

Pediatric Feeding Tubes

BC Children's Hospital 2022

Children need a g-tube when.....

They need nutritional support

- Swallowing/aspiration problems (ex. CP, developmental delays)
- Failure to thrive or poor growth
- Craniofacial abnormalities (ex. Pierre Robin)

To give medications or special diet (i.e. metabolic diet)

To decompress their stomach

Types of Tubes

G-tubes

- PEG tube
- Mic-key

G-J tubes

J-tubes

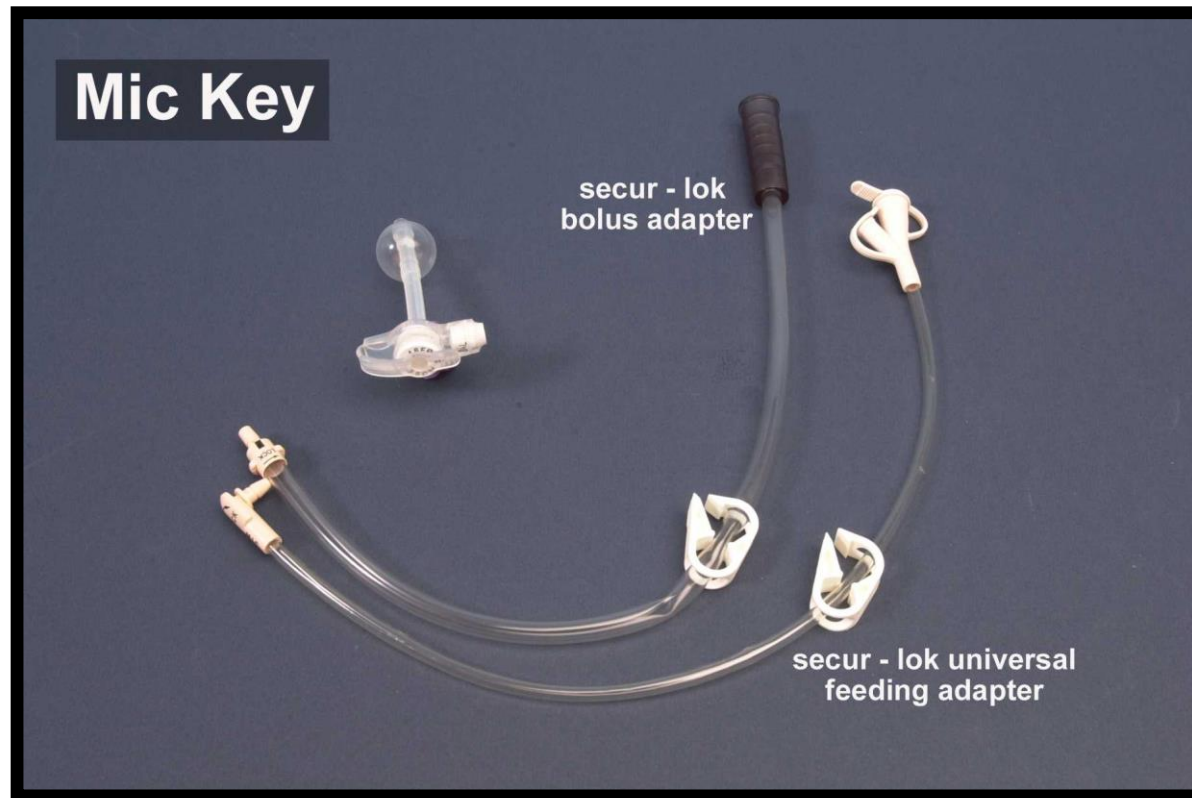
Gastrostomies

Surgical technique (open or laproscopic)

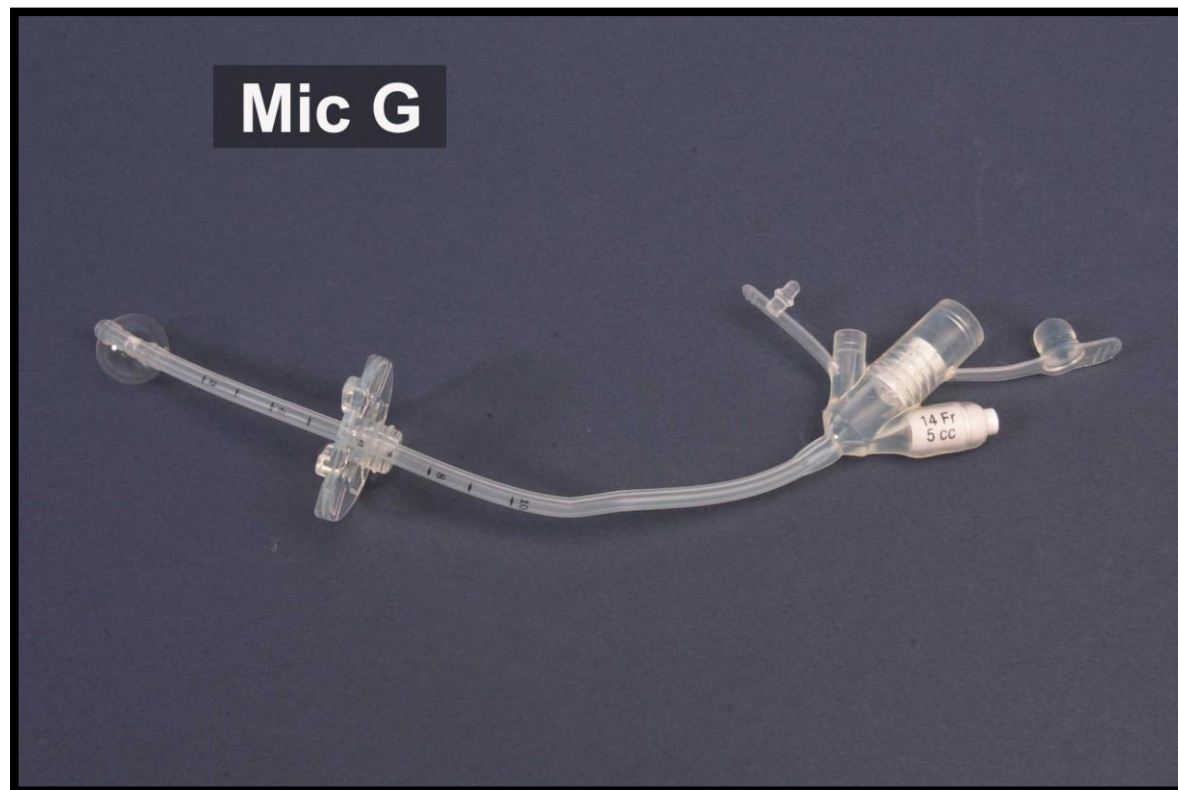
Endoscopic technique (PEG)

Radiologic inserted (seeing less)

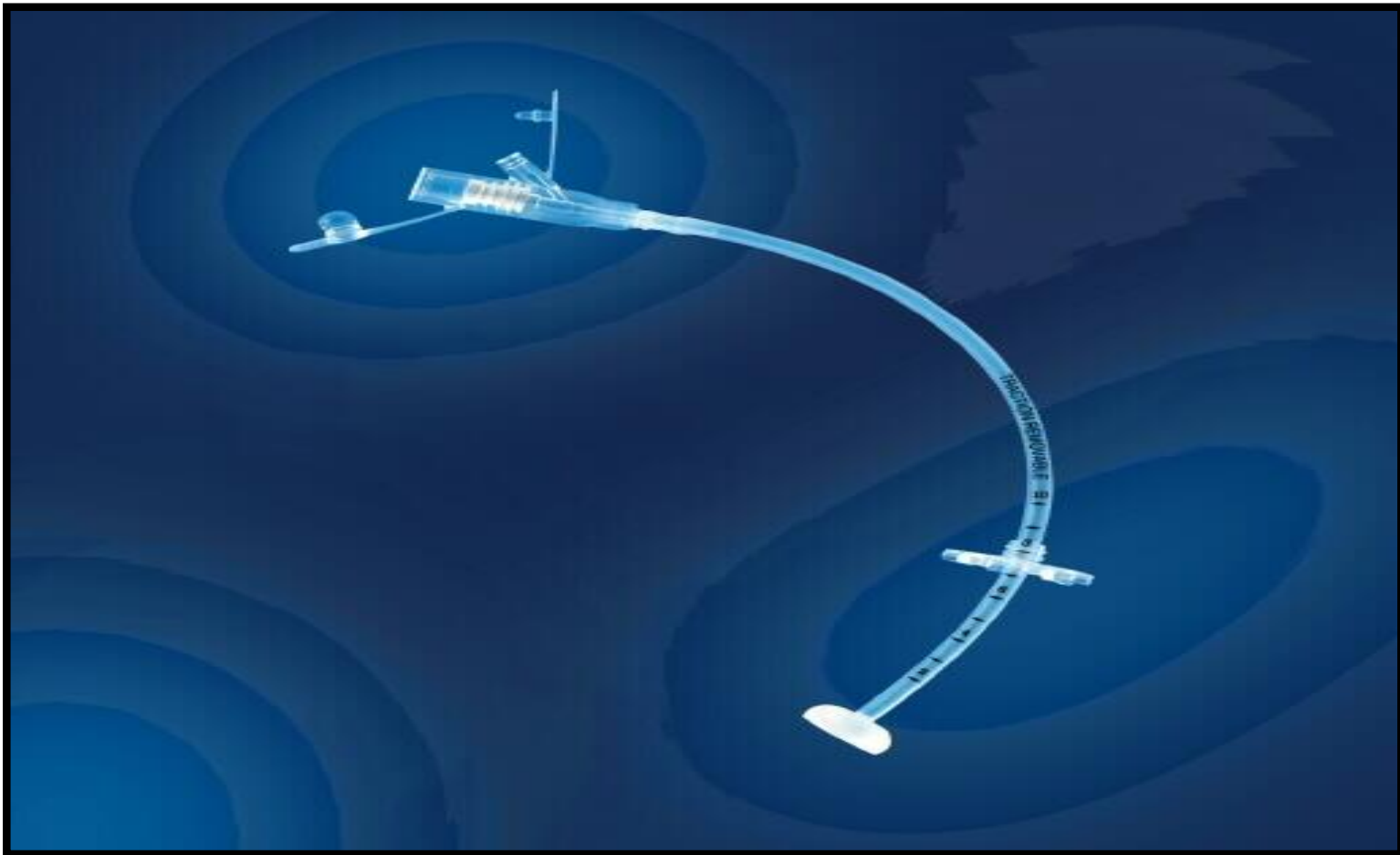
Mic-Key button



The MIC G



PEG (Percutaneous Gastrostomy Tube)



G-J Tubes

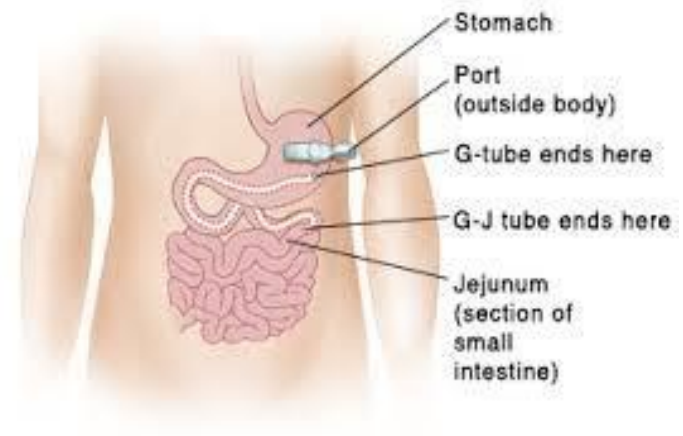
Tube inserted through gastric opening

G port goes into stomach (typically for meds not feeds or for venting)

J port is advanced radiologically to the jejunum (for feeding)

Disadvantage

- requires continuous feeds through J
- easily blocks without great flushing
- requires radiological re-insertion



Low Profile Transgastric Jejunal Feeding Tube



G-tube care

In the **INITIAL 6 WEEK** post-operative period:

DO NOT rotate the G-tube

DO NOT deflate the balloon

Ensure tube is anchored correctly

If the tube is displaced, cover stoma with something clean and dry and return to BCCH ER

G-tube Care (routine)

- Remove gauze under flange 24 hours post-op
- Assess site for any abnormalities
- Cleanse site 2-3 times daily and prn with NS (keep it clean & dry)
- Sponge bath x 5 days post-op
- Review [quick tip careplan](#)

Jejunostomy Care

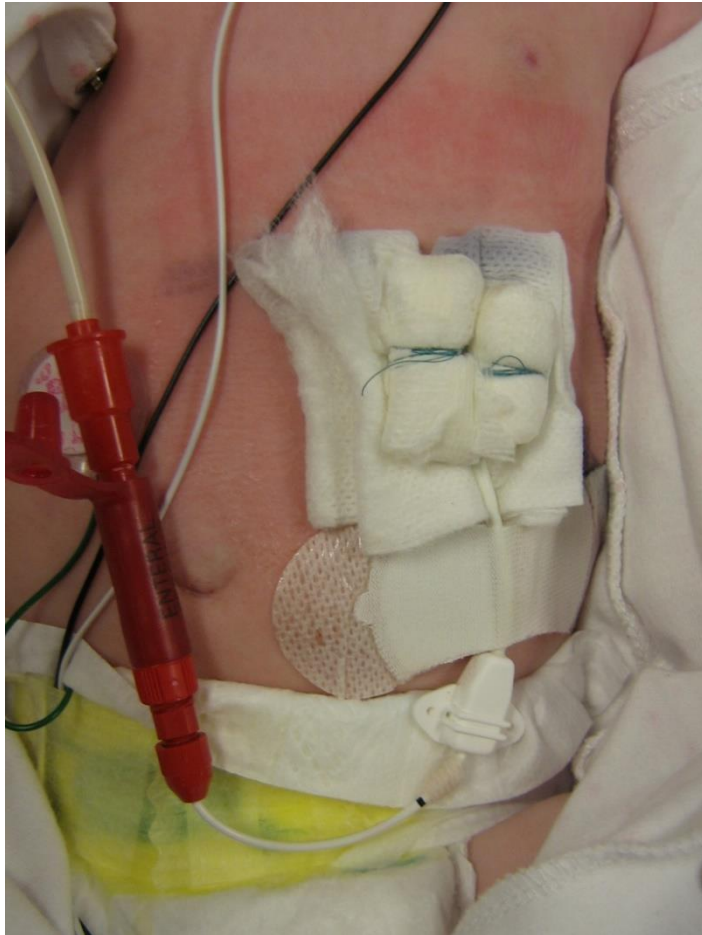
- Can only have continuous feeds – no bolus
- Do not rotate tube ever due to kinking
- Larger flushing volume for tube

	G-Tube	GJ (or longer tubes)
Infants and Children	Vol: 3-5 mL* Solution: Sterile Water	Vol: 7-10 mL* Solution: Sterile Water
Adolescent	Vol: 5-10 mL* Solution: Sterile Water	Vol: 10- 15 mL Solution: Sterile Water *Or with an appropriate volume to clear tube

Home Care & Teaching

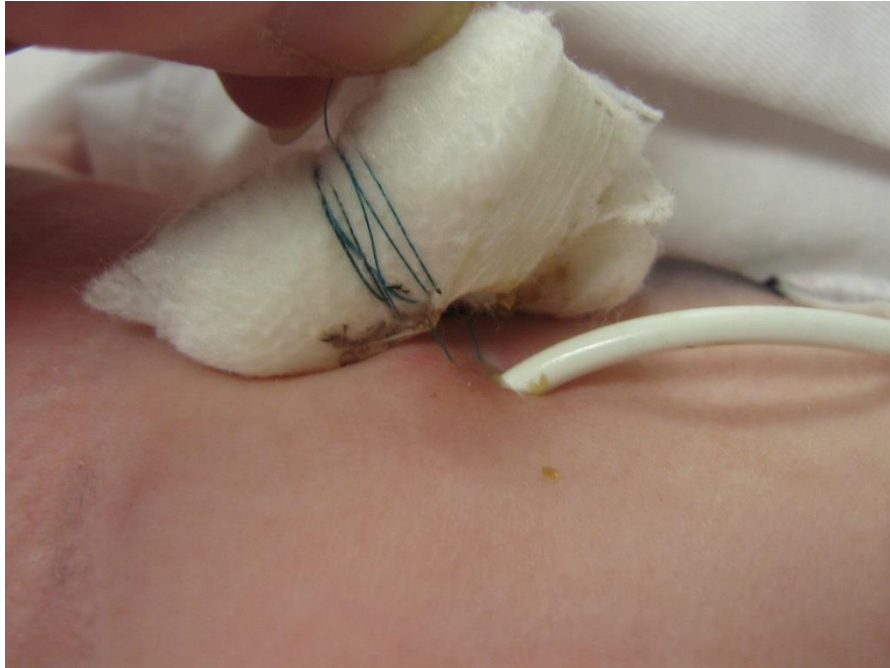
- Shared responsibility
- Use new discharge form
- Good to review [tube feeding site](#) if you are new to feeding tubes so you know what you need to know to do the teaching

Primary Radiologically Placed Tubes



Carey Alzate or Malecot tube

- Gauze rolls should be snug to skin.
- Tube held in place with clover leaf anchor
- Ensure tube secured with anchoring device or dressing



Cook Catheter Tube



Common issues seen in the surgical clinic

Granulation tissue +++++

Dislodged feeding tubes

Sizing for feeding tubes

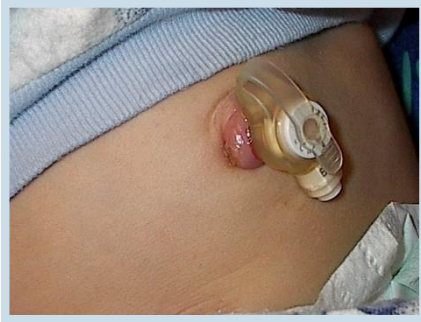
Leaking and skin issues

Equipment and supply issues

Education and family support

Identifying and accessing community supports

Granulation Tissue

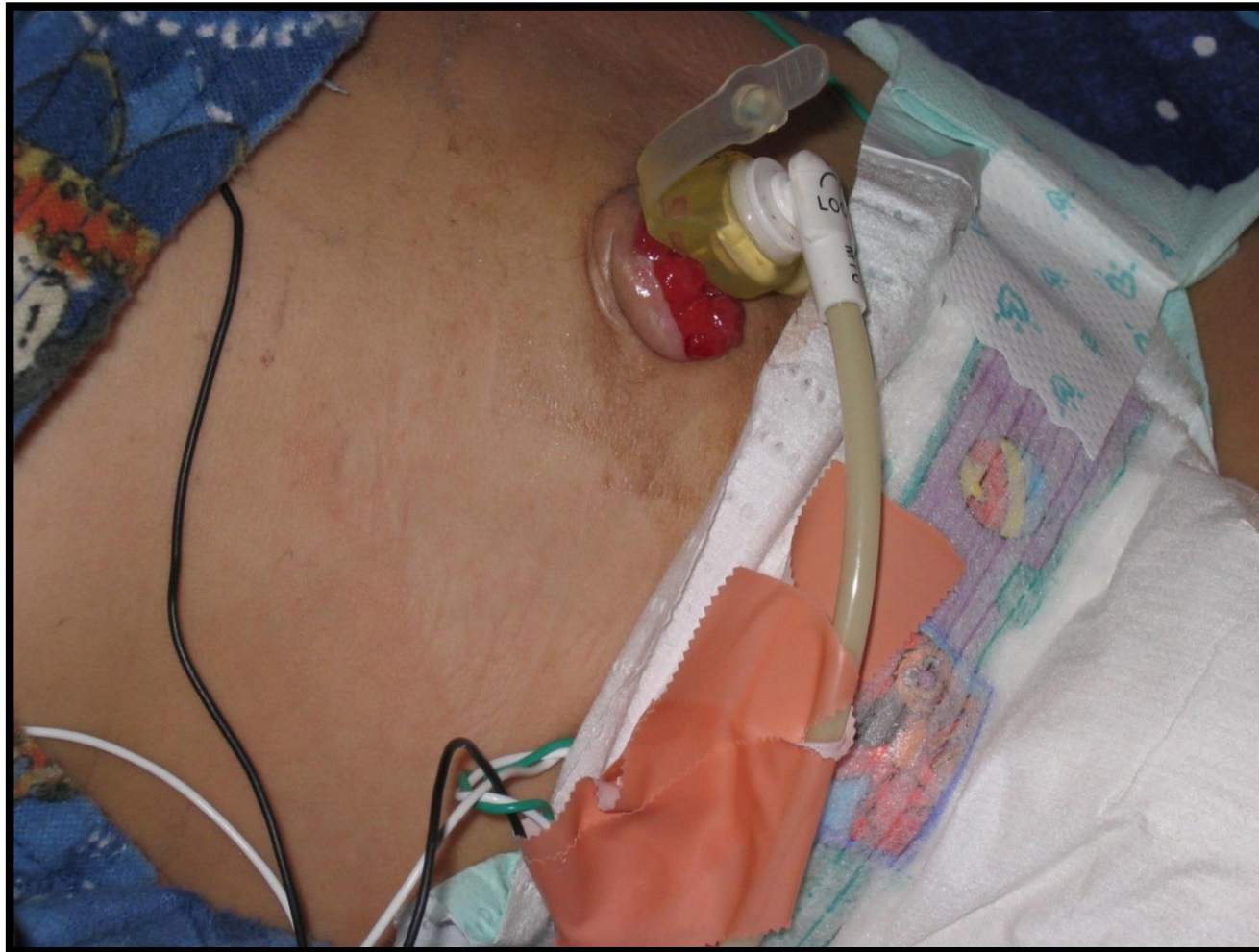


One of the most frequent reasons children seen in clinic:

- Triacet cream / Triamcinolone
Acetondine cream 0.1%
- Silver Nitrate sticks
- Salt treatments



Granulation Tissue

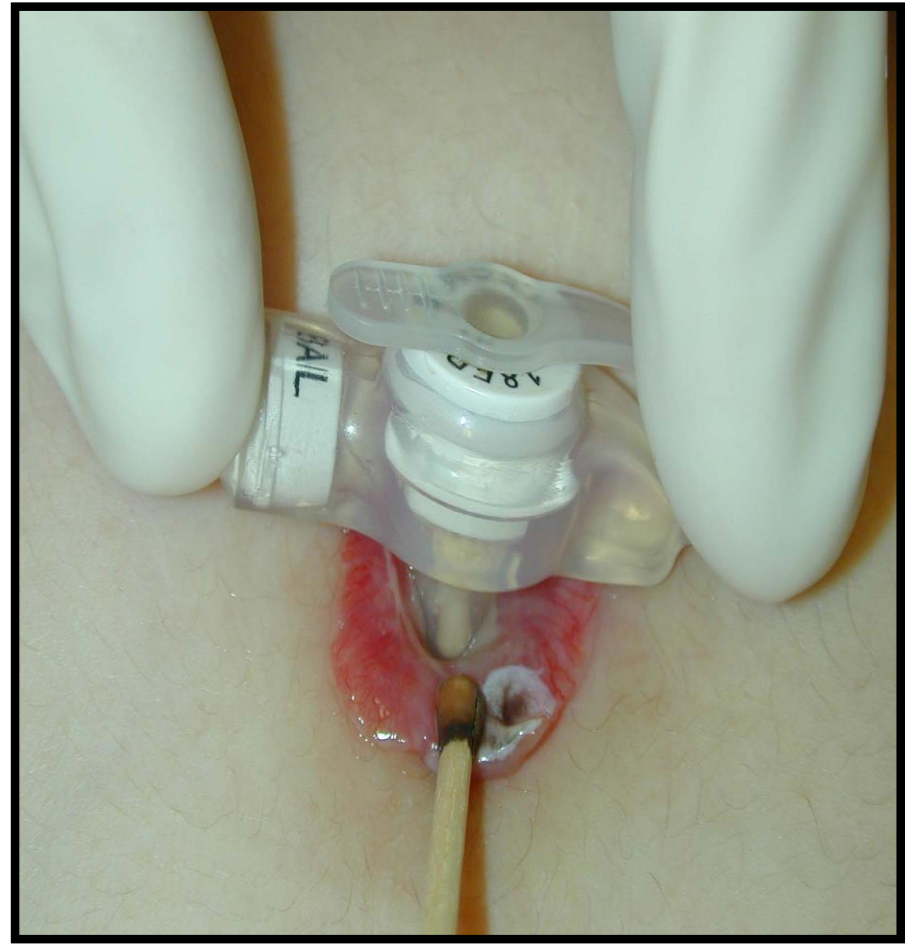
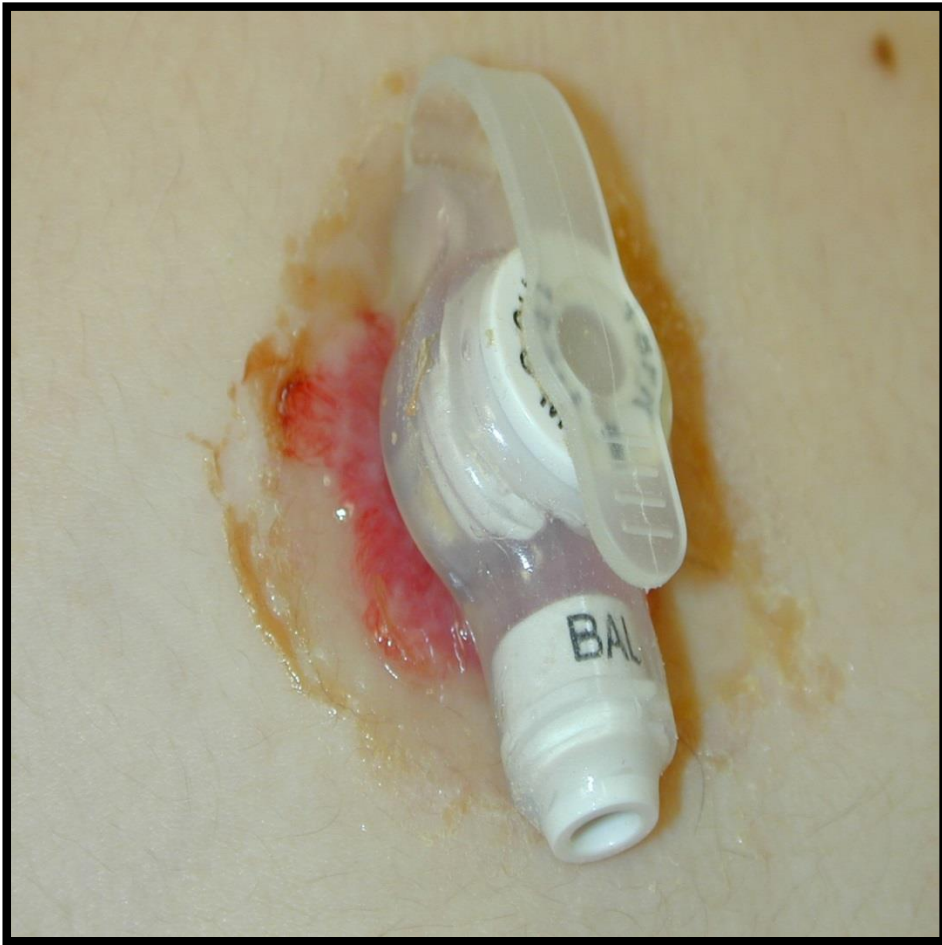


Classic case



Granulation Tissue

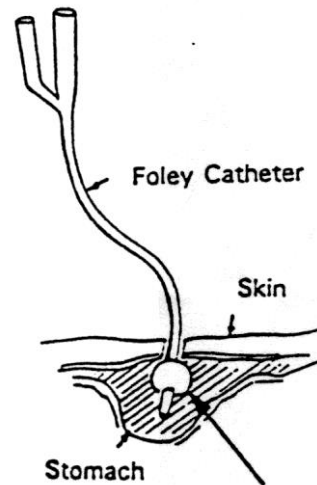
using silver nitrate



Dislodged Gastrostomy Feeding Tubes

- < 6 weeks post surgery – cover & go to ED
- > 6 weeks post surgery – parents can insert foley or new tube (depending on timing)
- tubes are routinely changed every 3-6 months (initially in clinic)

Dislodged Gastrostomy Feeding Tube



Leaking and Skin Issues

Why is the tube leaking?

- Is the balloon inflated with the right volume of water? (check if >6 weeks old, routinely every 1-2 weeks)
- Does the tube fit properly – is the stem the “right” size? Length and diameter.
- Is there granulation tissue present?
- Bolus/continuous feeds?
- Is the tube anchored correctly?
- Are there other associated health care concerns?

Available Resources

- [Tube feeding at home manual](#)
- <https://tubefed.com/new-to-feeding-tubes/>