

Overview

A gastrostomy is surgery to insert a tube through the abdomen into the stomach. This tube is most often used for feeding. It may also be used to keep the stomach empty.

Who is a candidate for the procedure?

A gastrostomy tube is usually placed in the body when a person is unable to take in enough calories to meet the demands of his or her body. It may be used for long-term nutritional support. Reasons a gastrostomy might be performed include:

- » esophageal atresia, an incomplete development of the esophagus
- » esophageal stricture, or narrowing
- » esophageal cancer
- » swallowing disorders, such as those that develop after a stroke
- » a premature infant with a poor sucking and swallowing effort
- » emptying of the stomach after surgery when a nasogastric tube, or tube placed into the stomach through the nose, is not tolerated

How is the procedure performed?

Some people who have this surgery are given general anesthesia so that they are asleep when the gastrostomy tube is inserted. Other people may be given a local anesthetic, meaning that the area of the surgery is numbed with medication, or moderate anesthesia, without the need for a breathing machine. Although the person is not fully asleep, he or she should feel no pain during the procedure. To insert the gastrostomy tube, the surgeon will make a small cut on the wall of the abdomen and into the stomach. A small catheter with a balloon or mushroom-shaped bugle on the end of it is inserted through the cut. The balloon is inflated to keep it in place in the stomach. The tube, which is made of polyvinylchloride or silicone, is then anchored to the skin. Sometimes a different procedure, called a percutaneous endoscopic gastrostomy or PEG, is performed. A lighted scope is passed down the throat and through the esophagus. The scope is advanced into the stomach. The light shows the surgeon where to make the incision in the skin and stomach. The tube is placed through the incision. The balloon is inflated, or the bugle is pulled firmly, and the tube is anchored to the skin.

What happens right after the procedure?

An x-ray may be done before the gastrostomy tube is used for feeding. This is done to be sure that it is in the correct spot. Feedings will begin with clear liquids, and gradually be increased to thicker solutions. The head of the bed should be elevated to prevent the person from vomiting.

What happens later at home?

The person and his or her family will be taught how to care for the feeding tube before leaving the hospital.

They will learn:

- » how to care for the skin around the tube
- » the signs and symptoms of infection
- » the signs and symptoms of tube blockage
- » how to perform the feedings
- » what to do if the tube is pulled out

A visiting nurse may be needed until the family is comfortable with the feedings. A person can resume his or her normal activities a day or two after the gastrostomy.

What are the potential complications after the procedure?

There are potential complications with any surgery. These include bleeding, infection, and allergic reaction to anesthesia. The gastrostomy tube may become dislodged, or fall out and need to be replaced. Stomach contents can leak out of the tube causing skin irritation. The gastrostomy tube can become clogged. Other complications include stomach upset such as diarrhea, cramping, and bloating.