

Having a Radiology inserted Gastrostomy (RIG)

Patient information leaflet

**If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.**

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Introduction

This leaflet tells you about having a radiological inserted gastrostomy (RIG). It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor but can act as a starting point for such discussions. If you have any questions about the procedure, please ask the doctor who has referred you or the department which is going to perform it.

What is a gastrostomy?

Gastrostomy is a technique where a narrow plastic tube is placed through the skin into your stomach. Once in place, the tube can be used to give you liquid food and medicines directly into your stomach to provide nutrition. Gastrostomy tubes can be placed endoscopically (PEG) or percutaneously (RIG). RIGs are placed by specially trained doctors called interventional radiologists.

Why do you need a gastrostomy?

You may be unable to eat or drink sufficient amounts to satisfy your nutritional needs or there may be a problem with swallowing that makes it unsafe for you to eat or drink. There are several reasons why this may have occurred

You may have had a small plastic tube inserted through your nose, down into your stomach, to help with your feeding. This can only be left in place for a relatively short period of time. Obviously, if you do not receive enough nutrition, you will become very ill.

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

What to Expect

Where is the procedure performed?

The procedure will take place in the Radiology Department in a “screening room” design specially for this type of procedure. This is similar to an operating theatre into which specialised X-ray equipment has been installed.



Who will you see?

A specially trained team of radiographers and nurses led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment. Due to the similarity of an operating theatre all staff members will be wearing scrub uniforms and will introduce themselves to you



What to Expect

How do I prepare for the procedure?

A RIG is usually carried out as an inpatient procedure under local anaesthetic. You will be asked not to eat or drink from midnight on the day of your procedure. In some circumstances you may be asked to drink or NG tube intake of diluted contrast 12 hours before your procedure.

You will have some routine blood tests before we can proceed with the procedure. You will be given antibiotics beforehand to reduce the chances of infection. Although you may be asked to drink diluted contrast.

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium, the dye used for CT scanning, then you must also tell your doctor about this.

What happens during the procedure?

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm. You will lie flat on your back. You will have monitoring devices attached to your chest and finger and may be given oxygen. If you do not already have one I inserted, a small tube will be placed through your nose into your stomach. The radiologist will use an ultrasound machine to mark out the borders of your the liver for guidance.

The procedure is performed under sterile conditions and the interventional radiologist will wear a sterile gown and gloves to carry out the procedure.

The skin below your ribs will be cleaned with antiseptic and you will be covered with sterile drapes. The radiologist will give you an injection of Glucagon to relax the stomach muscles. They will then fill your stomach with air using the tube placed through your nose.

The interventional radiologist will use an ultrasound probe and X-rays once your stomach is filled with air to decide the best site for the RIG. Local anaesthetic will be injected into the skin to numb the area and a small needle is placed into the stomach through which a special feeding tube is placed. A small balloon is filled with sterile water to help keep the RIG in place.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. There may be a little discomfort during the procedure, but any pain that you have will be controlled with painkillers. You may be aware of the tubes being passed into your stomach, but this should just be a feeling of pressure and not of pain.

Aftercare & Risks

What happens afterwards?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will require to stay overnight in hospital. The next day the tube in your nose can be removed and the RIG can generally be used after 24 hours. Sips of water are allowed until the RIG is deemed ok to use. Your stomach may feel a little sore for a few days. If necessary, this can be controlled with painkillers.

How long will the tube stay in?

This is a question that can only be answered by the doctors looking after you. It all depends on why you need the tube in the first place. You will need to discuss this with your consultant. The tube needs to stay in place until you can eat and drink safely and normally. In some cases, this might not be for a very long time.

You will have a specially trained dietitian looking after you who will show you how to look after the tube properly. The tube should stay in by itself by a small internal balloon, but it might be covered by a light dressing initially.

Are there any risks?

A RIG is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise. Occasionally, it is not possible to place the tube into your stomach. This may require a different method of placement or occasionally you may need an operation to place the tube.

Sometimes there is a leak around the tube. This can lead to the skin around the tube becoming very red, sore and painful (localised peritonitis). An attempt will be made to treat this but it may become necessary to remove the tube to allow healing to occur or an operation may be needed to sew up the hole in your stomach.

Very rarely, a blood vessel can be punctured accidentally when passing the needle into the stomach. This can result in bleeding. This may stop by itself, or if not, you may need a blood transfusion. Occasionally it may require another procedure to block the bleeding artery or an operation to stop the bleeding. However, this is extremely rare.

Risks

Radiation

Having a RIG inserted involves the use of radiation. Any examination using radiation is only performed when strictly necessary and it is felt the benefits of the examination outweigh any potential risks. All imaging is performed using the minimum amount of radiation necessary, and is individualised for each patient depending on the size of the patient and the condition being investigated.

For more information on radiation please see the link below:
<https://www.ukhsa-protectionservices.org.uk/radiationandyou/>



**Radiation
hazard**

Pregnancy

If you are, or think you could be pregnant, please contact us prior to your appointment on the phone number in your appointment letter.

Finally

The pictures taken during the examination are studied carefully and a detailed report is produced. The results will be sent to the person who referred you for the test. They will discuss the results with you and any treatment you may need.

You may already have an appointment with the team who referred you. If not, please contact them to arrange one to discuss the results of this test.

If you have any further questions, please do not hesitate to call the Radiology Department via the number given on your appointment letter.

As this is a teaching hospital there may be students and observers present during your examination as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

Whiston Hospital
Warrington Road,
Prescot,
Merseyside,
L35 5DR
Telephone:
0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens,
Merseyside,
WA9 3DA
Telephone:
01744 26633

Southport Hospital
Town Lane,
Kew,
Southport,
Merseyside,
PR8 6PNT
Telephone:
01704547471

Ormskirk Hospital
Wigan Road
Ormskirk,
L39 2AZ
Telephone:
01695 577111