

# TESTfacts

An Educational Health Series From National Jewish Health®



## REGISTER NOW

to Receive **FREE** Health  
Tips, Research Findings,  
Ways to Support Our  
Mission, News &  
More in Your E-Mail Box

Visit [njhealth.org/e-news](http://njhealth.org/e-news)  
for more information.

## Follow us online!

**facebook**

[facebook.com/NJHealth](https://facebook.com/NJHealth)

**You Tube**

[youtube.com/NationalJewish](https://youtube.com/NationalJewish)

**twitter**

[twitter.com/njhealth](https://twitter.com/njhealth)

## Feeding Tube Care Instructions

### Taking care of your new tube is simple!

#### KEEP IT CLEAN:

This is not complicated — just gently wash skin with soap and water in the shower or with a washcloth, and pat dry. If you need to reach underneath the bumper holding the tube to the skin, you may use a Q-tip. Some people like to use hydrogen peroxide, which is fine but usually not necessary. Remember, all tubes will have a small amount of drainage, which is normal. If the tube becomes increasingly red or mildly painful, try warm compresses or hot towels several times per day. If there is no improvement or symptoms worsen, call the office.

#### KEEP IT FLUSHED:

Most tubes need to be flushed at least daily with some water to keep them from clogging — even tubes that are not used. You should be given a large syringe for this. Please flush with 30 – 60 mls (1 - 2 ounces) of tap water for this purpose. If you are using the tube for tube feeds or medications, please flush with an additional 30 – 60 mls (1 – 2 ounces) of tap water before and after the tube feeding session and before and after administering medications.

#### DEFINITIONS:

**G-tube = gastric or gastrostomy tube.** This tube is in the stomach and can be used for bolus feeding (feeding with a syringe) or venting of air for bloating. It is also called a “PEG tube.” It rarely comes out by accident. Exchange is simple, and does not require sedation. These tubes are big (24f) and pretty low maintenance.

**J-tube = jejunal or jejunostomy tube.** This tube is placed in the operating room under general anesthesia and is used for feedings when the stomach cannot be used (gastroparesis, recent stomach surgery, etc.). Tube feeds cannot be bolused (given with a syringe) in the jejunum and therefore require a pump. These tubes are smaller (10-12f) and have a tendency to clog, kink or fall out, compared to G-tubes.

## Common Problems

- **Clogged/Kinked:** Try putting Coca Cola®, cranberry juice or water with meat tenderizer in the tube. It is ok to push hard on the syringe; it won't hurt the tube, but may spray if the connection comes off during the force of pushing. If this does not work, please call the office for further instructions.
- **Leaking:** All tubes leak a small amount. Keeping it clean and dry with some gauze may be necessary. Using Vaseline® daily or as needed protects the skin from burning. If the leaking is getting worse, it may be that the tube needs to be adjusted by your doctor.
- **Redness:** It is normal to have some redness at the tube site. It is usually due to irritation from enteric (intestinal) contents. Keeping it clean and dry with some gauze may be necessary. Using Vaseline daily or as needed protects the skin from burning. Infections are rare, but a doctor should look at the tube if you have increased swelling or increased pain associated with the redness.
- **Dislodged tube:** Tubes can fall out or accidentally get pulled out on rare occasions. If this happens, please call the office. It is not dangerous, but we like to have them replaced as soon as possible. If the tube has been in place for a few weeks, we can often replace it for you in the office and check an X-ray to make sure it is in good position. If it comes out earlier than a few weeks, we will need to ask the radiologist to help us replace it safely or, on VERY rare occasions, replace it in the operating room. If your tube gets pulled back a little but is not all the way out, please try to gently push it in again, and secure it with tape. If you are uncomfortable or unsure about pushing it in, please call the office.
- Severe abdominal pain/fevers/vomiting or other signs of concern: Rarely, major problems can occur with feeding tubes such as bowel obstruction, perforation or intraperitoneal/subcutaneous injection of feeds. If you have severe nausea, vomiting, fever greater than 101 degrees, severe abdominal pain or other serious problems, call your doctor or go the emergency room.
- The home health nurses in your area will be helping to arrange tube feeds for you at home. They will make sure that you receive the supplies and instruction necessary for home tube feeds. Home health instruction and information will be given to you separately.

Note: This information is provided to you as an educational service of LUNG LINE® (1.800.222.LUNG). It is not meant to be a substitute for consulting with your own physician.

©Copyright 2017. NATIONAL JEWISH HEALTH.

PTE356, 2017