

# Radiologically Inserted Gastrostomy

## Patient information - Radiology Department

This information pamphlet was prepared to help you understand the procedure of RIG insertion. It includes answers to questions patients ask most frequently. You may be contacted and be seen by the Gastrostomy Nurse Specialist prior to or after the procedure for further education.

### **What is a “RIG”?**

RIG stands for radiologically inserted gastrostomy. In this procedure we pass a flexible thin tube through your skin and directly into your stomach. We use X-rays to guide the tube into the correct position.

Once in place, we can use the tube to give you special liquid food, fluids and medication directly into your stomach.

### **Will I still be able to eat and drink?**

If it is still safe for you to eat and drink, you can do so as well as having liquid supplements through the RIG (feeding) tube.

### **Why do I need it?**

A RIG tube provides direct access to the stomach. It is an effective way to give you nutrition when eating is unsafe or impossible for you due to various medical conditions. For some people, even though they can eat or drink normally, the RIG can give you extra nutrition to help keep you healthy.

### **Where will this procedure be done?**

This procedure is performed in the Interventional suite in the Radiology Department. The Radiologist involved will explain the procedure in detail prior to getting your consent. Before giving your consent you will have the opportunity to ask questions. A nurse and a radiographer will be assisting in the room.

### **How do I prepare for a RIG?**

Your stomach needs to be empty for this procedure

**Do NOT eat or drink for 6 hours before the procedure**

If you have another kind of tube-feeding this will also be switched off or stopped 6 hours before the procedure.

## What about my current medications?

Take as usual any essential medications such as heart medications, psychiatric medications, steroids and epilepsy medications. If you take insulin, please tell your doctor several days before the procedure.

If you are taking anticoagulants (blood thinners) and anti-platelet medications,, please notify the Interventional Radiology (IR) staff on 364 0640 ext. 81410 or the IR appointments booking clerk on 364 0640 ext. 81417. These medications may need to be stopped or adjusted and blood tests will need to be taken to check you do not have an increased risk of bleeding.

## How is a RIG put in?

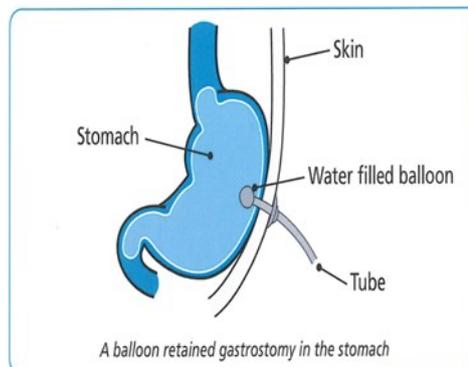
You will be taken to the Interventional Radiology procedure room where you will need to change into a hospital gown before lying on your back on the x-ray table. We will closely watch your blood pressure, heart rate and oxygen level throughout the procedure and you will be given oxygen through a small tube in your nose.

If you do not already have one inserted, a small tube will be placed through your nose into your stomach. This is called a naso-gastric tube and will be used to fill your stomach with air so that it is clearly outlined on the X-ray pictures.

You will be awake during this procedure. However, you will be given sedation and pain relief to help you relax and make you comfortable. Please inform the nursing staff if you have any drug allergies.

We will use an antiseptic solution to clean the area where the feeding tube will be inserted. Next we will inject a local anaesthetic into your skin and make a small cut. Then we will pass the feeding tube directly into your stomach through the cut skin.

The position of the gastrostomy tube will be checked with contrast dye and x-ray. Once the RIG tube is in the correct position, the balloon on the end of the tube is filled with Saline and we will clean and cover the insertion area with a dressing.



The procedure may take up to 30 minutes to complete but occasionally it can take as long as 90 minutes.

## **Are there any risks?**

Although the insertion of a RIG tube is considered a relatively safe procedure and major complications are rare, there are risks involved as with any medical treatment. Your radiologist will discuss these fully with you and gain your agreement to treatment (consent) before performing the procedure.

Sometimes it may not be possible to place the tube into your stomach. Under these circumstances, your doctors and nurses will discuss other options with you.

After the tube is placed, minor complications such as leakage around the tube are rare but can cause skin irritation/local infection. However, these are easily treated at the time. Peritonitis is a recognised early major complication from a leak, although it is uncommon.

Bleeding at the puncture site may occur, although it is rarely of major concern.

## **What happens after the RIG is inserted?**

You will be taken back to your ward for observation by the nursing and medical staff and eventually start feeding through the tube if you are unable to take anything by mouth. Your doctor will manage the ongoing care of your RIG tube.

The cut where the tube is inserted (called a stoma) may cause some discomfort for up to a week, but this can be managed with medications like Paracetamol.

Before you are discharged home, education will be provided by the dietitian and PEG nurse (Gastro Nurse Specialist). You will also be given written information with contact details as well as feeding equipment to take home.

## **How are the feeds given?**

Your dietitian will prescribe the formula and method of feeding that best meets your needs.

Liquid formula can be delivered through a large syringe, a tube connected to a hanging bag or a mechanical pump. The specially prepared formula has all the nutrients that you would normally get from a healthy balanced diet. Supplies of the formula will be given to you before you leave the hospital. Further formula that you will need will be delivered to your home.

## **To the patient**

If you have any concerns or questions that have not been answered, please discuss this with the nurse or doctor before the procedure. Alternatively, you can phone – Tel: (03) 3640640 ext 88745 and talk to the PEG nurse.

For more information about:

- your health and medication, go to [www.healthinfo.org.nz](http://www.healthinfo.org.nz)
- hospital and specialist services, go to [www.cdhb.health.nz](http://www.cdhb.health.nz)