NHS
Southport and Ormskirk Hospital
NHS Trust

PATIENT INFORMATION

Radiologically Inserted Gastrostomy Tube

Radiologically Inserted Gastrostomy (RIG) Tube

Your doctor has recommended that you need a feeding tube, however, it is your decision to go ahead with the procedure or not. This leaflet has been designed to help you and your family understand what the procedure involves and to give you information about the benefits, risks and alternatives of the procedure so you can make an informed decision. If you have any further questions please ask a member of the nursing or medical staff.

For some people radiological insertion of gastrostomy tube (RIG) is preferable. The procedure is performed under X-ray guidance. This type of tube is held in position by a “Balloon inflated with water, which lies up against the stomach wall on the inside.

If you do not have a nasogastric tube in place (a fine tube inserted into the nose and passed on into the stomach) you will need one inserting at this time. After it is placed, you will lie on the x-ray table, usually flat on your back supported with a pillow. A needle will be put into a vein in your arm so that the radiologist can give you a sedative and/or painkillers. You will have a monitoring device attached to your finger and will possibly receive oxygen through a small tube in your nose. You may also have a monitoring device attached to your chest.

The radiologist will keep everything as sterile as possible and wear a theatre gown and operating gloves and will use the x-ray equipment or an ultrasound machine to decide on the most suitable point for inserting the feeding tube. The skin below your ribs will be cleaned with an antiseptic and most of the rest of your body will be covered with a theatre towel. The skin in this area will be anaesthetised with local

anaesthetic. This can sting a little to start with, but wears off very quickly.

The nurse will push some air into the nasogastric tube, which makes your stomach inflate. The radiologist will then pass a thin, hollow needle into your stomach using x-rays or ultrasound as a guide. Once the needle is in your stomach a guidewire can be passed through it. The needle is then removed, leaving the guidewire in place, and then a series of small tubes are passed over the wire, one after another, to enlarge the pathway through the skin into your stomach. Once this pathway is wide enough, a tube (gastrostomy) can be put in through into your stomach over the guidewire. The guidewire is then removed. Once this tube is in place the radiologist will secure the feeding tube with stitches, to prevent the tube from falling out.

After a safe period of time (at least several hours) the tube will be used to give you food, and is large enough to ensure that you receive adequate nutrition.

Will it hurt?

Unfortunately, while the procedure is being done, it may hurt for a short period of time, but any pain that you have will be eased with painkillers. Later you will be aware of the tubes being passed into your stomach, but this should just be a feeling of pressure and not pain. There will be a nurse or other member of staff standing next to you and looking after you. If the procedure does become painful for you more painkillers will be given through the needle in your arm.

How long will it take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. It may be over in 30 minutes but occasionally it can take as long as 90 minutes. As a guide, expect to be in the x-ray department for about an hour and a half altogether.

Consent

Information about your procedure will be given to you/your family/carers to allow an informed decision to be made. The appropriate consent form will be completed before the tube is inserted.

What happens afterwards?

You will be taken back to your ward and the nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems. You will generally need to stay in bed for a few hours afterwards until you have recovered. You will be allowed home when your dietary intake is sufficient and you are well enough to go home.

It is important to try and look after the feeding tube. You should try not to make any sudden movements, for example getting up out of a chair or out of bed without remembering the tube. However, you will be able to lead a perfectly normal life with the tube in place.

How long will the tube stay in and what happens next?

This is a question that can only be answered by the team looking after you. It all depends on why you needed the tube in the first place. You do need to discuss this fully with the team. The tube needs to stay in place until you can eat and drink normally, but in some cases it may be for good.

The tube will have a little stopper at its end to stop it leaking. When it is time to put liquid feed down the tube, the stopper is removed and water is drawn up into a large syringe and sent down the tube to your stomach, this is called flushing the tube. Then liquid feed is either drawn up into a large syringe and sent down the tube to your stomach called `Bolus Feeding`, or alternatively a bottle of specially designed liquid feed can be given through a pump which gives you the feed over a longer period of time. You may be able to learn to do this yourself, or someone may need to do it for you. Once enough food has been put down the tube and you have finished the desired feeding time, it is necessary **to flush the tube to keep it clean**. The stopper is then placed back in the tube.

You will have a specially trained Dietitian looking after you, who will decide how much liquid feed you need to put down the tube and the type of feeding which will suit your lifestyle. You will be advised how to look after the tube properly and will also receive more advice on the tube and how to care for it to prevent any complications.

Stitches

After about 7-10 days we will arrange to take out the stitches on the skin surface, which are holding the tube in place. This will be done at the hospital as a day case and

the site can also be checked. The tube should then stay in by itself until it needs removing or changing to another type of short term tube after about 6 months. This procedure will also be carried out at the hospital as a day case.

Are there any risks or complications?

Percutaneous gastrostomy is a very safe procedure. However, there are some risks and complications that can arise, as with any medical treatment.
The biggest problem could be not being able to get the tube into your stomach, occasionally the stomach cannot be accessed easily via the abdominal wall.

Sometimes there is a leak around the tube. This is less likely to happen if the stomach has been attached to the muscles beneath the skin, but it can still sometimes occur. This can lead to the skin around the tube becoming very red and sore. An attempt will be made to treat this but it may become necessary to remove the tube for healing to occur. You need to keep the area around the tube very clean and very dry.

Very rarely a blood vessel can be punctured accidentally when passing the needle into the stomach. This can result in bleeding. This will usually stop by itself, but if not, you may need surgical treatment and a blood transfusion. Other very rare complications can be perforation of the bowel or injury to another nearby organ. However, **these are rare complications.**

If the tube is accidentally pulled it can be displaced out of the stomach. If it completely comes out within the first 3 weeks then it is essential you contact the PEG Nurse, X-ray department or Accident and Emergency as soon as possible

so that the hole does not close over (**do not try to replace anything down the tube at this stage**). However, after the initial 3 weeks the hole (stoma) has had time to heal and it is generally safer to replace a tube to keep the hole from closing over (this can happen in the first 2 to 3 hrs) if happy to do so. If done the position needs to be confirmed and the tube checked before reusing the tube to ensure that there is no leakage into the abdominal cavity (this can be a serious complication).

Position of the tube can be checked by aspirating (drawing back with a syringe) some gastric content and testing it on the appropriate pH testing strips. A pH of 5.5 or less confirms an acid environment i.e. the stomach

Finally…

For care of the balloon please refer to the patient information leaflet titled “Balloon Gastrostomy Tube”
This leaflet is designed to answer common questions, but remember that this is only a starting point for discussion about your treatment; further questions may be discussed with the team looking after you. **Make sure you are satisfied that you have received enough information about the procedure, before you sign the consent form.**
A RIG (radiologically inserted gastrostomy) is considered a very safe procedure, designed to save you having a larger operation. There are some slight risks and possible complications involved, and although it is difficult to say exactly how often these occur, they are generally minor and do not happen very often.

NOTES

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Charge Nurse if you have any questions or concerns.

MATRON

A Matron is also available during the hours of 9.00 to 5.00 pm Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a Senior Nurse can be contacted via the ward/department to deal with any concerns you may have.

INFECTION CONTROL REQUEST

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

SPECIAL INSTRUCTIONS FOR AFTER YOU HAVE LEFT HOSPITAL

Do not move the tube for 2-3 weeks to allow the new stoma hole to form.

ANY CONDITION SPECIFIC DANGER SIGNALS TO LOOK OUT FOR:

- Prolonged/severe pain on feeding – ***stop feeding and get immediate advice.***
- External leakage of gastric contents - ***contact PEG Nurses.***
- Fresh bleeding – ***contact PEG Nurses***

CONTACT INFORMATION IF YOU ARE WORRIED ABOUT YOUR CONDITION AFTER YOU HAVE LEFT HOSPITAL

- PEG Nurse (Gastroenterology Nurse Practitioner) (01704 547471 Ext 6896 or Ext 4739 Mon–Fri, 9am–5pm
- Dietitian (01704) 547471 Ext 4199 Mon – Fri, 8.30am – 4.30 pm
- Out of hours and at weekends, contact local A&E Dept
- Your GP or District Nurse

OTHER USEFUL TELEPHONE NUMBERS/CONTACTS:

www.nhsdirect.nhs.uk NHS 111
Stop Smoking Helpline (Sefton) - 0300 100 1000
Stop Smoking Helpline (West Lancashire) - 0800 328 6297
www.bapen.org.uk British Association for Parental and Enteral Nutrition (BAPEN)
www.pinnt.com Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT)

Please call 01704 704714 if you need this leaflet in an alternative format

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FOR APPOINTMENTS

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Please remember to complete the **attached** *Friends and Family Test*.
Alternatively, you can complete the *Friends and Family Test* on-line by going to: southportandormskirk.nhs.uk/FFT
Thank you

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Ref: 11/17
Version: 5
Reviewed: March 2022
Next Review: March 2025