Caring for Your Tube at Home

**G-tubes, J-tubes, and GJ-tubes**

### Why do I have a tube?

A doctor has placed a tube in:

- [ ] Your stomach (G-tube or Gastric tube)
- [ ] Both your stomach and small intestine (GJ-tube or Gastric and Jejunal tube)
- [ ] Your small intestine (J-tube or Jejunal tube)

The tube can put food, liquid, and medicine into the stomach or small intestine. It also can drain fluid from the stomach. Your tube may do either or both of these things. Your doctor will decide how long you will have the tube.

A disc or balloon inside the body will hold the tube in place. The balloon is filled with water.

You may notice one or two “anchors” (buttons, stitches, T-tacks, or T-fasteners) around your tube site. These hold the stomach to the inside wall of the belly.

- [ ] We will remove your anchors in 10 to 14 days (on ________________ date).
- [ ] Your anchors will fall off. If they don’t fall off in 10 days, call the doctor who placed them.

### Self-care the first few days

- Check your tube site often. Call your health care team if pain, redness, or bleeding get worse. It’s normal to have some drainage (fluid leaking) around the tube.
- Limit heavy activity (lifting, straining or exercise).
- If you were given IV medicine to make you sleepy: You may feel drowsy, forgetful, and unsteady.
- **No** driving until the day after surgery.
- **No** alcohol for 24 hours.

### Basic tube care

- Always wash your hands before touching the tube.
- You don’t need to use any special ointment or hydrogen peroxide around your tube.
- If the area around the tube is red, rashy, or very moist, you may use a thin layer of skin balm, like Desitin. Apply the balm when the site is clean and dry.
- Make sure the caps on the tube are tight. This keeps water from getting inside the tube, and keeps fluid from leaking out.
**The first 3 weeks:**

It’s OK to shower and let water run over the site. If you’re bathing in a tub, don’t let the tube site go under water.

**After 3 weeks:**

- The tube site should be well healed. Ask your doctor if it’s safe to have the tube site under water. If so, you may bathe in a full tub or go swimming. Be sure the caps are tight.
- Your doctor may ask you to cover the tube site with a plastic bandage when swimming.

**Rotating the site if you only have a G tube:**

After the stoma is healed or when your health care team tells you to, do this 1 time each day:

- Pull gently on the tube. It should move in and out slightly (about ¼ to ½ inch). You may see a slight rounding of the skin as you pull up. If the tube is too tight to move in and out, call your health care team.
- Gently rotate the tube. Roll it between your thumb and forefinger. This breaks up any flaps of tissue that have formed around the tube inside the stomach.

**Warning!**

Never rotate a J-tube or a GJ-tube.

**Cleaning the tube site and changing the bandage**

Clean the tube site at least 1 time each day. Clean it more often if there’s a lot of drainage. You may do this in the shower.

Wear a bandage until the site has healed and there is no leaking fluid. Change the bandage at least 1 time a day and each time it gets wet or dirty.

1. Clean your work area with household cleaner.
2. Wash your hands.
3. Place the following items on your clean work area:
   - Clean washcloth
   - Liquid hand soap and water
   - Q-tips (cotton swabs)
   - Gauze or split gauze (4×4 or 2×2) open packages
   - Securing device or medical tape

**Remove the old bandage**

4. Remove the old bandage and throw it away.
5. Wash your hands again.

**Clean the tube site**

6. Use a soapy washcloth to wash the skin around the tube. If needed, you may use a Q-tip to remove crusty build-up.
7. Rinse the tube site with water. Pat dry. Make sure you dry around the tube and under the disk.
8. Check the site for signs of infection. Call your health care team if:
   - The skin is red or swollen
   - You have more drainage than normal
   - The tube site feels warm or tender
**Put on a new bandage**

9. Replace the bandage.
   - **If you have a disk:** Slide split gauze under and around the tube (or use 2 pieces of gauze).

   **With Disk**

   ![Diagram of bandage with disk](image1)

   - **If you don’t have a disk:** Slide the split gauze under and around the tube and cover it with another gauze. Or you can fold a piece of gauze in half, placing it below the tube site. Then fold another piece of gauze in half, placing it over the tube site. You can tape the gauze in place if you need to secure it.

   **No Disk**

   ![Diagram of bandage without disk](image2)

10. Secure the tube to the skin. Be sure the tube is at a 90-degree angle:
   - First, place a piece of tape across the skin. Then, use a second piece of tape to secure the tube over the first piece.
   - If you use a tube stabilizer, we’ll show you how to use it.
Flushing the tube

Flush the tube with warm water often to keep it from getting plugged.

- **Adult patients**: If you haven’t started to use your tube for feedings, flush it at least twice a day with 60 ml of water.

- **Pediatric (child) patients**: Ask your health care team how often to flush the tube. Flush the tube before and after feedings and medicines.

Unblocking a clogged feeding tube

**Adult patients**: Try to flush the tube with a syringe filled with 30ml or more of warm water.

**Pediatric (child) patients**: Ask your care team how much water to use.

**All patients**:

- Gently push and pull the syringe plunger. Don’t try to force water into the tube.

- Repeat if needed. It could take 20 to 30 minutes to clear a tube.

- If the tube clears, flush gently until it flushes easily.

- If tube won’t flush, call your Home Care nurse or clinic for more instructions.

**It’s important to have your feeding tube exchanged every 3 months or 90 days.** This will help prevent clogged feeding tubes.

Taking medicines

You can take most medicines safely through your feeding tube. But check with your clinic, pharmacist, or dietician before taking any medicine.

Liquid medicines work best in your feeding tube. If a medicine comes in a tablet or capsule, make sure you can crush it or open the capsule.

- Take 1 medicine at a time, and always flush with water in between medicines.

- Don’t mix medicines together.

- Don’t add medicine to formula or the feeding set unless your dietitian, nurse, or clinic tells you to do so.

**Step 1: Prepare the medicine.**

**For liquid medicine**:

Draw the medicine up from the bottle into a syringe. If the medicine is thick and sticky, mix it with equal parts warm water.

If your medicine is in pill or capsule form... and your doctor or pharmacist says it’s OK to crush your medicine:

1. Crush the pill into a fine powder with a pill crusher, 2 spoons, or a mortar and pestle. Or open the capsule and empty the contents into a medicine cup.

2. Mix the powder with at least 15 to 30 ml of water. Let it dissolve (melt into the water).

3. Draw the medicine up into a syringe.
Warning!
Don’t crush or open enteric-coated tablets or any time-released medicines (pills or capsules).

Step 2: Prepare the tube.
Flush the tube with at least 15 to 30 ml of water, unless you were told otherwise.

Step 3: Attach syringe and push medicine.
1. Attach the syringe onto the feeding tube.
2. Push the medicine into the tube.
3. When you’re done, add a little water to rinse your medicine cup. Draw up and push this water into the tube.

Step 4: Finish.
Flush the tube again with at least 15 to 30 ml of water.

Tips for tube feedings
- Your tube feeding guidelines should be on your discharge papers or welcome packet from Home Care. This should include any extra water flushes that are needed.
- Sit up or keep the head of the bed at 30 to 45 degrees during feeding and for 1 hour after.
- Brush your teeth twice a day, even if you’re not eating anything by mouth.
- Don’t fill the bag with more than 12 hours’ worth of formula from cartons, and no more than 4 hours’ worth of powdered formula mixed with liquid.

About ENFit
If your feeding tube has an ENFit connector, it will only connect to ENFit feeding sets and syringes.

Lock the connectors in place with a ¼ turn. Don’t over tighten.

The ENFit feeding tube port has a dip or groove around the center called a “moat.” You’ll want to check the moat a few times a day, especially after feedings or giving medicine. Look for any leftover feeding or medicine that may be stuck.

If the moat needs cleaning, you can scrub it out with warm water and a washcloth or toothbrush.

Some health care sites don’t have ENFit supplies. The photo below is one type of adapter that can attach your ENFit tube to non-ENFit supplies.
**About your G-tube to drainage**

Your G-tube was placed to drain stomach fluids. It will help relieve nausea and vomiting caused by a blockage in your bowels.

**Drainage bag**

If you have an ENFit tube, the drainage bag will screw onto your tube and should be replaced 1 time each day.

If you have a non-ENFit tube, you may use your bag for up to 1 month. You may want to wash your bag with soap and water 1 time each week.

**Washing your non-ENFit drainage bag**

You may wish to wash your bag with soap and water once a week. Throw the bag out after 1 month.

1. Clean your work area with a household cleaner.
2. Wash your hands with soap and water.
3. Place these items on your clean work area:
   - Another drainage bag
   - Small funnel
   - Liquid dish soap
4. Gently twist apart the tubing. **Don’t use your fingernails. Nails often carry germs.**
5. Place the cap on your tube or connect the tube to another drainage bag.
6. Empty the drainage from the used bag.
7. Fill the bag with cool tap water. A small funnel will help direct the stream of water.
8. Drain and fill the bag again, adding a couple drops of dish soap. Gently squeeze the bag several times to clean the inside. Drain the water into the toilet. Rinse the bag well with tap water.
9. If you have a cap on your tube, remove it.
10. Connect the clean bag (or new bag) to your tube.

**Eating and drinking with your draining G-tube**

Your doctor will tell you when you can start drinking and eating after your tube is placed. If your tube is unclamped, whatever you eat or drink will drain out your tube.

Sit up when you drink or eat and stay sitting for 20 to 30 minutes.

Ask if you should keep your tube clamped or not. We generally recommend you unclamp your tube anytime you feel nauseous or start throwing up (vomiting).

**Taking medicines while draining your G-tube**

- Clamp the tube for 30 to 60 minutes after taking any medicine. Otherwise, the medicine will run out into the drainage bag.
- If you put medicine down your tube, remember to flush the tube with at least 15 to 30 mls of water afterwards to prevent clogging.

**Tube not draining**

1. Check that the tube is unclamped.
2. Switch out the drainage bag.
3. Flush the tube with water and pull back. Repeat if needed.
4. If you can’t flush, contact your health care team.
When to call for help

Call for help right away if you have any of these problems:

**Problems with your body**

- A fever that is:
  - Over 101°F (38.3°C) taken under the tongue
  - Over 100°F (37.8°C) taken under the arm
- Vomiting (throwing up)
- Diarrhea (loose, watery stools)
- Constipation (hard, dry stools) for more than 24 hours
- Bleeding, drainage or swelling at the tube site.
- A painful, bright red rash
- Severe pain or pain that does not improve with medicine

**Problems with your tube**

- A plugged tube, and you can’t flush it
- A tube that has come out
- Fluid leaking around the tube
- Any questions or problems with your tube

Where to call for help

See your discharge instructions for whom to call with concerns or questions.

Health care team: ________________________

Home Care: ____________________________

For general questions, you can call the nurse advice line 24 hours a day.

Nurse Advice Line: 612-672-1878