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# Caring for Your Child's Gastrostomy

Parent/Caregiver/Whānau Information

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Type of gastrostomy tube and size:

Measurement at skin (cm):

Balloon fill volume:

The purpose of this booklet is to give you information on the daily care of the gastrostomy/stoma, and how to deal with some problems that may arise. Daily care of the gastrostomy requires ensuring the skin around the stoma is clean and dry, checking the tube position and that it is secured appropriately, and checking the stoma is healthy (eg. no signs of infection, hypergranulation).

## Caring for the stoma site and skin

Caring for the stoma site and surrounding skin is very important. Problems may occur because the stoma is an artificial opening, and the tube is a 'foreign object'. The body may try to 'fill in' the stoma by growing granulation tissue.

If your child has a gastrostomy tube, it is important that it is well secured to prevent the tube moving out of position. Securing helps maintain position and helps create a good stoma and less granulation.



*The external bolster should sit approximately 3mm above the skin. (the thickness of a \$2 coin)*

*To secure the tube, loosely tape it to the tummy. Do not tape it flat because this may stretch the stoma or cause a kink in the tube.*

*Use suitable clothing to prevent your child pulling on the tube. You can tuck the tube through their nappy, down their pant leg, or loop it around and behind their back.*

## Cleaning

The skin around the stoma needs to be kept clean and dry to prevent skin irritation.

Sometimes there may be some leakage from around the stoma site. Check the area daily and wash the site with warm water and mild soap as required. This is best done in the bath or the shower. After a percutaneous endoscopic gastrostomy (PEG) insertion your child can have a bath and swim immediately. If they have had their gastrostomy inserted laparoscopically then your child may have a bath 48 hours after surgery and can begin swimming 2 weeks after surgery. Always ensure the skin around the stoma is dried well; pat dry but do not rub.

# USING THE TUBE

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## Using the tube for feeds

Your child will be seen by the dietitian while in hospital who will provide you with a copy of the feeding plan prior to discharge.

## Giving medication

If necessary, the gastrostomy may be used for medications.

Liquid medications are the best and easiest to give via the gastrostomy. If the medicine is very thick it may need to be diluted with a small amount of water.

***Always flush the tube with water before and after giving medications.***

When a medication is only available in tablet form, it will need to be crushed to a fine powder and mixed with water. ***Check with the pharmacist to make sure it can be crushed.*** Do not mix medication with formula.

If your child is having continuous feeds, stop the feed, flush with water before and after giving medication through the medication port and then restart the feed.

***Never put syringes directly into the button as it may affect the anti-reflux valve.***

## Mouth care

Your child should continue to eat, and drink as recommended by your doctor and dietitian.

Mouth care is very important for a child who is not eating or drinking. Clean all surfaces of teeth and gums at least twice a day with a toothbrush and toothpaste.

Use a moisturising lip cream to moisten lips and prevent cracking.

## TROUBLE SHOOTING/PROBLEM SOLVING

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### Infection around stoma

Signs of infection may include one or more of the following:

- Skin is fiery red, hot and swollen.
- There is a thick, cloudy ooze that is yellowish/green.
- Skin hurts constantly.
- Possible fever.
- Bad smell from around the stoma.

If this occurs, you should contact your GP or Outreach/Community Nurse. Swabs may need to be taken to find the cause of the infection. Your doctor may prescribe a course of oral antibiotics or antibiotic/antifungal cream to be applied to the area.

### Hypergranulation tissue

This is sometimes called 'proud flesh' and is caused by the body's normal healing process. It may be worse after an infection around the stoma and after replacement of the tube/button, or if the tube/button does not fit correctly.

Good skin care will help control hypergranulation tissue; however, if necessary, it can be easily treated. The treatment of choice at Christchurch Hospital is Pimafucort cream, as directed. This must be prescribed by a doctor. This treatment will usually help the hypergranulation tissue settle down. If it doesn't, contact your Outreach/Community Nurse or GP will advise you on this.

If the hypergranulation is excessive and does not respond to pimafucort cream, the tissue may need to be treated with silver nitrate sticks by your GP or Outreach/Community Nurse.

Check that the tube or button fits the stoma correctly. Hypergranulation can occur if the tube or button is loose.



*Hypergranulation tissue*

## Venting (burping or decompression)

Venting allows air to escape from the stomach. Not all children will need venting. Venting is important for children who may not be able to burp. A good time to vent the tube is immediately before a feed or between feeds.

How to vent:

1. Ideally have your child sitting up slightly.
2. Remove the plunger from a 60ml syringe and attach empty syringe to the tube.
3. Ensure the syringe is higher than the stomach and unclamp tubing.
4. Wait for air to come up the tube, you will be able to hear it. If some fluid comes back in to the syringe do not be alarmed, the air will still come through.
5. Wait until no further air can be heard coming through the tube.
6. If fluid has come into the syringe, allow this to run back through the tube.
7. Flush tubing with water to prevent blockages.
8. Clamp tubing and disconnect syringe.



## Leaking around tube or button

A small amount of clear fluid will not need treatment, and small amounts whilst it is healing is normal. However, if there is a significant amount of fluid or formula leaking around the tube or if the skin becomes red, please contact your outreach/community nurse during office hours, and alternatively if concerned present to your local after-hours service/hospital.

Here are some causes of leakage which you can check yourself:

1. External bolster (flange) not sitting against the skin. Check by gently pulling on the tube and adjusting the bolster to sit 3 mm above the skin (thickness of \$2 coin).
2. Migration of tube – internal bumper no longer creates a seal – check external length of tube and reposition if necessary.
3. Hypergranulation tissue – apply treatment recommended by your Outreach/Community Nurse or GP.

4. Excessive gas/wind – vent (burp) gastrostomy before and after feed to remove excess gas.
5. Constipation may slow the passage of formula through the bowel. If you think your child is constipated, talk to your GP about management.
6. Feeds given at too cold a temperature may result in stomach cramps. Make sure that feeds and all fluids including water flushes are given at room temperature.
7. Balloon partially deflated – check the volume of the balloon by inserting syringe provided by your outreach/community nurse into the balloon valve. Withdraw the fluid and note the volume. Re-inflate the balloon as directed by your outreach/community nurse.

**CAUTION: take care when deflating the balloon**  
**The button or tube may easily be pulled out**

If leakage is a problem and if you are unsure of any of these interventions, please check with your Outreach/Community Nurse. You may be advised to use a barrier cream to protect the skin. Stop using the cream when the leakage has stopped.

## **Accidental removal**

### **Non-balloon tubes**

Non-balloon tubes will not fall out, but in a few cases they have been pulled out accidentally. **DO NOT ATTEMPT TO RE-INSERT THE TUBE.** If this happens you will need to bring your child to your nearest local hospital as soon as possible (ideally within a few hours).

### **Balloon tubes/buttons**

Balloon type tubes/buttons may fall out if the balloon bursts. It is best to immediately reinsert the tube/button into the stoma and tape it in place. If you are not able to replace the old tube/button, cover the stoma with a clean cloth to prevent leakage and tape in place. A new tube needs to be inserted ASAP (within 1-2 hours is the ideal) to prevent the tract from closing. Make sure that any other caregivers are taught about this.

**You will need to come to your nearest local Hospital for  
replacement of the tube**

You can learn to replace buttons yourself at home. Talk to your Outreach/Community Nurse about this.

## **When the feed is not tolerated**

Your child may not tolerate their feed if they are unwell. Your child's feeding regime needs to be reviewed if there is:

- Discomfort or bloating during or after a feed.
- Nausea or vomiting during or after a feed.
- Diarrhoea or constipation.

If your child has severe diarrhoea and/or vomiting because of an illness, stop the feed. Contact your Outreach/Community Nurse, dietitian, or GP.

## **Buried bumper**

This is when the internal bumper moves out of the stomach and into the gastrostomy tract or the abdominal lining.

This results in:

- A hard lump around stoma
- Localised pain
- Partial or complete loss of gastrostomy patency (inability to push fluid into gastrostomy)
- Leaking stoma
- Unable to advance or rotate tube/device

If you think there is a buried bumper, do not use the gastrostomy tube, and contact outreach/community nurse or present to your nearest hospital.

## **Important contact details**

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Outreach/Community Nurse      Monday to Friday 8.00am-4.30pm

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Dietitian

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**Te Whatu Ora**  
Health New Zealand