# FACTSHEET



# Gastrostomy

## What is a gastrostomy?

A gastrostomy is an opening placed directly into the stomach. The opening comes out onto the skin of the abdominal wall somewhere between the belly-button and the lower ribs, and is usually slightly to the left side. It allows food and medications to be placed directly into the stomach.

The gastrostomy can be made by doing an open operation, endoscopically (using a gastroscope), laparoscopically (key hole surgery) or in the X-ray department by our interventional radiologists.

A gastrostomy is often mis-named as a PEG which is an abbreviation for "Percutaneous Endoscopic Gastrostomy", one of the methods used for inserting the feeding device into the stomach.

Various devices can be placed into the stomach via the gastrostomy. A Malecot or Foley catheter can be used. Other "low profile" devices are also available: these include the "Mic-Key", "Entristar", Bard and "Nutriport". A "low profile" feeding gastrostomy device is often called a "button". All the above named gastrostomy devices can usually be replaced without significant discomfort except for the "Entristar" and Bard. The main indication for preferring the "Entristar" or Bard is to prevent inadvertent dislodgement. A trained carer can replace the low profile device either electively or if it becomes accidentally dislodged.

An appropriate size gastrostomy device needs to be used for each patient.

At times a gastro-jejunal tube is placed via the gastrostomy in the X-ray department if a child cannot tolerate gastrostomy feeds.

## Care of the Gastrostomy

The Malecot or Foley catheter, if used, needs to be appropriately strapped to prevent it migrating into the duodenum and causing a blockage to the outlet of the stomach.

At home the "button" should be rotated daily and the volume of fluid in the balloon checked monthly. If the button feels "loose" within this timeframe, the volume of fluid can be checked at any time.

The gastrostomy tubing must be flushed after each use.

Patients can swim and play normally with a gastrostomy device. Contact sports should be avoided.

## Potential problems

If a newly inserted gastrostomy device is prematurely dislodged, the orifice must be kept open with another "button" or catheter to prevent premature closure of the orifice.

Overgrowth of granulation tissue around the device is common and can be treated with topical application of silver nitrate, copper sulphate or a steroid ointment. The granulation tissue can result in leakage around the gastrostomy device or bleed on contact as it is quite friable. The leaked protein rich fluid may look purulent as it comes into contact with the skin surface bacteria.

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Occasionally the leakage can cause excoriation of the skin around the gastrostomy stoma. Your health care worker can advise on ways to minimise leakage and care for the skin around the gastrostomy site.

Having a gastrostomy inserted may occasionally aggravate your child's gastro-oesophageal reflux or tendency towards vomiting.

Contact the Hospital's allocated Nurse and/or Surgical Registrar on call if there are any urgent problems.

## What happens when the gastrostomy is no longer required?

Once the gastrostomy is no longer required it is simply removed. The hole can close over by itself but in some children, especially if they have had the gastrostomy for a long time, an operation is needed to close the hole. This can often be done as a day-stay procedure.