

FACTSHEET

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Gastrostomy

What is a gastrostomy?

A gastrostomy is an opening placed directly into the stomach. The opening comes out onto the skin of the abdominal wall somewhere between the belly-button and the lower ribs, and is usually slightly to the left side. It allows food and medications to be placed directly into the stomach.

The gastrostomy can be made in a number of ways;

- by doing an open operation,
- endoscopically (using a gastroscope),
- laparoscopically (through key hole surgery), or
- in the X-ray department by our interventional radiologists.

A gastrostomy is often mis-named as a PEG (Percutaneous Endoscopic Gastrostomy). A PEG however is one of the methods used for inserting the feeding device into the stomach ie; endoscopically.

Many devices can be placed into the stomach via the gastrostomy. A balloon type and non-balloon type catheter can be used. "Low profile" devices are often called a "button".

All gastrostomy devices can usually be replaced without major discomfort. A trained carer can replace the low profile device when necessary, or if it becomes accidentally dislodged.

An appropriate size gastrostomy device needs to be used for each patient.

If a child cannot tolerate gastrostomy feeds, a gastro-jejunal tube is placed via the gastrostomy in the X-ray department.

Care of the gastrostomy

The non-balloon type catheter, needs to be carefully strapped to stop it moving in front of the entrance to the small bowel (duodenum) and causing a blockage to the outlet of the stomach.

At home, the "button" should be rotated daily and the volume of fluid in the balloon checked monthly. If the button feels "loose" within this timeframe, the volume of fluid can be checked at any time.

The gastrostomy tubing must be flushed after each use.

Your child can swim and play normally with a gastrostomy device. Contact sports however, should be avoided.

Potential problems

If a newly inserted gastrostomy device is prematurely dislodged, the opening must be kept open with another "button" or catheter. This is to prevent premature closure of the opening.

Overgrowth of granulation tissue around the device is common and can be treated with topical application of silver nitrate, copper sulphate or a steroid ointment. The granulation tissue can result in leakage around the gastrostomy device or bleed on contact, as it is quite friable. The leaked protein rich fluid may look infected, as it comes into contact with the skin surface bacteria.

Sometimes the leakage can cause excoriation of the skin around the gastrostomy stoma. Your health care worker can advise on ways to minimise leakage and care for the skin around the gastrostomy site.

Having a gastrostomy inserted can sometimes make your child's gastro-oesophageal reflux or tendency towards vomiting worse.

Contact the Hospital's allocated Nurse and/or Surgical Registrar on call if your child has any urgent problems.

What happens when the gastrostomy is no longer needed?

Once the gastrostomy is no longer needed it is removed. The hole can close over by itself but in some children, especially if they have had the gastrostomy for a long time, an operation is needed to close the hole. This can be done as a day-stay procedure.