

Interventional Radiologically Inserted Gastrostomy (RIG)

Your doctor would like you to have a Radiologically Inserted Gastrostomy (RIG) and has arranged for you to visit our department. We would like your visit to be as pleasant as possible and hope this leaflet will answer some of the questions you may have. Should you have any questions regarding your appointment please contact us on the appropriate telephone number below:

- Conquest Hospital Appointments – Tel: 0300 131 4500 Ext: 147422
- Eastbourne DGH Appointments – Tel: (01323) 414917

What is a Radiologically Inserted Gastrostomy (RIG)?

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.

A gastrostomy is a narrow plastic tube that passes through the skin of the abdomen directly into the stomach. Once in place the tube can be used to give you liquid food directly into your stomach, to provide nutrition. It is inserted using X-ray guidance, hence radiologically inserted.

A RIG is considered a very safe procedure, designed to improve your medical condition and save you having a larger operation.

Who will be doing the RIG?

A specially trained doctor called an interventional radiologist. They have particular expertise in performing procedures under image guidance. There will also be at least one specially trained nurse and a radiographer in the room during the procedure.

Where will the procedure take place?

This procedure will take place in the angiography suite within the X-ray department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

How do I prepare for a RIG?

The evening before the procedure, you will be asked to drink a special liquid that will illuminate your insides on x-ray, making the procedure much safer to perform. Depending on your circumstances, you may be brought into hospital the night before the procedure for this.

If not, you will need to be admitted to hospital either as a day case or for an overnight stay.

- For **morning admissions, please do not eat or drink anything from midnight** – you can drink water for up to four hours before the procedure.

- For **afternoon admissions**, you may eat a light breakfast but **please do not eat anything after 6.00am** – you can drink water for up to four hours before the procedure.

Take your medicines as normal, with a sip of water, unless your doctor or nurse tells you not to.

If you have any allergies, you must let your doctor know. You must also tell your doctor if you have previously had a reaction to intravenous contrast medium, the dye used for certain x-rays and CT scanning.

If you are taking warfarin or any other blood thinning medication, please call the interventional radiology department.

If there is possibility you could be pregnant, please inform the radiology department before the procedure.

What actually happens during a RIG?

Before the procedure, the interventional radiologist will explain the procedure and related risks and ask you to sign a consent form. Please feel free to ask any questions that you may have, and remember that even at this stage, you can decide against going ahead with the procedure if you so wish.

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm so that the radiologist can give you a sedative or painkillers should this be necessary. Once in place, this will not cause any pain. A tube will be inserted through your nose down your food pipe into the stomach. This can be a little unpleasant but once in place should not cause discomfort.

You will be asked to lie on the x-ray table flat on your back. You will also have leads attached to your chest to monitor your heart, a blood pressure cuff on your arm and a clip on your finger to record the oxygen levels in your blood. Oxygen may be given through a small tube in your nose.

The radiologist will keep everything as sterile as possible, and will wear a theatre gown and operating gloves. Your skin will be cleaned with antiseptic and then most of the rest of your body covered with a sterile theatre drape.

Your stomach will be gently inflated with gas via the tube in your nose. This can be a little uncomfortable and make you feel quite full. The radiologist will then 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 quite quickly.

The radiologist will pass thin hollow needles into your stomach containing sutures to secure the stomach to the abdominal wall. A needle and then guide wire will be placed into 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.

Are there any risks?

Radiologically inserting a gastrostomy tube is a safe medical procedure, but there is always a small risk of complication.

- It may not be possible 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.
- Very rarely, a blood vessel can be punctured accidentally when passing the needle into the stomach. This can result in bleeding. This may stop itself, or if not, you may need a blood transfusion. Occasionally it may require another procedure to block the bleeding artery or an operation to stop the bleeding. However, this is extremely rare.

Will it hurt?

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.

There will be an interventional radiology nurse in the room looking after you. If the procedure does become uncomfortable for you then they can give you more painkillers through the needle in your arm.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. Some procedures take about 20 minutes. Other procedures may be more involved and take longer, perhaps over an hour. 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. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for 1 to 2 hours 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.

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.

What should I do when I go home?

When you get home you should:

- Rest for a minimum of 24 hours and if possible do not go to work on the day after the procedure.
- It is recommended that someone stay with you overnight, particularly if you had sedation
- Continue with your normal medication as prescribed, and pain relief if necessary.
- If you take medication that thins the blood, restarting these will be discussed with you before you are discharged.

What do I do if I have a problem at home?

If you have a severe pain or are concerned please go to your nearest emergency department

Sources of information

British Society of Interventional Radiology

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4500 Ext: 135860 or by email: 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: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

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

Reference

The following clinicians have been consulted and agreed this patient information:

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The directorate group that have agreed this patient information leaflet:

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