

# How to Care for Your Feeding Tube

This guide helps you learn how to:

- know the parts of the feeding tube
- care for your feeding tube
- check the site any problems

## Important information

Date my feeding tube was inserted or changed: \_\_\_\_\_

My bolster position: \_\_\_\_\_ cm

Amount of sterile water in the internal balloon: \_\_\_\_\_ mL



## What is a feeding tube?

A feeding tube is a thin, flexible tube inserted into your stomach. It passes through the layers of muscle that protect your abdomen. The feeding tube helps your body get the nutrition or medications you need.

## Where was the feeding tube inserted?

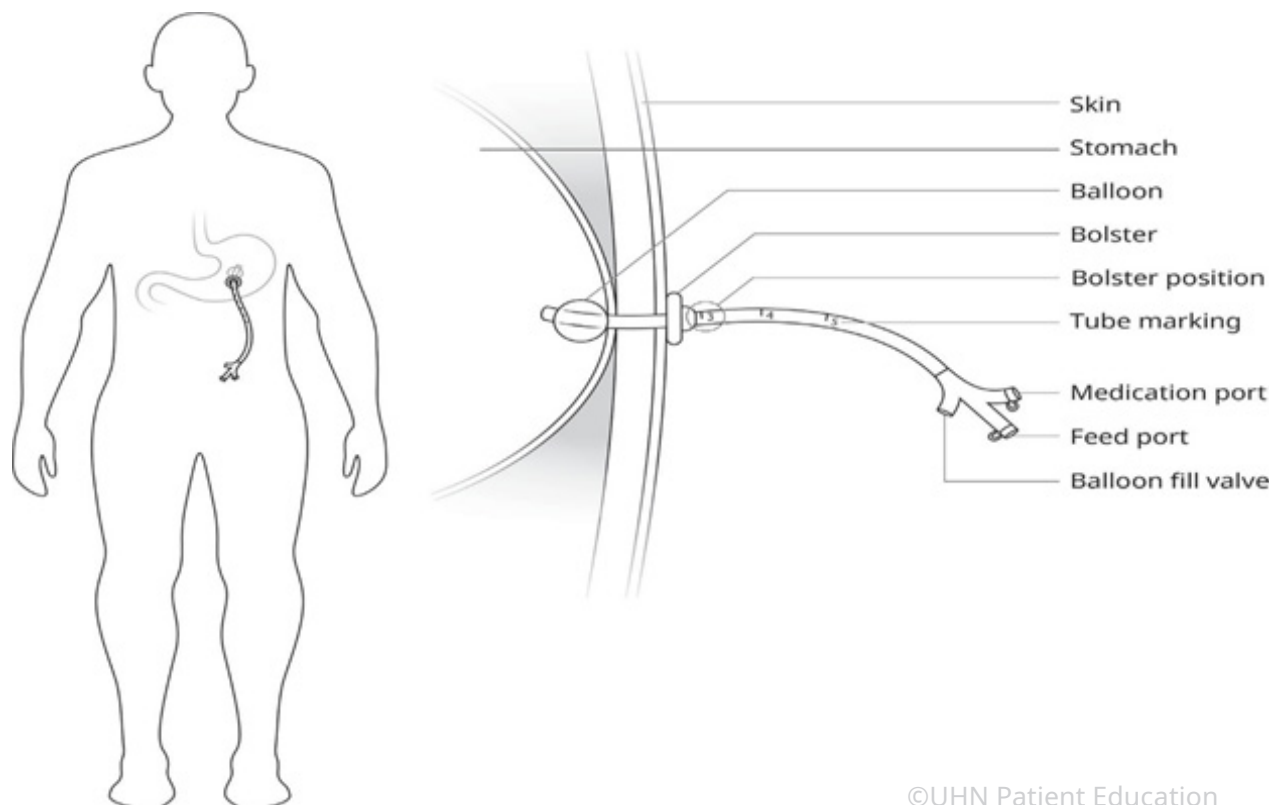
The tip or the end of the feeding tube can sit in one of 2 places:

1. inside the stomach—also called a **Gastrostomy tube** or “G-tube”

OR

2. inside the jejunum (small bowel)—also called a **Gastrostomy-Jejunostomy tube** (or “G/J-tube”) or a **Jejunostomy tube** (or “J-tube”)

Parts of the feeding tube



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## **Words to know**

### **Balloon**

The balloon is filled with sterile water and helps to keep your feeding tube from moving outside the stomach. Your health care team will tell you how much sterile water is in your balloon so your homecare nurse can check it.

**Note:** not all feeding tubes have a balloon.

### **Balloon port**

This port allows the amount of sterile water in the balloon to be checked. Only a nurse or doctor should use this port.

**Important:** Do not put medication, air or normal saline in this port.

### **Bolster**

This is the clear, round piece of soft plastic that sits directly on top of the exit site. The bolster helps to keep your Feeding tube from moving further inside your stomach. Note: not all feeding tubes have a bolster.

### **Bolster position**

The number on the tubing closest to the bolster is called your “bolster position”. Your bolster position should always remain the same. Your health care team will tell you what your bolster position should be so you can check it every day.

### **Exit site**

The area of skin on your abdomen (belly), under the bolster, where the feeding tube comes out.

### **Feed port**

This is where you give yourself formula.

### **Medication port**

This is where you give yourself medications.

**Note:** Some feeding tubes do not have this port.

## Tubing

The tubing connects the internal balloon to the ports. It lets the water, formula and medication get into your stomach. The tubing also has numbers on it which help you to check if your bolster is in the correct position.

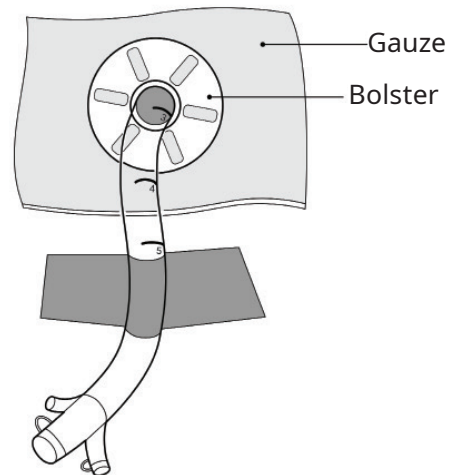
## Normal saline

A mixture of salt and water. It is called normal because it is similar to body fluids (0.9% saline). You can buy normal saline at your pharmacy or make it at home. **Do not make the solution at home.**

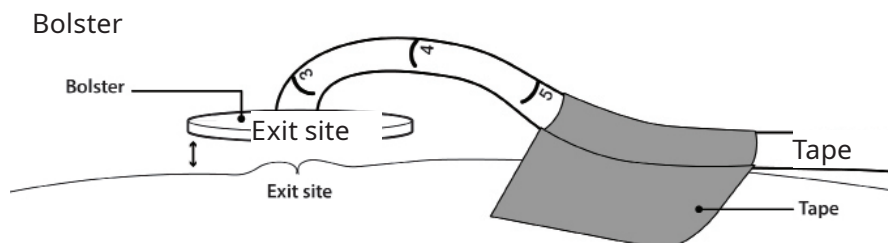
## How do I care for the exit site?

When your feeding tube is inserted, a gauze dressing is placed under the bolster. The gauze dressing should be removed in 4 to 5 days unless there is fluid around the site or the bolster is irritating your skin.

If there is no fluid leaking from the exit site, you do not need to place a gauze under the bolster. Leave the exit site open to air, unless the bolster rubbing against your skin bothers you.

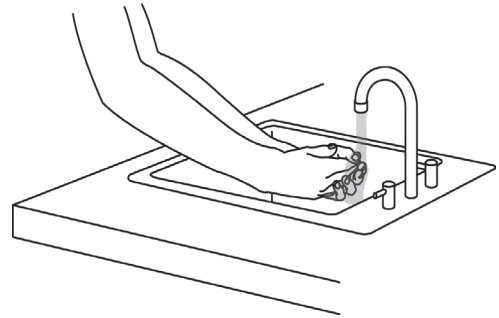


- Do not over tape your feeding tube or cover the bolster with tape.
- Secure the part of the tube hanging outside your body to prevent it from rubbing or causing friction at the insertion site when you move.



## How do I clean my exit site every day?

**Step 1.** Wash your hands with soap and water. Dry your hands using a clean towel before you begin.



**Step 2.** Clean around the exit site with normal saline or mild soap.

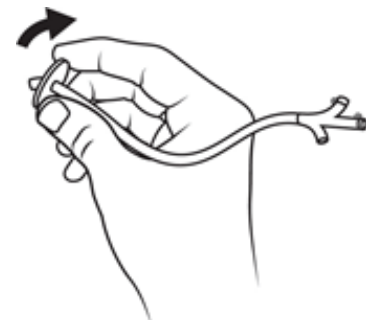


**Step 3.** Clean under the bolster with normal saline or mild soap and water.

- To clean under the bolster:
  - Secure the upper half of the bolster with your thumb and gently lift the bottom of the bolster up so you can clean the skin.



**Step 4.** Clean the skin under the upper half of the bolster with normal saline or mild soap and water.



**Step 5.** Gently pat it dry.

- As you clean the site, move the feeding tube gently from side to side to make sure the tube is not too tight or digging into your skin.

**Note:** If your tube does not have a bolster, still clean the skin around the tube using a circle motion. Clean using normal saline or water and mild soap every day.

## **Can I take a shower with my feeding tube in place?**

You do not need to cover your feeding tube when showering. Letting soap and water running gently over the tube will not hurt it.

- Don't let the water stream directly hit the feeding tube.
- Don't rub soap onto the feeding tube.
- Make sure you pat dry around the tube and under the bolster once you are done.
- Use unscented soap. You don't need to use antibacterial soaps.
- Do not take a bath when you have a feeding tube.

## **Check your feeding tube exit site every day**

Every day when you clean your exit site, check your feeding tube for any of these problems:

- **Changes to the skin around the tube**
  - If you have any redness, swelling, leaking and tenderness, call your family doctor or the doctor who referred you right away.
- **Leaking around the site**
  - Stop the feed and call your family doctor right away.
  - If you increased your feeding rate, your stomach may be too full. Reduce your feeding rate to the original rate.
- **Marking on the tube has changed**
  - If there are different markings on the tube, it means the feeding tube changed positions. Stop the feed and call your family doctor or the doctor who referred you right away.
- **Blocked feeding tube**
  - Do NOT put any sharp objects in your feeding tube.
  - Flush it with warm water and let it sit for a few minutes. Then flush the feeding tube again. (If you cannot un-block it, call to make an appointment for a tube change.)

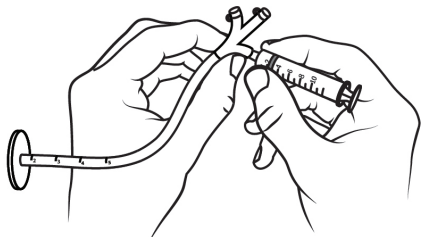
## How can I prevent my tube from getting blocked?

- Flush your tube with 30–60 mL of water after each feed.
- Flush your feeding tube with 30–60 mL of water after giving medications.
- Make sure you crush your medications well and mix them with water before putting it in the feeding tube.

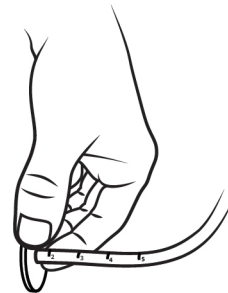
Important

## How do I check my balloon? (if my feeding tube has one)

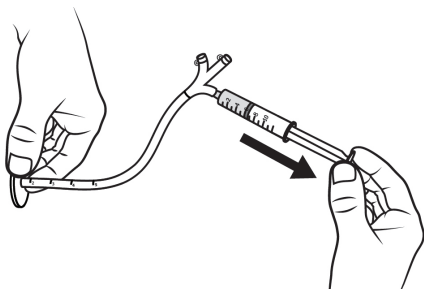
**These instructions are for your visiting or homecare nurse who will check your balloon.** Check your balloon yourself only if you have trained with a health care provider.



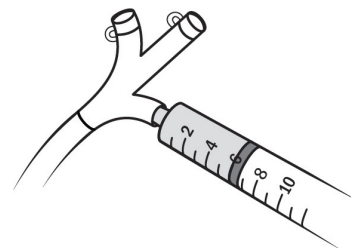
1. Attach an empty 10 millilitres luer tip syringe to the “balloon” port. (Note: Some balloon ports need a 10 millilitre Slip tip syringe.)



2. Place one hand firmly on the flange. This will stop your G-tube from accidentally slipping out of your stomach during the balloon check.

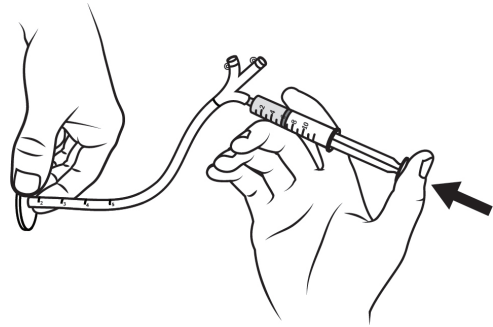


3. Slowly pull back on the syringe’s plunger. This will pull the sterile water from the balloon into the syringe causing the balloon to deflate. Keep pulling back on the plunger until no more sterile water comes out.



4. Check the syringe to see how much sterile water was in the balloon. It should be the amount put in during your procedure and written above.

5. Gently push on the syringe plunger putting the sterile water back into the balloon. This will cause your balloon to inflate.



6. If the amount of sterile water is less than it should be, the missing amount needs to be added to keep your balloon properly inflated.

For example, you need to have 6 ml and only 5 ml was in the balloon. You need to add the 1 ml of sterile water into the balloon.

**Note: Not having enough sterile water can cause your feeding tube to move out of your stomach.**

### How do I add missing sterile water into the balloon?

- If you need to add sterile water, remove the syringe from the balloon port.
- Put the syringe in sterile water and pull the plunger. This will pull water into the syringe. Stop when you get to the amount you need.
- Attach the syringe again to the balloon port.
- Gently press on the plunger putting the missing sterile water into the balloon.

7. Only when the balloon is inflated should you remove your hand off the bolster.

## How much sterile water should I have?



It is OK if 1 or 2 ml of sterile water is missing when you check the balloon. If 3 ml or more sterile water is missing for 2 weeks in a row, your balloon may have a leak.

Change your feeding tube **every 6 months** to make sure the balloon and the tube are working properly.



## How do I make an appointment?

Call the Interventional Radiology booking centre at 416 340 3384 on Monday to Friday, 8:00 am – 4:00 call and ask to have your feeding tube changed.

If you are not currently a patient of any doctor at Toronto General, Toronto Western or Princess Margaret, ask your family doctor to fax a requisition for a feeding tube change to 416 340 4661. The Medical Imaging staff will call you with a scheduled date and time.

### **Nursing homes and Long-Term Care doctors:**

Fax requisition to 416 340 4661



## When should I get medical help?

Stop the feed right away and go to the nearest emergency room if you experience one of the following:

- stomach pain or cramps
- fever (temperature over 37.8 °C)
- nausea and vomiting
- bleeding from the insertion site
- pain and redness around the insertion site
- tubes appear longer from the outside (bolster position is at a different number)

