

Patient information

How to care for your Balloon Retained Gastrostomy Tube (PEXACT or RIG)

Gastroenterology

What is a Balloon Retained Gastrostomy tube?

A balloon retained gastrostomy tube is a special feeding tube which is kept in place by the use of an inflated balloon inside your stomach.

There are two ways in which the tube can be inserted.

If the tube is inserted in the Endoscopy Department using a camera then the tube is called a PEXACT tube.

If the tube is inserted in the X-ray department then the tube is called a RIG tube.

The aftercare for both types of tube is the same

Flushing your tube

It is important to flush your tube both before and after every time you use the tube, either for feeding or medication.

You should fill a purple 60ml syringe with cooled boiled water and flush the feeding port of your tube.

Removal of sutures

When the tube is first inserted, it is held in place with the aid of two stitches or sutures. These are removed 10-14 days after your feeding tube has been placed.

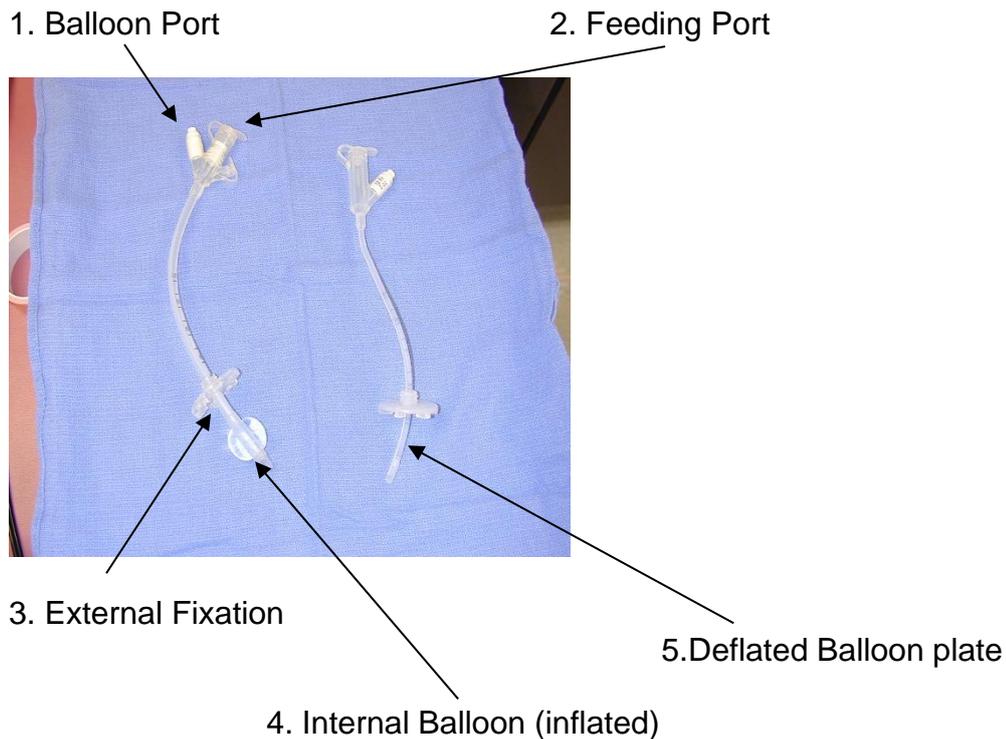
The District Nurses will remove the sutures.

The balloon will be sufficient to keep the tube in place.

When inflated, the balloon will prevent the PEG from falling out. This is a durable balloon but will require changing at regular intervals, approximately once every three to six months depending on the type of tube.

We will normally change the tube when you come to the Hospital at a clinic appointment with the Nutrition Nurses. This will be three months after the feeding tube has been placed. In addition, over time you or your carer may gain sufficient confidence to change the tube yourself.

What does it look like?



1. **Balloon Port**, port used for inflating and deflating the internal balloon.
2. **Feeding Port**, port used for feeds, water and medication.
3. **External fixation plate**, this holds the tube in place. The bottom of the base should rest just above the skin surface.
4. **Internal Balloon**, the inflated balloon within the stomach will keep the tube in situ. The balloon should be inflated boiled and cooled water.

How do I check if the balloon is inflated?

Once a week it is important to check the amount of water in the balloon. The purpose of checking the water is to ascertain the condition of the balloon.

How will I know if the balloon is ok?

If the balloon is starting to perish, this will be indicated by either drawing back less water than expected and/or the water being discoloured.

Should this happen then contact the PEG nurse and they will arrange to change the tube.

How do I check the balloon?

- Collect equipment together – Two 5ml syringes and sterile water (cooled boiled water).
- Wash hands.
- Draw up 5 mls of water into one syringe.
- Hold PEG tube still by placing finger and thumb on either side.

- Gently insert the PEG tube 5cms into your stomach
- Insert the empty syringe into the balloon port and remove water from the balloon.
- Check water in the syringe for volume and colour.
- Discard old water.
- Insert syringe with fresh water into the balloon port. (Labelled 1 on photograph).
- Gently push water from syringe into PEG balloon.
- Pull the PEG tube back into its original position and secure with external fixator plate.

What should I do if the tube falls out?

Sometimes the balloon can wear out before the three month period and the tube is at risk of falling out.

If this happens and the tube does come out, it is important that we replace the tube as quickly as possible to prevent the track from healing over.

If you can re-pass the tube yourself this would be very helpful as this will keep the track open. **However you should contact the Nutrition Nurse Team for them to replace with a new tube. If this occurs “out of hours” then please attend A + E department.**

How do I keep my mouth clean?

If you have had surgery to your face, neck or mouth your nurse or hygienist will advise you what to do to keep the area clean.

- Brush all the surfaces of your teeth, gums and tongue at least twice a day, using your regular toothpaste and toothbrush.
- Try not to lick your lips as this can make drying and chapping worse.
- Moisten lips with a lip balm or moisturiser.
- Artificial saliva or a mouthwash may help if your mouth is dry.

Will I be able to take a bath or shower after my tube has been fitted?

It is perfectly safe to have a bath or a shower with a feeding gastrostomy tube.

We would suggest initially that you take a shower for the first two weeks after insertion.

After two weeks the site should be fully healed and you may safely take a bath and even go swimming if you wish.

What can I put down the tube?

- ✓ Your feed as prescribed by your Dietitian.
- ✓ Water.
- ✓ Medicines in liquid form.

How can I feed myself with my tube?

- ✓ Always follow the instructions your Dietitian has given you.
- ✓ Always feed in an upright position, never lying down.
- X Don't change the type or amount of feed that has been prescribed for you without contacting your Dietitian for advice.

How do I put medicines down my tube?

Medicines need to be in liquid form, your Chemist will provide these.

Some tablets can be crushed and dissolved in water, ask your Chemist for advice.

If you are taking syrup medication measure your dose and then dilute it with the same amount of water before putting it down your gastrostomy tube.

Gastrostomy Tube do's and don'ts

- Check the site daily. Tell your District Nurse or Doctor if you notice any swelling, leakage, redness, soreness or pain.
- Follow the instructions given by your Dietitian.
- Wash your hands thoroughly before touching your stoma site.
- Clean and dry the area carefully each day, especially under the external fixation plate.
- Flush the tube properly with sterile water.
- Only put liquid medicines, feed and water down your gastrostomy tube.
- Contact District Nurse if the feeding adaptor is damaged in any way.
- Check your balloon on a weekly basis.
- Feed in an upright position. Stay upright for one hour before and after your feed.
- Don't put anything down the tube not recommended by your Dietitian.
- Don't re-position the tube yourself unless you or your carer have been trained to do so.
- Don't replace the tube end unless you have a replacement on hand

Important information

Feeding through the PEG tube should be a painless procedure. If you experience pain whilst having a feed, switch off the feed and go straight away to your nearest A+E department. Similarly, if you notice any fresh blood or feed coming out around the side of the PEG tube during feeding, stop feeding and seek medical help immediately.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

You can contact Aintree Hospital

Dieticians

Tel 0151 529 3473/2053

Monday – Friday, 9am – 5pm

PEG Nurse 0151 529 0383 or bleep 5028 via switchboard

Out of hours and at weekends

Contact Ward 10 on 0151 529 3510

You can also get further information from:

www.aboutmyhealth.org

For support and information you can trust.

NHS 111

Tel 111

www.bapen.org.uk

British Association for Parenteral and Enteral Nutrition (BAPEN)

www.pinnt.com

Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT)

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