



Imaging



**Brighton and Sussex
University Hospitals**
NHS Trust

Percutaneous Gastrostomy Insertion

Information for patients

What is a percutaneous gastrostomy?

Percutaneous gastrostomy is a technique where a narrow plastic tube is placed through the skin, directly into your stomach, to give you liquid nutrition. Because it is done through the skin, it is called percutaneous, and gastrostomy means making an opening into the stomach.

Why do I need percutaneous gastrostomy?

There are several reasons why you may not be able to eat normally. There may be a blockage at the back of your throat or in your gullet (oesophagus), and this is preventing food going down normally. It may be that you have a neurological condition or another medical issue which causes problems with your swallowing. In order to get the nutrition that you need the doctor has recommended you get fed directly into your stomach.

Who has made the decision?

The Consultant in charge of your case, and the Interventional Radiologist (the doctor who specialises in Imaging Procedures) who will be carrying out the Gastrostomy. They will have discussed the situation, and feel that this is the best option for you. However, you will also have the opportunity for your opinion to be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, then you can decide against it.

Who will be doing the percutaneous gastrostomy?

A specialist doctor called an Interventional Radiologist. Interventional Radiologists are experts in using X-ray equipment and in microsurgical techniques.

Where will the procedure take place?

In the Imaging Department, in a special Interventional Radiology (IR) Procedure Room which is designed for these specialised procedures. You will be checked into the department by a nurse, who will ask some medical questions and fill out some paperwork. The Interventional Radiologist will then come and talk to you about the procedure. You will have the opportunity to ask any questions or raise any concerns, and only if you are happy to continue with the procedure will you be asked to sign the consent form.

What actually happens during a percutaneous gastrostomy?

It is performed in the IR procedure room.

- You will lie on a special x-ray table on your back and be covered with sterile drapes.
- You will have a needle put into a vein in your arm so we can administer antibiotics, pain killers and sedation if required.
- The radiologist will pass a small tube down your nose into your stomach. This is called a naso-gastric tube (NGT). You may already have one of these in place when you arrive to the department, and if this is the case we can use this one for the procedure.

During the procedure a nurse will inject air into the tube to inflate the stomach. This will make you feel full.

- The radiologist will then clean the skin below your ribs and cover you in sterile drapes, and then he or she will inject local anaesthetic.
- Then the doctor will place 2-3 small anchor sutures. These hold the stomach up against the abdominal wall so that it is safe to place the feeding tube (these sutures will fall out after a couple of weeks).
- Then a needle is placed between these sutures and a small wire placed through the needle. The needle is removed and a plastic tube is inserted to dilate the size of the hole.
- Once this is done the feeding tube will be inserted and sterile water injected into the balloon of the tube (this holds the tube in place). Once the tube is in the correct position a small dressing will be applied.

How do I prepare for a percutaneous gastrostomy?

To prepare for the procedure you will need to make sure you do the following:

You will need to have a blood test before your procedure. Please let us know if you are taking any **antiplatelet medicines** (for example, Aspirin, Clopidogrel) or any **medicines that thin the blood** (for example, Warfarin), as these may need to be stopped temporarily before the procedure. Call the IR department for advice as soon as you get your appointment letter on **01273 696955 Ext. 4240/4278** and ask to speak to one of the IR nursing team.

If you are taking **medicines for diabetes** (for example metformin) or using insulin, then these may need to be altered around the time of the procedure. Call the IR department on the numbers above for advice as soon as you get your appointment letter.

You cannot eat or drink anything (except water) for four hours before your procedure. You can drink water up to two hours before your procedure.

You will be admitted to a hospital ward after the procedure for observation and to be seen by a dietician.

Will it hurt?

Unfortunately, the procedure can hurt for a short period of time. The local anaesthetic can help with this and if required the nursing team can give you painkillers. When the local anaesthetic is injected it will sting to start with, but this soon wears off, and the skin and deeper tissues should then feel numb. Later you will be aware of the tubes being passed into your stomach, but this should just be a feeling of pressure and not pain. There will be nursing staff on hand to support you during the procedure.

How long will it take?

Whilst every patient and every patient's situation is different we allow an hour for the procedure.

How soon can I eat or drink?

You will not be able to have anything by mouth, NG tube or Gastrostomy tube for 6 hours after the procedure. After 6 hours, depending on your individual circumstances, you will be able to start with some fluids either by mouth or by the gastrostomy tube. The nurses on the ward will be given a feeding regime from the dieticians and they will follow that.

What happens afterwards?

You will be required to recover in our recovery area on a trolley until a bed is ready for you and you are taken up to the ward. The nurses will carry out routine observations, blood pressure and pulse. You will be seen by a dietician on the ward

How long will the tube stay in and what happens next?

This is a question that will be answered by the doctors looking after you. The tube needs to stay in place until you can eat and drink normally, and in some cases this might be for some time. You will have a specially trained dietician looking after you, who will decide how much liquid food you need to put down the tube, and will show you how to look after the tube. Seven to fourteen days after the procedure, sutures holding the buttons in place will dissolve and these should fall off the skin surface.

What are the possible risks?

Gastrostomy insertion is generally a safe procedure, but complications can arise, as with any medical treatment:

- Sometimes the radiologist is unable to insert the tube into your stomach, due to an anatomical issue. If this is the case you may need an operation to place the tube.
- Peritonitis - inflammation of the peritoneum (the layer of tissue that lines the inside of the abdomen). This is treated with antibiotics.
- There may be some bleeding from the puncture site.

What are the benefits?

- To provide your body with nutritional support
- It can be an alternative to surgery
- It can be used for longer term feeding.

Finally

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the team looking after you.

Make sure you are satisfied that you have received enough information about the procedure before you sign the consent form.

Interventional Radiology:

01273 696955 Ext. 4240

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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