Percutaneous Gastrostomy

Introduction

This leaflet tells you about the procedure known as a percutaneous gastrostomy. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can serve as a starting point for such a discussion.

If you are having the procedure performed as a pre-planned operation, then you should have plenty of time to discuss the situation with your consultant and the radiologist who will be doing the procedure, and perhaps even your own GP. If you need the percutaneous gastrostomy as a relative emergency then there may be less time for discussion, but nonetheless you should have had sufficient explanation before you sign the consent form.

What is a Percutaneous Gastrostomy?

Percutaneous Gastrostomy is a technique whereby a narrow plastic tube is placed through the skin, directly into the stomach. Once in place the tube can be used to give you liquid food directly into your stomach, to provide 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 at the present time. 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 had a stroke, and that this is causing you problems with swallowing, or your gullet may not be working properly for other reasons. If you have had a small plastic tube inserted through your nose, down into your stomach, it may not be large enough to get adequate amounts of food into your stomach. Obviously, if you do not receive enough nutrition, then you will become very ill.

Who has made the decision?

The doctors in charge of your case and the radiologist doing the percutaneous gastrostomy will have discussed the situation and feel that this is the best option. 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

Where will the procedure take place?

The procedure is generally carried out in the x-ray department, in a special “interventional room” adapted for this sort of specialised procedure.

How do I prepare for percutaneous gastrostomy?

You need to be an in-patient in the hospital. You may receive a sedative beforehand to relieve anxiety, and possibly an antibiotic. A member of the clinical team will place a tube down your nose and into your stomach; this is to inflate your stomach with air, to aid in the placement of the gastrostomy. They will also place a needle into a vein in your arm so that a sedative or painkillers can be administered.
You will be asked to put on a hospital gown. If you have any allergies you must let your doctor know. If you have reacted to intravenous contrast medium, the dye used for kidney x-rays and CT scanning; you must also tell your doctor about this.

What actually happens during percutaneous gastrostomy?

You will lie on the x-ray table, generally flat on your back. You will have a monitoring device attached to your finger and will possibly receive oxygen through a small tube in your nose. You will also have a monitoring device attached to your chest.

The radiologist will keep everything as sterile as possible and will wear a theatre gown and operating gloves. The skin below your ribs will be cleaned with antiseptic and most of the rest of your body covered with a theatre towel. The radiologist will use the x-ray equipment to decide on the most suitable point for inserting the feeding tube. This will generally be below your left ribs. The skin in the area will be anaesthetised with local anaesthetic. This can sting a little to start with, but will wear off.

The radiologist will pass thin hollow needles into your stomach containing sutures to secure the stomach to the abdominal wall. A needle and then a guide wire will be placed in to the stomach, and then a series of small tubes are passed over the wire, one after the other, to enlarge the pathway from the skin into your stomach. Once this pathway is wide enough, the feeding tube can be inserted. The end of the tube has a small balloon which is inflated to prevent it coming out. The tube will be used to give you food and is large enough to ensure that you receive adequate nutrition.

Will it hurt?

Unfortunately, while the procedure is being done, it may hurt for a very short period of time, but any pain you have will be controlled with 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 a nurse or some other member of staff standing nearby and looking after you. If the procedure does become painful for you then they will be able to arrange for you to have more painkillers through the needle in your arm. Generally, placing the catheter in the stomach takes only a short time and once in place it should not hurt.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straight forward the procedure will be. It may be over in 30 minutes but occasionally it can take as long as 90 minutes. As a guide, expect to be in the x-ray department for about an hour altogether.

What happens afterwards?

You will be taken back to your ward on a trolley. Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. If you have been up and about previously, then you will generally need to stay in bed for a few hours afterwards, until you have recovered. It is important to try and look after the feeding tube. You should try not to make any sudden movements, for example getting up out of a chair or out of bed without remembering the tube. However, you will be able to lead a perfectly normal life with the tube in place.

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

This is a question which can only be answered by the doctors looking after you. It all depends on why you needed the tube in the first place. You do need to discuss this fully with your consultant. The tube needs to stay in place until you can eat and drink normally, and in some cases this might not be for a very long time.

You will have a dietician looking after you, who will decide how much liquid food will be put down the tube, and will show you how to look after the tube properly. He/she will also give you more information about the type of liquid food you are having

Are there any risks or complications?

Percutaneous gastrostomy is a very safe procedure. However, there are some risks and complications that can arise, as with any medical treatment.

The biggest problem could be not being able to get the tube into your stomach. This can sometimes happen if you have not been able to eat for a long time and your stomach has shrunk quite a lot. It may not be possible to find it with a small needle. If this happens you may need an operation to place the tube.

Sometimes there is a leak around the tube. This is less likely to happen if the stomach has been attached to the muscles beneath the skin, but it can still sometimes occur. This can lead to the skin around the tube becoming very red and sore. An attempt will be made to treat this but it may become necessary to remove the tube for healing to occur. You need to keep the area around the tube very clean and very dry.

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 doctors looking after you. Do satisfy yourself that you have received enough information about the procedure, before you sign the consent form.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Percutaneous gastrostomy is considered a very safe procedure, designed to save you having a larger operation. There are some risks and possible complications involved, and although it is difficult to say exactly how often these occur, they are generally minor and do not happen very often.

Sources of information

This leaflet is based on information from the Clinical Radiology Patients Liaison Group (CRPLG) of The Royal College of Radiologists and the British Society of Interventional Radiology (BSIR) who have given their permission for it to be reproduced.

Important information

Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team on 01323 417400 Ext: 5860 or by email at: **esh-tr.patientexperience@nhs.net**

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 01424 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information:
Dr Giles; Consultant Radiologist, Dr Mo Faris; Consultant Radiologist, Dr Neal Barlow; Consultant Radiologist

The directorate group that have agreed this patient information leaflet:
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Next review date: August 2019
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