

GASTROSTOMY

GT Button

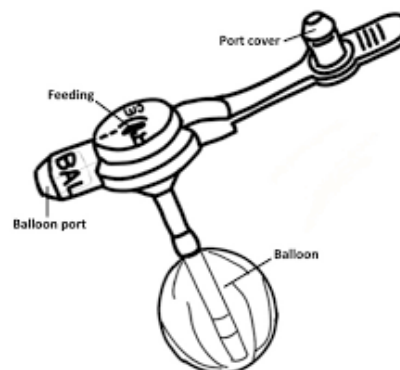
Indications

- Congenital abnormalities of the mouth, esophagus, stomach, or intestines
- Sucking and swallowing disorders, which are often related to prematurity, brain injury, developmental delay or certain neuromuscular conditions

Definitions

- The **MICKEY GASTROSTOMY BUTTON**: Gastrostomy buttons are usually placed in the OR via laparoscopy, but can also be placed on the unit by surgery after a Mallecot is removed.
- The **MALLECOT**: A white tube that is inserted by open technique (done under anesthesia). The stomach is sutured to the abdominal wall.
- The **PEG TUBE**: usually used in older children (smallest size is 18Fr),
- A **FOLEY** catheter: may be used as a replacement for a gastrostomy button until the appropriate size is available (or to allow the stoma to heal after dehiscence).

Mickey gastrostomy button



Materials

- Required at bedside
 - Spare gastrostomy tube, same size
 - Foley same size and one size smaller
- Required for gastrostomy care
 - soap and water or NS squirts
 - 2X2 (non-sterile gauze)
- Required for Tube care and balloon check
 - 5 cc syringe
 - Sterile water

Procedure - Dressing change of gastrostomy

- When?
- Q DAY at bath time
- How?
- 1. Gather equipment and wash hands.
- 2. Inspect the skin for signs of redness, drainage, excoriation, and granulation tissue.
- 3. Using the 2X2 gauze, gently wipe around stoma with warm soapy water or NS. In the event that granulation tissue has formed, speak to medical team for an order of silver nitrate.
- 4. Gently dry the area with 2X2 gauze to prevent any skin irritation

Procedure – Care for the gastrostomy tube

- The gastrostomy tube (and extension) should be rinsed with **5 ml of sterile water after each feed** to assure the patency of the tube. **Once per day**, the extension should be cleaned with warm soapy water (using soap from the soap dispenser in patient's room), and rinsed internally with large amounts of warm water to further flush out fatty milk deposits.
- If the baby is on a **continuous drip**, the gastrostomy tube should be irrigated with **5 ml of sterile water every 8 hours**.
- The **gastrostomy tube should be rotated** once per day to promote the formation of epithelial cells on the skin.
NOTE: A gastrojejunostomy button (GJ button) should never be rotated as rotation will displace the jejunal portion.
- In the event that the baby is distended and seems uncomfortable, the **tube can be vented** i.e. left open to air to try to evacuate air.
- For gastrostomy buttons, the **extension tube should be removed between each feed** to prevent pulling, friction to site, and accidental dislodgement of the button.
- For gastrostomy button, the water in the balloon should be changed Q Week.
- If a Foley is used as a gastrostomy tube, the stomach peristalsis could easily dislodge the Foley catheter and advance it too far in the stomach and block the pylorus. Therefore **the Foley must be well-secured to the patient**. A loop can be made using an umbilical bridge or a nipple to keep the tube at 90° to the patient to prevent widening of the stoma. Then the tube should be taped securely in place using a Grip-Lok or other securement device. In addition, in order to ensure the correct position of the gastrostomy tube, a mark should be made on the Foley tube using pink tape or a pen indicating skin level

Procedure – If the gastrostomy tube falls out

- For MicKey gastrostomy button
- If time since OR is < 6 weeks, do **NOT** replace tube. Page General Surgery STAT and explain situation. (In the early weeks after surgery, there is a risk that new tube may be placed between stomach and abdominal wall, creating a tunnel. Thus the procedure **MUST** be done by General Surgery and placement verified by X-ray).
- If time since OR is > 6 weeks, a foley catheter of the same size Fr may be placed temporarily (by nursing or NICU team) until a new button is ordered. A **MAXIMUM of 5 mL of sterile water should be used to inflate the balloon of the Foley**.
- For PEGs/Mallecots
- Once a PEG or a MALLECOT falls, it cannot be replaced on the unit. Page General Surgery STAT. The General Surgery team will then replace it with a Foley until a decision is made whether or not the use of a button would be more appropriate. A **MAXIMUM of 5 mL of sterile water should be used to inflate the balloon of the Foley**.