

## Lesson 53: Applying a Dressing to a Healed Gastrostomy Tube (G-Tube) or Jejunal Tube (J-Tube) Site

- I. Introduction to the G-Tube and J-Tube Site
  - A. Terms used to describe feeding tubes are sometimes interchanged incorrectly. In review, the most common tubes are named after the positions of their feeding tips.
    1. **PEG Tube:** Percutaneous Endoscopic Gastrostomy tube.
    2. **G-Tube:** A feeding tube placed in the stomach.
    3. **J-Tube:** A tube placed in the small intestine which bypasses the stomach. Usually used when there is an upper G.I. obstruction.
  - B. Common Complications of Feeding Tubes:
    1. Tube displacement: When the feeding tube slides in or is pulled out of the G.I. tract.
    2. An unsecured tube can pivot at the tube exit site and cause a build up of granulation tissue and widening of the tract.
    3. The bumper of the G-Tube can cause an ulceration of the tissue at the feeding tube site or into the mucosal layer of the gastric wall. This is called “buried bumper syndrome.”
      - a. Some of the causes of this syndrome occur when:
        - i. excessive tension exists between the internal and external retention bumpers of the tube.
        - ii. there was a failure to pull back the external bumper after weight gain.
        - iii. excessive dressings have been placed under the external bumper.
    4. Tube injury can occur when the tube ruptures, deteriorates, or the balloon leaks.
      - a. Prevention of these types of injuries can be minimized by:
        - i. routinely replacing tubes.
        - ii. following regular flushing schedules.
        - iii. not using a syringe smaller than 30 ml. size.
        - iv. frequent inspection of the tube for cracking or deterioration.
    5. Occlusion or clogging of feeding tubes are the most common concerns.
      - a. Occlusions can be caused by inappropriate administration of medications, poor flushing techniques, thick formulas or reflux of gastric or intestinal contents up the tube.
- II. Common Maintenance Problems
  - A. G-tube was pulled out.
    1. Cause:
      - a. G-Tube was pulled out by the resident
      - b. stomach acid will cause the balloon to deteriorate and deflate and the tube will fall out.
    2. Solution: because the stoma may close within an hour or two, notify the licensed nurse immediately to ensure the G-Tube is reinserted. Reinsertion may be performed by the nurse, or may require hospitalization if the tube is to be sutured in place.
  - B. G-Tube has redness, irritation, soreness or foul odor present at the insertion site.
    1. Cause: may be caused by:
      - a. leakage
      - b. infection.
    2. Solution: continue routine care and notify the nurse promptly.
  - C. G-Tube has large amount of leakage of fluid or mucus-like liquid present (large amounts = soaks 4X4 gauze 3 or more times a day).
    1. Cause: stretching of tract.
    2. Solution: change dressing frequently. Notify the nurse immediately.
  - D. G-Tube skin or scar appears to be growing where the tube enters the skin. May be rosebud like in appearance. This condition is called hyperplastic granuloma or “proud flesh”.
    1. Cause: overgrowth of tissue because of movement of tube in the tract.
    2. Solution: notify the nurse. The resident may require a follow up visit with the physician. Secure the tube with tape to prevent excess movement.

