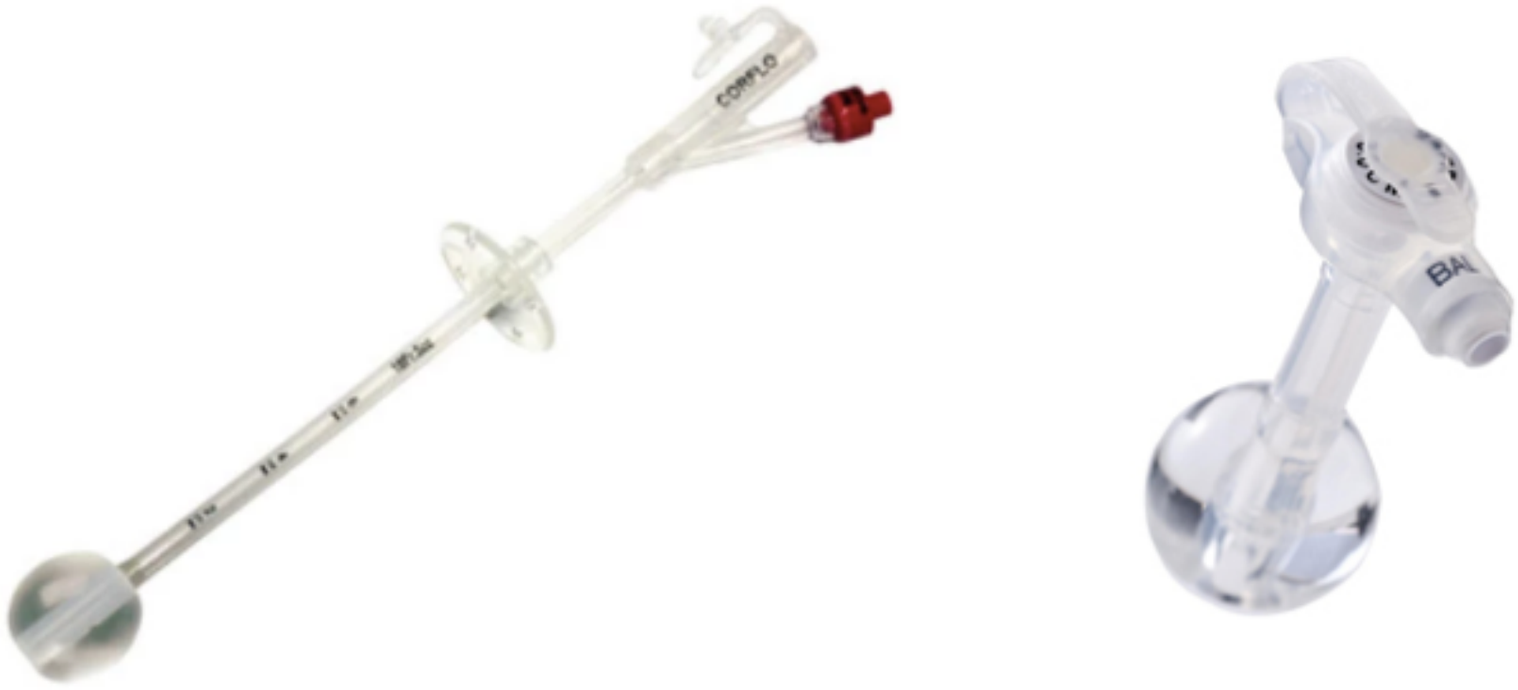
G-tube problems



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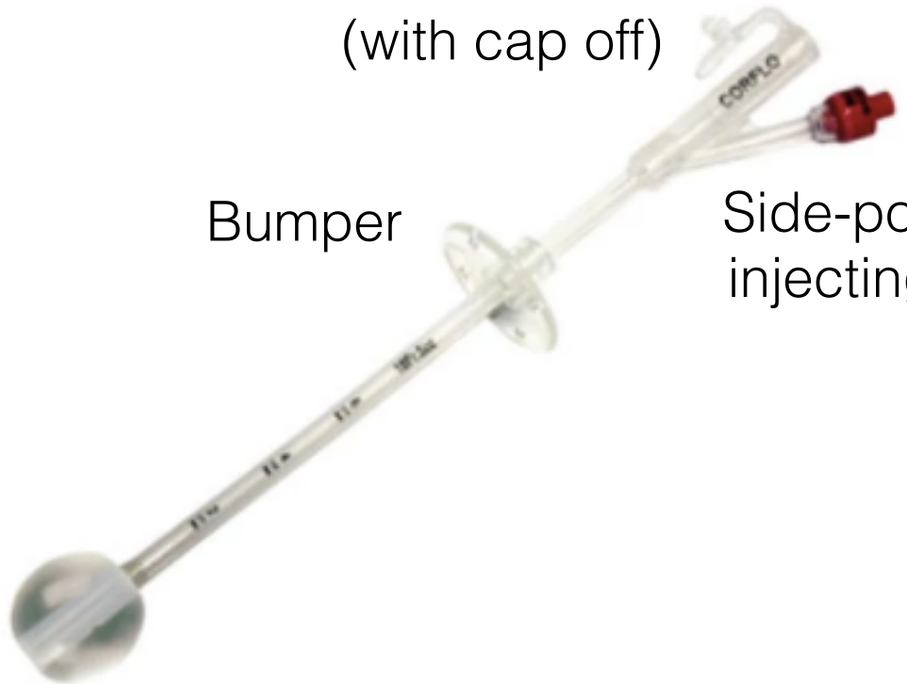
Conventional GT

Port for feeds/fluids (with cap off)



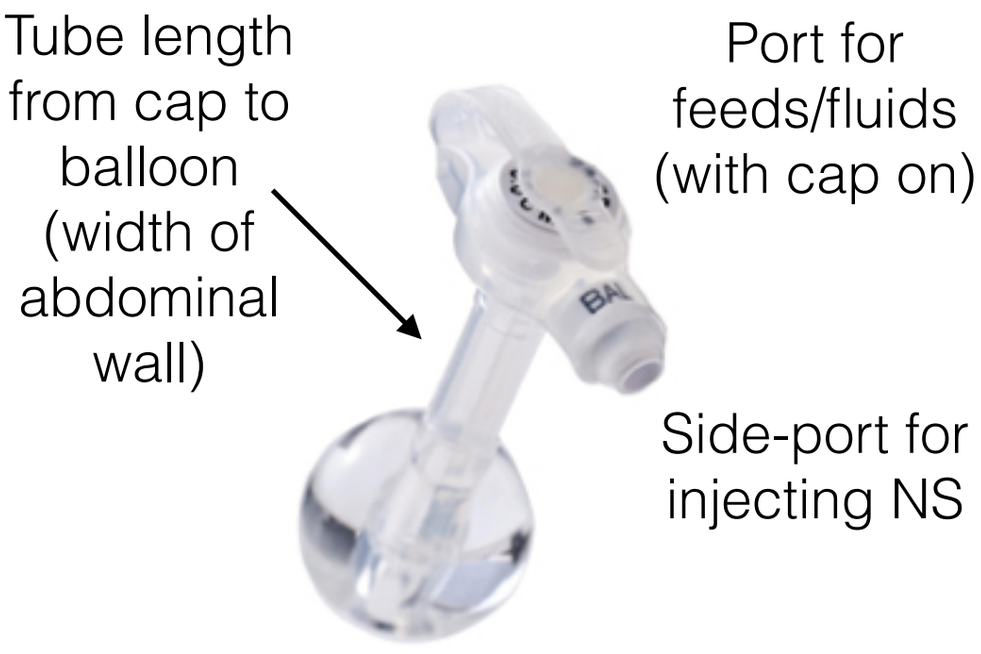
Bumper

Side-port for injecting NS

5cc balloon filled with NS

- Commonly called *Corflo* (company name)
- No adapter needed (feed directly through port)
- Given longer size, produces more friction/irritation on the skin
- Stocked in PED supply room in variety of sizes
- Family usually has a spare at home but many parents feel uncomfortable replacing on their own

Low-profile (Button) GT



- Commonly called *Mic-Key* (company name)
- Uses adapter tubing for feeds
- Small size is more comfortable with less friction on the skin
- NOT stocked in most PED supply rooms
- Family usually receives one every 2 months by their medical equipment company

Tube Dislodgment

- **Causes**: Balloon deflates or ruptures; Accidentally pulled out by patient or caregiver. GT lifespan maximum 6 months

- **Intervention**:

    - <u>EARLY</u> dislodgment: Placed < 6 weeks ago
        - Stoma begins to close < 1hr
        - Keep stoma open with original GT or foley
        - Call surgery!

    - <u>LATE</u> dislodgment: Placed > 6 weeks ago
        - Replace with same size CorFlo (may use home GT if not defective)
        - Techniques to confirm position (any works):
            - Trial of pedialyte via GT
            - Asp fluid via GT and test pH (gastric fluid 1.5-3.5)
            - Direct visualization of jet stream on POCUS (inject ~5cc NS or water)

Tube Dislodgment: How to replace a GT with mature stoma

Items:

-Same size (Fr) Corflo GT from supply room

-5cc syringe with NS

-Water-soluble lube packet

Steps:

1. Test balloon of new GT by injecting NS, then completely remove

2.Cover distal end of new GT with lube

3.Close the cap of the GT (so gastric juice doesn't spill)

4. Insert GT at 90 degree angle. Some very mild resistance is ok but shouldn't need to force it.

5.If unable to pass GT, consider one size Fr smaller

6.Inflate GT balloon with 3-5cc NS

7.Lower the bumper so it's touching the skin. Gently pull back on GT to confirm it's secure

8.Confirm placement of GT

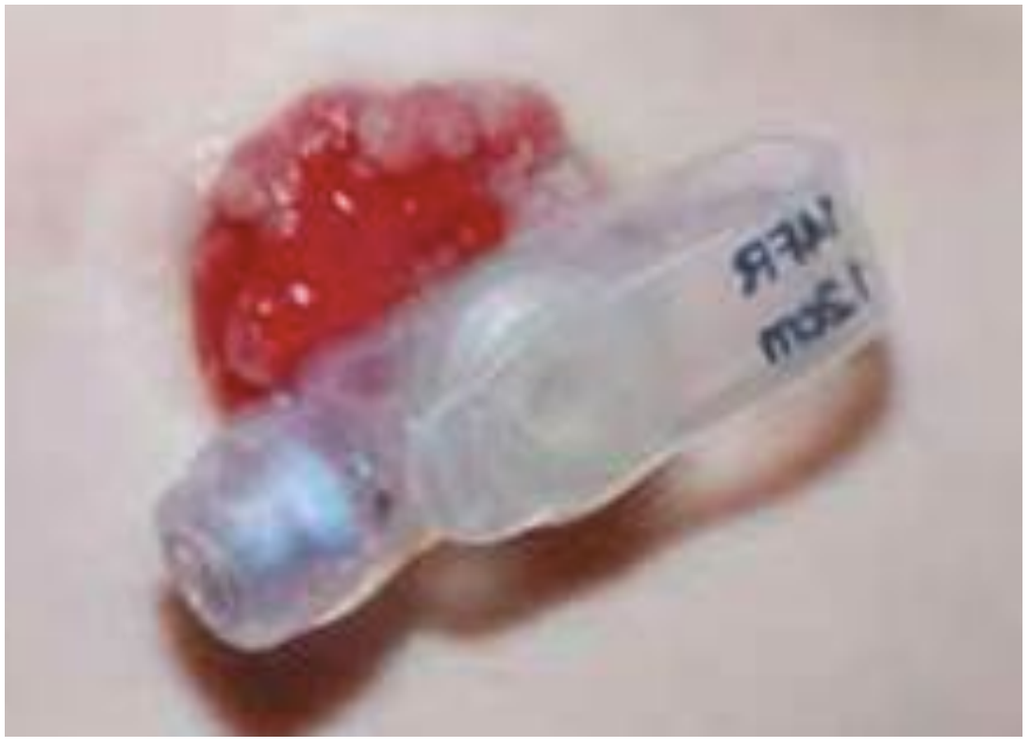
Tube Obstruction

Cause	Treatment	Prevention
Inappropriate med administration	**Carbonated water (Coca-cola) dwell 20min. Insert warm water, push and pull plunger and repeat.** **Alternative: "Clog Zapper" by CorPak - dwell 20min.**	Use liquid med, Y-in water
Thick formula/pill fragments		Use liquid med, Y-in water
Failure to flush		Flush after each feed/ med
Defective tubing	Look for kinks, change extension tubing	Replace tubing

Tube Migration/Displacement

Cause	Sx/Si	Management
Balloon overinflation	Vomiting, Feeding intolerance (*Gastric outlet obstruction*)	Deflate and pull back tube XR GT non-fluoro study +2v AXR if concerned for GI obstruction BMP if dehydration IR replacement (?) Surgery consult (?)
Local mucosal injury	Gastrocolocutaneous fistula, diarrhea	
GJ flipped into stomach	Vomiting, Feeding intolerance, Cough, Respiratory distress	

Granulation Tissue



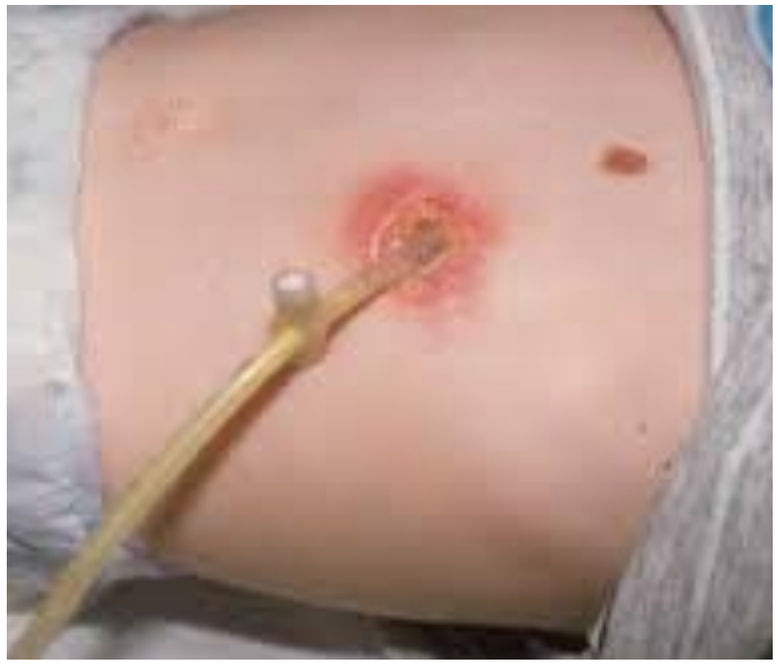
Granulation Tissue

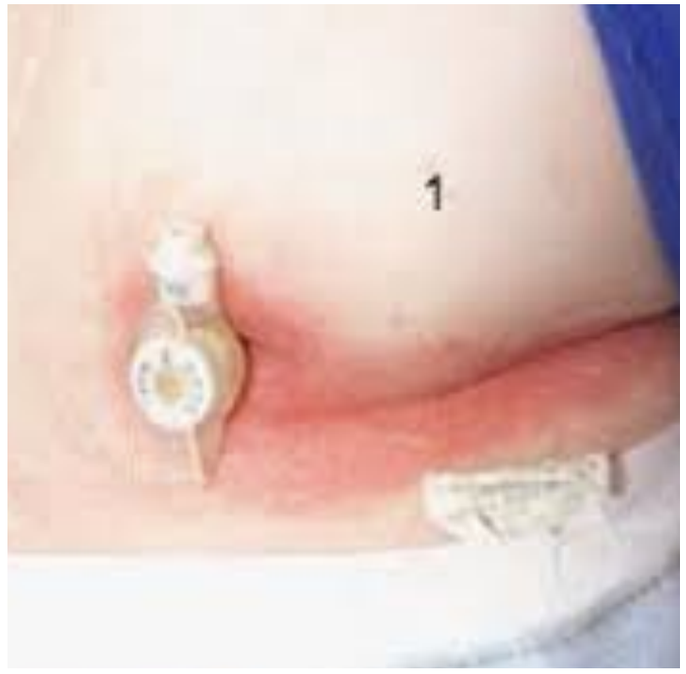
Cause	Sx/Si	Treatment
Body's healing process Poor stabilization (excessive friction) Excessive moisture	Pink-Red cauliflower like beefy tissue Grows around tube Friable - easily bleeds Yellow or brown drainage Not usually painful	Silver nitrate stick cauterization (hold <30sec, wipe off of surrounding tissue) Stabilize tube (use extensions only with feeds/meds) Keep dry Calmoseptine or Triamcinolone

Calmoseptine: local anesthetic, antipruritic, antiseptic, skin protectant

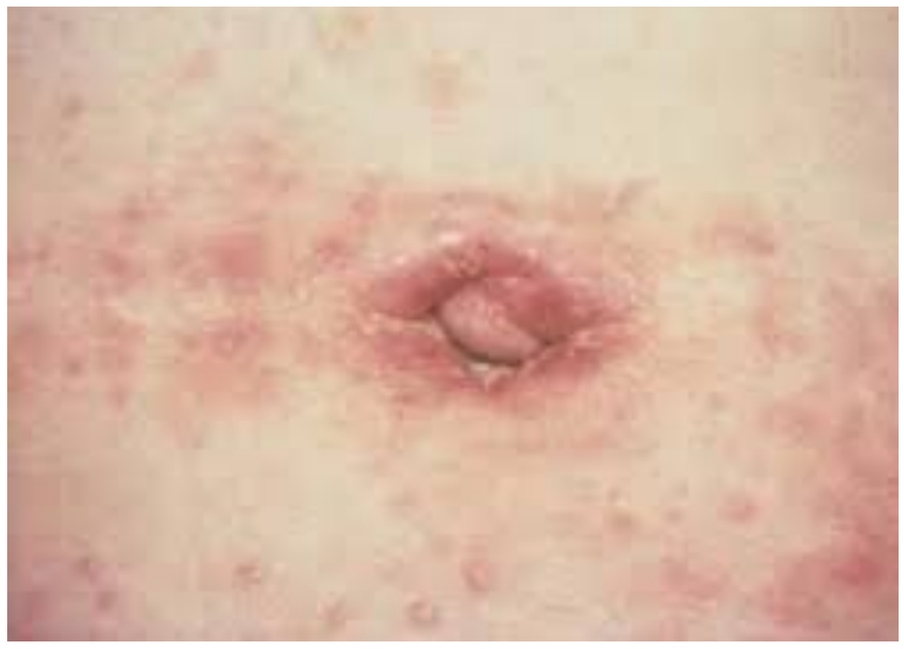
Irritant Dermatitis

Due to stomach content/formula leaking, excessive moisture and/or friction on skin





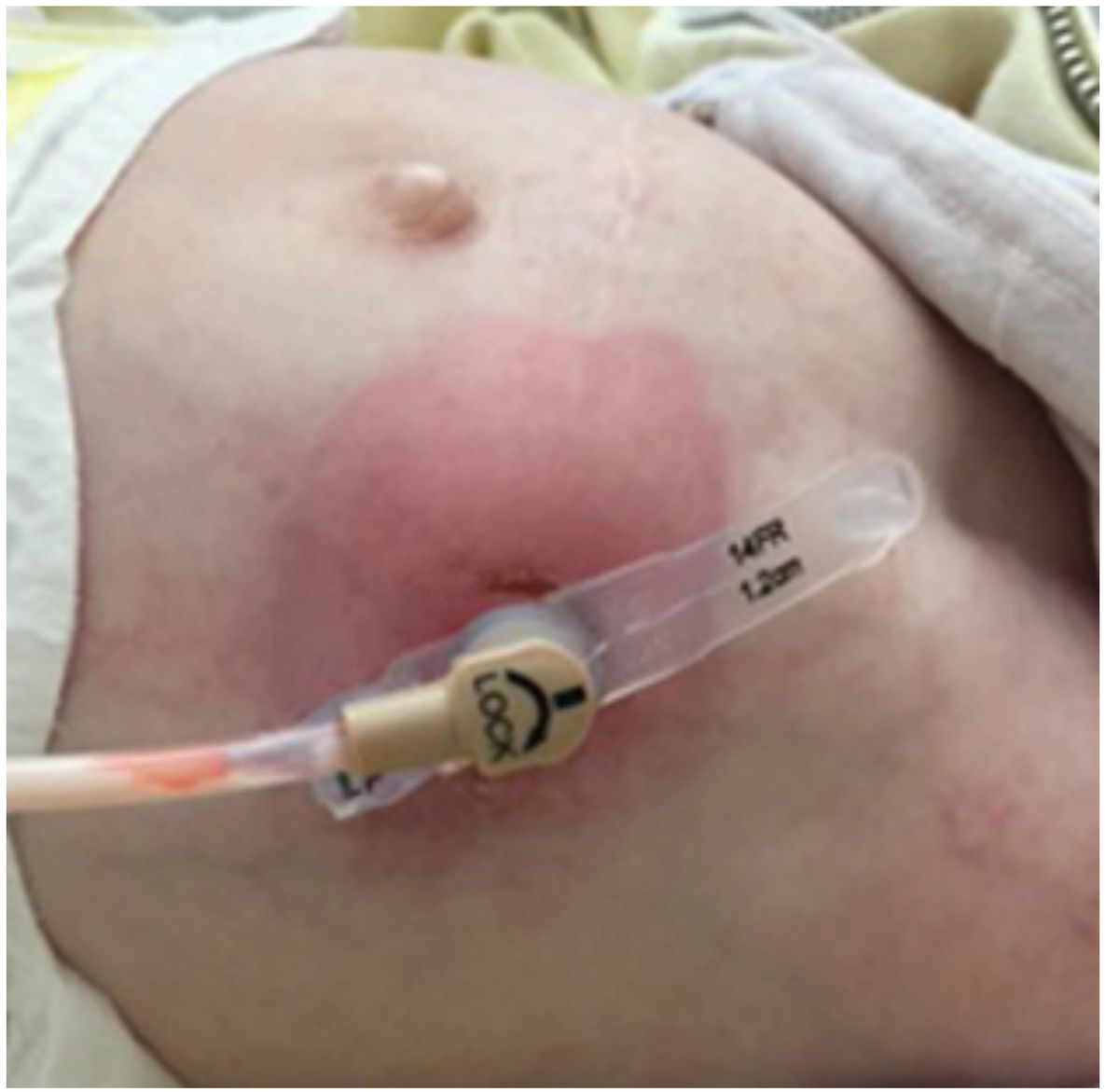
Fungal (skin yeast)



Irritant Dermatitis

Cause	Treatment
Increase in intra-abdominal pressure (constipation, coughing, vomiting, crying) Deflated balloon; GT too small; poor stabilization; displacement Body structure/positioning (scoliosis), slow motility, poor wound healing Overuse of skin cleaners or topical ointments *New stomas ooze up to 6 weeks. Small amount of bleeding can be normal (common if tube gets bumped or changed)	Ensure proper tube size, balloon inflated, tube secured Local stoma care: warm water; barrier products (stomadhesive powder, zinc oxide, and/or calmoseptine); 2x2 gauze dressings (reduce friction on skin) If suspect fungal (itchy red bumps), use clotrimazole 1% or topical nystatin until resolved + 2 additional days Acid blocking agents Drainage/Farrell bag

GT Cellulitis



GT Cellulitis

Cause	Sx/Si	Treatment
Local tissue breakdown with bacterial invasion usually from skin flora Can be preceded by irritant dermatitis	Clearly demarcated erythema Warm Indurated Tender to the touch	If non-purulent and not severe: Cephalexin 50mg/kg div Q6-8H x7days If more severe or suspect MRSA: Clindamycin 30mg/kg div Q8H x7 days If ill-appearing, rapidly progressive, or failed outpatient treatment, admit for IV antibiotics