).
- A temperature over 104° F (40°C) or feels very hot at any age.
- Is an infant and has no wet diapers in 8 hours.
- No urine in 12 hours at any age.
- Is crying without tears.
- Is dizzy.
- Seems more sleepy than usual.
- A dry mouth or cracked lips.

Gastrostomy buttons and tubes usually stay secure, but sometimes they come

out. There is no immediate danger to your child. Formula or food may leak from the site and you may see a small amount of bloody drainage. Cover the opening with a washcloth or towel.

Quickly choose one of the following plans.

The first gastrostomy change must be performed with guidance of a Doctor/Nurse Practitioner, or RN. After this is done, you may replace a balloon type of gastrostomy at home.

1. If you have been instructed to replace the gastrostomy, do so immediately.
2. If you have NOT been taught to replace the gastrostomy, call your health care provider immediately.
3. If you are unable to contact your health care provider or if the gastrostomy is difficult to replace, bring your child to the nearest Emergency Department.

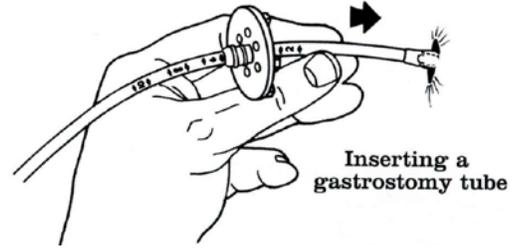
It is important to always have the correct replacement gastrostomy tube or button at home. Replacement gastrostomies are ordered through your home care supply company.

Replacing a Gastrostomy Tube/Button

A. Replacement procedure for tube (MIC-G)

Supplies needed

- one 5 ml syringe filled with water
- proper size Mic-G
- washcloth, towel, or gauze
- lubricant (water soluble)
- tape
- GU syringe



Removal of old tube, if needed:

1. Wash your hands.
2. Deflate the balloon by attaching a 5 ml syringe to the port labeled "BAL." Slowly pull back on the plunger of the syringe until all water is removed.
3. Gently remove the gastrostomy from the stoma site. If it does not easily slide out, check to make sure all of the water is out of the balloon.
4. Cover the gastrostomy site with a washcloth or towel to protect the skin.

To put a new tube in. -- This is a clean procedure.

1. Wash your hands.
2. Use a washcloth, towel, or gauze to protect your child's skin from the stomach contents that might leak out of the gastrostomy site.
3. Open tube package.
4. Put water into a syringe as instructed by the doctor.
5. Gently clean the child's skin. The site may continue to leak until the new gastrostomy is in place.
6. Apply the lubricant to the new gastrostomy to be placed.
7. Gently insert the new gastrostomy using a slight twisting motion to insert into the site. Insert the tube to the depth instructed by your physician.
 - Your child may cry, wiggle, kick or draw his or her legs up. While this is all normal behavior, these actions will cause stomach muscles to contract and make it a little harder for caregivers to replace the gastrostomy.
 - **This is not an emergency.** Soothe your child. Take a deep breath and try to relax yourself. In between your child's breaths, the new tube will slide into place because the muscles relax.

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8. After the tube has been placed into the stomach, attach the syringe filled with water. Put 3 to 5 ml's into the balloon, or as instructed by the doctor. Remove the syringe quickly before the water starts coming back out of the balloon.
9. Pull back the gastrostomy to make sure it is up against the wall of the stomach.
10. Clean up your child's skin and do the following:
 - Gently push the ring down on the Mic-G while holding the tube up.
11. To make sure the new tube is in the right place, attach the GU syringe to the tube and pull back stomach contents. Do the first feeding with water to make sure that there is no resistance to flow.

If you are having any problems, do not hesitate to call or bring your child to the emergency department!

B. Replacement procedure for button with an inflatable balloon

Sometimes the balloon becomes weak and cannot hold water. Most of the time, water can be replaced. Sometimes the balloon actually bursts. This causes no harm to your child but the gastrostomy will need to be replaced in a timely manner.

Supplies needed

- one 5 ml syringe filled with water
- proper size button -- MIC-KEY
- washcloth, towel or gauze
- lubricant (water soluble)
- GU syringe

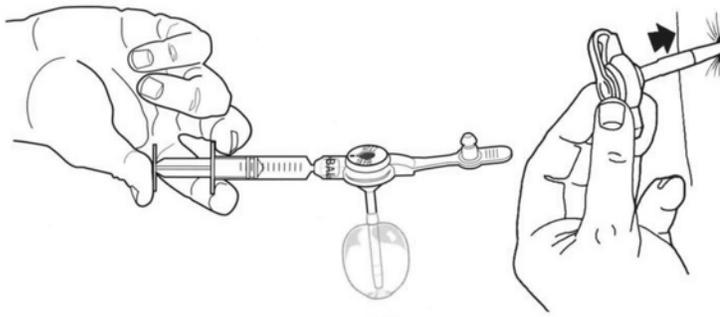
Removal of old balloon button, if needed:

1. Wash your hands.
2. Deflate the balloon by attaching a 5 ml syringe to the port labeled "BAL." Slowly pull back on the plunger of the syringe until all water is removed.
3. Gently remove the gastrostomy from the stoma site. If it does not easily slide out, check to make sure all of the water is out of the balloon.
4. Cover the gastrostomy site with a washcloth or towel to protect the skin.

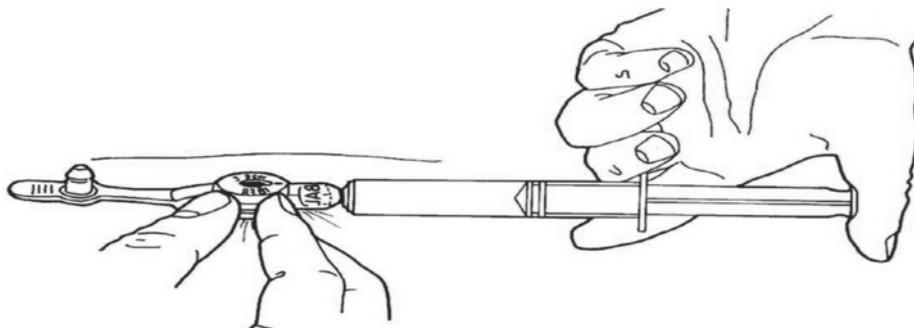
Replacing a Gastrostomy Tube/Button

To put the new balloon button in -- This is a clean procedure.

1. Wash your hands.
2. Remove the gastrostomy from its package and visually inspect it.
3. Lubricate the tip of the tube with any water soluble lubricant. Gently guide the button in the gastrostomy opening. Press the button in until it sits right on the skin. If the tube does not go in easily, gently twist it into the gastrostomy site.



- Your child may cry, wiggle, kick or draw his/her legs up. While this is all normal behavior, these actions will cause stomach muscles to contract and make it a little harder for caregivers to replace the gastrostomy.
- **This is not an emergency.** Soothe your child. Take a deep breath and try to relax yourself. In between your child's breaths, the new tube will slide into place because the muscles relax.

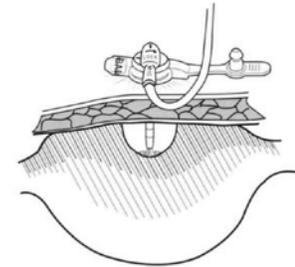


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- Once the button is in, attach the syringe and inflate the balloon with 3-5ml's of water, or as instructed by the doctor. Quickly take off the syringe. (Water will come back into the syringe after pressure is taken off the plunger.)
- Check the stoma for signs of gastric leakage. Make sure the button can move freely. Wipe any drainage off of your child's skin. Approximately 1/8" of up and down movement is considered a good fit.

Checking for Correct Placement

- Attach the GU syringe and pull back. If gastric contents are seen, the gastrostomy is in the right place.
- Use water for the first feeding to make sure there is no resistance to the flow of fluid into the stomach.



What if I can't get the tube/button back in?

- Two 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.

C. Placing the Foley Tube into the Gastrostomy Stoma

- Get the Foley tube that is the same size as your child's gastrostomy.
- Put a dab of water soluble lubricant from the take home package or KY Jelly® on the narrow tip of the Foley.
- Gently insert the appropriate length of the Foley into the gastrostomy stoma.
- 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)

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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.
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 314-454-6022** when the Foley is in the stoma. Note: On nights, weekends, or holidays, call 314-454-6000 and ask for the Surgical Resident on-call to be paged.
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 department!**
15. Have the local Emergency Department physician call the Surgical Resident on Call.

If you are having any problems, do not hesitate to call the surgery team or bring your child to the emergency department!

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](#).

