

Caring for Your Tube at Home

G-tubes, J-tubes and GJ-tubes

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Why do I have a tube?

A doctor has placed a tube in:

- Your stomach (called a G-tube)
- Both your stomach and small intestine (called a GJ-tube)
- Your small intestine (called a J-tube)

For some people, the tube puts food and medicine into the body. For others, it drains fluid from the stomach. 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 do not fall off in 10 days, call the doctor who placed them.

Self-care the first few days

- Do not eat or drink for the first six hours. (You may take medicine with small sips of water.)
- Check your tube site often. Call your doctor if your side effects of pain, redness or bleeding get worse. It is normal to have some drainage (fluid leaking) around the tube.
- Limit heavy activity (lifting, straining or exercise).
- **If you received 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.
- Do not use ointment or hydrogen peroxide near the tube. You may use a thin layer of skin balm, like Desitin around the site after it is clean and dry.
- Make sure the caps on the tube are tight. This prevents water from getting inside the tube.

The first 3 weeks:

- It's okay to shower or bathe in a tub. But **do NOT** let the tube site go under water.
- Do not pull on the tube.

After 3 weeks:

- The tube site should be well healed. Ask your doctor if you it is 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.
- **If you have a G-tube:**
 - Once 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 nurse or doctor.
 - We may ask you to gently rotate the tube. If so, roll it between your thumb and forefinger. This breaks up any flaps of tissue that have formed around the tube inside the stomach.

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

Changing the bandage

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

1. Gather these supplies:

- Plastic bag
- Gauze or split gauze (4×4 or 2×2)
- Paper tape (1 or 2 inches wide)

2. Clean your work area with household cleaner and water (or rubbing alcohol). Wash your hands.

3. Remove the old bandage. Place it in the bag.

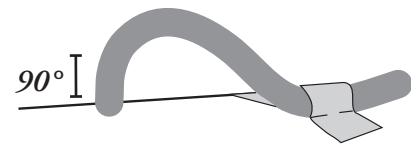
4. Wash your hands again. Clean the tube site.
(See next page.)

5. Replace the bandage.

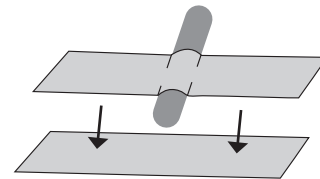
- **If you have a disk:** Slide split gauze under and around the tube (or use two pieces of gauze). Tape the gauze in place.
- **If you don't have a disk:** Fold one piece of gauze in half, placing it **below** the tube site. Fold another piece of gauze in half, placing it **over** the tube site. Tape the gauze in place.

6. Secure the tube to the skin. If you don't have a disk, be sure the tube is at a 90-degree angle.

- First, place a piece of a 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 will show you how to use it.
- Do not attach the tube to clothing, except during feedings.



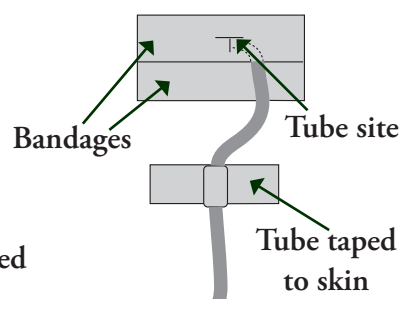
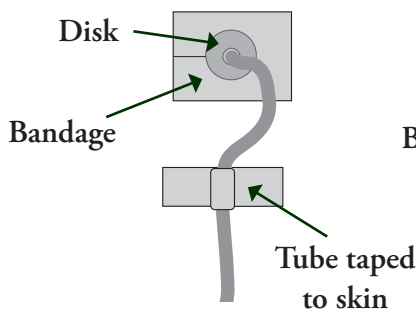
If you have no disk, the tube should come out of the skin at a 90° angle.



Place a piece of tape across the skin. Then use a second piece of tape to secure the tube over the first piece.

With Disk

No Disk



Cleaning the tube site

Clean the tube site once a day. Clean it more often if there is a lot of drainage. You may do this in the shower, if you wish.

1. Gather these supplies:
 - Clean washcloth
 - Soap and water
 - Q-tips
2. Wash your hands. Clean your work area with household cleaner and water (or rubbing alcohol).
3. Use a soapy washcloth to wash the skin around the tube. If needed, you may use a Q-tip to remove crusty build-up.
4. Rinse the tube site with water. Pat dry.
5. Check the site for signs of infection. Call your nurse or doctor if:
 - The skin is red or swollen.
 - You have more drainage than normal.
 - The tube site feels warm or tender.

Flushing the tube

Flush the tube often to keep it from getting plugged. Your nurse will show you how.

- Flush with _____ ml water **before and after you take feedings or medicine.**
- Flush with _____ml water **at least every 12 hours.**

If the tube gets plugged: Attach a 30 ml (or larger) syringe filled with warm water. Gently push and pull the plunger. If the tube clears, flush gently with more warm water until it flushes easily. If you cannot clear the tube, call your clinic or nurse.

Taking medicines

1. Prepare the medicine.
 - It is best to use liquid medicines. Mix liquid medicine with an equal amount of water.
 - If your medicine comes in pill form and your doctor says it is okay to crush your medicine (some pills won't work when crushed):
Crush the pill into to a fine powder with two teaspoons or a mortar and pestle.
Mix the powder with 1 to 2 tablespoons of water. Let it dissolve (melt into the water).
2. Flush the tube with _____ ml of water.
3. Then, draw the mixture up into a syringe. Inject it into the tube.
4. When you're done, add a little water to rinse your medicine cup. Inject this water into the tube.
5. Flush the tube again.

Tips for tube feedings

- We will give you guidelines for tube feedings.
- You may want to tape the place where the tube and feeding bag connect, so they don't come apart. This is helpful if the patient is a child who cannot sit still during feeding.
- Attach the tubing to clothes with a safety pin. (Be careful not to pierce the tubing.) For a small child, pin the tube behind the child's back. He or she will be less likely to play with it.
- Your nurse may tell you to sit up or keep the head of the bed at 30 degrees during feeding and for one hour after.
- Brush your teeth twice a day, even if you are not eating anything by mouth.

Checking the stomach

- Follow these steps before your tube feeding ONLY if your care team asks you to.** (Never do this if you are still eating or you have a GJ- or J-tube.)
1. Attach a syringe to the tube.
 2. Slowly pull back on the plunger until you feel it resist. If there is anything in your stomach, it will enter the syringe. If you sit upright or lean to the left, you may withdraw more fluid.
 3. Note how much fluid was drawn. Then, slowly push it back in.
 4. If the amount is more than _____ ml, wait one hour and check again. After an hour, if the amount is still the same, call your nurse.
 5. If the amount is less than _____ ml, but you feel full, bloated or sick to your stomach, wait one hour to begin feeding.
 6. Flush with _____ ml warm water.

When to call for help

Call your doctor if you have:

- A fever that is:
 - over 101°F (38.3°C) if taken under the tongue
 - over 100°F (37.8°C) if taken under your arm.
- Vomiting (throwing up)
- Diarrhea (loose, watery stools)
- Constipation (hard, dry stools) for more than 24 hours

Call your care coordinator or Interventional Radiology (if they placed your tube) if you have:

- Bleeding, drainage or swelling at the tube site.
- A painful, bright red rash
- Severe pain or pain that does not improve with medicine.
- A plugged tube and you cannot flush it.
- A tube that has come out.
- Fluid leaking around the tube.
- Any questions or problems with your tube.

If you need help after business hours or on a holiday, go to Emergency unless you can reach home care or your care coordinator.

Phone numbers

- Fairview Lakes Medical Center: 651-982-7700.
 - Fairview Northland Medical Center:
763-389-1313
 - Fairview Ridges Hospital: 952-892-2545
 - Fairview Southdale Hospital: 952-924-5170
 - University of Minnesota Medical Center:
 - *West Bank*: 612-273-4250
 - *East Bank*: 612-273-4220
 - University of Minnesota Masonic Children's Hospital:
612-365-1000 (*may call after hours*)
 - Fairview Home Infusion: 612-672-2233
 - Other: _____
- Care coordinator: _____
- Surgeon's office: _____
- Nurse advice line (24 hours a day): 612-672-1878

