

Caring for your gastrostomy button post 8 weeks

CLEAN THE SITE

You will continue to clean the site of the G-tube exactly as you have.

1. **Gather all supplies:** Cotton-tip applicators (long Q-tips), warm soapy water using mild soap and plain warm water.
2. Thoroughly wash your hands with soap and water.
3. **Wash the skin:** Dip the cotton-tip applicator in warm, soapy water. Roll the cotton-tip applicator in a circular motion underneath the G-button and away from the gastrostomy site. Clean around the entire G-button. Repeat until the site is free of residue on the skin surface.
4. **Rinse the skin:** Dip the cotton-tip applicator in warm water, without soap. Roll the cotton-tip applicator in a circular motion underneath the G-button and away from the gastrostomy site to rinse. Clean around the entire G-button.
5. **Dry the skin:** Use a dry cotton-tip applicator to dry the site completely. If the site is left wet, it can cause skin issues.

HOW TO CHANGE THE BUTTON

1. Gather all supplies, including the new G-tube kit, lubricating gel, empty syringe, gauze and a small towel.
2. Stop all feeds and confirm they have been discontinued.
3. Wash your hands thoroughly with soap and water.
4. Fill a new syringe with 5 cc of normal saline or tap water.
5. Properly lubricate the new button with K-Y Jelly or any other lubricating gel.
6. Deflate the balloon of the current G-button with an empty syringe via the balloon port (port site marked "BAL").
 - a. Continue to pull back until you feel resistance and no more water returns in the syringe. It is generally 5 cc, but it may vary.
7. Remove the button with gentle withdrawal.
8. Immediately place a new lubricated button into the stoma with gentle pressure.
9. Inflate the new balloon with water (normal saline or tap water is fine).
 - a. Put 3 to 4 milliliters of water in 12 Fr buttons. Use 5 to 7 milliliters of water in 14 Fr and 16 Fr buttons.
10. Clean and dry excess moisture, lubricating gel and gastric contents that are on the surrounding skin.
11. Connect the feeding tube and use a large syringe (included in the kit) to aspirate back stomach contents to ensure proper placement.

POTENTIAL CONCERNS

G-Tube falls out: Insert an 8- to 10-gauge French Foley catheter in the stoma approximately 2 to 3 inches. Tape the remainder of the tube to the belly. Please call the pediatric surgery office at 713-796-1600.

- Risk of the stoma closing.
- Risk of the stomach retracting away from abdomen wall.
- Potential need to have a new tube surgically placed if either of the above happen.

Infection: If skin around the gastrostomy site is red or there is thick, yellow drainage, a foul odor, pain or even fever, please call your child's primary care physician or the pediatric surgery office.

Clogged G-Tube: If you are not able to flush the G-tube or if the pump alarm beeps, the tube may be clogged. Do not force fluids into the tubing. Check to make sure tubing is not clamped or kinked, and follow these steps:

1. Gather a 60-milliliter syringe and warm water.
2. Attach the empty syringe to the tube and pull back the plunger to see if the suction effect will unclog the tube.
3. If that doesn't work, fill the syringe with 10 to 15 milliliters of warm water. Connect the syringe to the tube, slowly push the water into the tube and gently move the plunger back and forth.
4. If the tubing does not clear, clamp the tube for 15 to 20 minutes and allow water to "soak." If you can see the clog, gently massage that area of the tube to help break the clog loose.
5. After 15 to 20 minutes, fill the syringe with another 10 to 15 milliliters of water and try flushing it again.
6. If the tube is still clogged after repeating those steps a few times, call your primary care physician or the pediatric surgery office.

Do not replace the button before eight weeks post-surgery. Call the office or go to the emergency room immediately.

Leaking: A small amount of moisture/leaking is normal and may cause redness and granulation tissue. For a small amount of leaking, refer to the instructions on cleaning the site. If leaking occurs:

1. Make sure the button is flat against the skin.
2. Check to ensure the feeding tube and connections are secure.
3. Use one split 2x2 gauze under the G-button.
4. If having abdominal distention and vomiting, contact your pediatric surgery office.
5. Call for an urgent appointment if more than one-half of feeds or medications leak. Increased leakage could be caused by an underlying illness.

Granulation tissue: This is not an emergency. It is normal for extra bumpy, red flesh to grow around the feeding tube. It may be soft to touch and may bleed easily. If granulation tissue develops, call your pediatrician. A trip to the emergency room is not necessary.

URGENT MATTERS

Call the pediatric surgery office if your child:

- Has signs of infection: redness, swelling or pus around the G-tube or wound.
- Has a temperature greater than 101.5° Fahrenheit with changes in the wound's appearance.

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