Pediatric Gastrostomy Tube



Pediatric Gastrostomy/Gastrojejunostomy procedures place feeding tubes into the stomachs of children who are unable to eat or drink by mouth. Feeding tubes allow caregivers to inject nutrition, liquids, and medicine directly into the stomach or intestines.
Your doctor will tell you how to prepare your child for their specific procedure. Your doctor may sedate your child. If the procedure uses anesthesia, an anesthesiologist will be on hand to monitor your child's condition. Certain pre-existing conditions may prevent your child from receiving a feeding tube. Talk to your doctor about any concerns you may have.

What is a Pediatric Gastrostomy/Gastrojejunostomy?

Sometimes, a child is unable to eat or drink by mouth. If so, a doctor may insert a thin plastic tube (feeding tube) through the skin and into the stomach or intestines. Feeding tubes allow caregivers to inject nutrition, liquids, and medicine directly into the stomach or intestines.

A gastrostomy places the feeding tube (G-tube) into the stomach. A gastrojejunostomy places a G-J tube through the stomach into part of the small intestine called the jejunum.

What are some common uses of these procedures?

Doctors use a feeding tube when a child is unable to get enough fluid and or calories by mouth. This may be due to:

- Problems with the mouth, esophagus, stomach, or intestines that are present at birth
- Sucking or swallowing disorders
- An inability to gain weight and grow normally (called a failure to thrive)
- Extreme difficulty taking medicine.

How should we prepare for the procedure?

Tell your doctor about all the medications your child takes, including herbal supplements. List any allergies, especially to local anesthetic (http://www.radiologyinfo.org) , general anesthesia (http://www.radiologyinfo.org) , and contrast materials (http://www.radiologyinfo.org) .

You will receive specific instructions on how to prepare for the procedure, including any changes to your child's regular medication schedule. These instructions will include when your child should stop eating and drinking.

What does the equipment look like?

G- and G-J tubes are flexible, sterile, plastic tubes.

This exam typically uses a radiographic table, one or two x-ray tubes, and a video monitor.

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Fluoroscopy (http://www.radiologyinfo.org) converts x-rays into video images. Doctors use it to watch and guide the procedure. The x-ray machine and a detector suspended over the exam table produce the video.

The doctor may use other devices to monitor your child's heart rate and blood pressure.

How does the procedure work?

The doctor inserts the feeding tube through the skin and into the stomach or intestines. They anchor the tube inside the stomach or intestine to keep it in place. They will cover the other end of the tube outside the body with a bandage while the skin heals.

How is the procedure performed?

A specially trained healthcare professional, such as an interventional radiologist (http://www.radiologyinfo.org) , will usually place a feeding tube in an interventional radiology (http://www.radiologyinfo.org) suite.

The doctor or nurse will insert an IV line into a vein in the hand or arm for IV sedation. Children who receive general anesthesia are usually under the care of a specially trained doctor called an anesthesiologist (http://www.radiologyinfo.org) .

The doctor will clean the skin at the tube insertion site and cover it with a sterile drape. They will then numb the insertion site with a local anesthetic and make a small incision to insert the tube.

The doctor may take an x-ray to make sure the feeding tube is in the correct place. They will place a dressing over the insertion site.

The procedure usually takes about 60 minutes.

What will my child experience during and after the procedure?

The doctor may attach devices to your child's body to monitor their heart rate and blood pressure.

If the procedure uses sedation, your child will feel relaxed, sleepy, and comfortable. They may not remain awake, depending on how deeply they are sedated.

Following the procedure, your child may stay overnight in the hospital.

The nursing staff will give your child pain medicine and antibiotics. During the hospital stay, they will slowly begin to feed your child through the tube. They will teach you how to:

- clean and care for the tube
- feed your child using the tube
- handle problems with the tube
- apply a dressing to the insertion site, if needed.

Your child may feel tender and sore around the tube site. Tell the doctor if your child has abdominal pain or fever or if you notice:

- the tube moves out of place
- fluid is leaking from the tube
- dark pink or red skin tissue grows around the insertion site.

Two days after the procedure, your child can shower or take a sponge bath. They should not take baths or go swimming for two weeks after the procedure. After that, they can be active. However, they should avoid contact sports and rough play.

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Who interprets the results and how do we get them?

The doctor may take an x-ray after the procedure to ensure the feeding tube is in the correct place.

What are the benefits vs. risks?

Benefits

- Feeding tubes allow caregivers to put medicine, fluids, and nutrients directly into the intestines.

Risks

Your doctor will take precautions to mitigate these risks:

- Bleeding or irritation at the insertion site
- Infection at the insertion site or in the stomach
- Tissue growth around the G or GJ-tube
- Injury to the esophagus, liver, spleen, colon or other organs
- Peritonitis, an inflammation of the abdominal cavity.

What are the limitations of this procedure?

Children with the following conditions may not be candidates for feeding tubes:

- abnormal stomach/intestinal anatomy
- abnormal fluid in the stomach
- certain bleeding propensities or disorders
- sepsis or severe abdominal infections

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