



Liverpool University Hospitals NHS Foundation Trust

Nutrition and Dietetics

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Disclaimer to staff:

Going Home with a

Surgical Jejunostomy

Feeding Tube

The distribution of this leaflet is only permitted by members of Aintree Dietetic Department and Specialist Nursing Staff at Aintree University Hospital.

Leaflet provided by: Name	
Grade/designation	

Disclaimer for patients:

If you have been provided with this leaflet by someone other than a Dietitian, please contact the dietetic department on 0151 529 3473

General information

- A surgical jejunostomy (or jej tube) is a fine tube which is placed into the small bowel (jejunum) for the purpose of providing nutrition, hydration and/or medications. This type of tube is usually placed in theatre under anaesthetic.
- There are two methods of holding the tube in place:
 - 1. A fixation triangle is used to hold the tube in place with stitches. These stitches **must** remain in place for as long as you have the tube in order to keep it in position.
 - If the stitches fall out you must contact your specialist immediately to have the tube secured in place to avoid it falling out. A dressing may be applied over the fixation triangle for the first couple of days.
 - 2. A StatLock® Stabilisation Device is placed over the tube and stuck to the skin securely with a clamp to stop the tube moving. The clamp **must** remain closed to hold the tube permanently. The dressing will need to be replaced fortnightly or sooner if required.



Initial Care

- Water/feeding is usually commenced 6-12 hours after placement.
- If you have pain when having water flushes or feeding, speak, to the nurse or doctor on the ward.

Daily Care

- Hygiene is very important as the tube is in the small bowel, so make sure you wash your hands before handling the tube or administering any feed, fluid or medications.
- Flush your tube with at least 30ml cooled, boiled water using a 60ml syringe before and after every feed, medicine administration, or if the feed is put on hold for any reason.
- Check the skin around the tube daily for any leakage, swelling, redness or irritation.
- Report any problems to your nurse, Dietitian or community tube nurse advisor.
- Clean the skin around the tube with mild soap and water and make sure it is properly dried. Avoid disturbing the stitches when doing so.
- Do not rotate or push/pull the tube as this will dislodge it.
- Do not put anything down the tube other than your prescribed feed, water and medications.
 Medications should be liquid or dispersible where possible.
- If the tube becomes dislodged, the stitches become loose or the end becomes damaged, contact your Dietitian or hospital tube care nurse immediately.
 - If it is after the hours of 8am-4pm Monday-Friday or it is the weekend, you should attend your local A&E department as soon as possible.
- If the tube becomes blocked try flushing with warm water and a smaller syringe size. Do not flush using force.
 - If the tube remains blocked contact your community tube care nurse, hospital tube specialist nurse, or Dietitian. If it is outside of working hours and you cannot wait until the next day you may need to attend your local A&E department.

Long Term Care

- Jejunostomy tubes which are needed for longer than 3 months will need to be replaced.
 This is usually done in the hospital radiology department for the first time and in clinic thereafter.
- The first time the tube is changed, the stitches or the stabilisation device will be removed, followed by the jejunostomy tube.
- A "balloon-retained" feeding tube will then be placed into the hole left by the tube. Rather
 than having stitches or a dressing to hold it in place, a balloon will sit inside the intestine
 which is then inflated with water.

The tube will stay in place securely as long as the water remains inside the balloon. The doctor performing the procedure should inform you how much water is in the balloon.

• The water inside the balloon will need to be checked weekly. To do this, attach an empty 5ml syringe to the balloon port.

Pull back the plunger of the syringe to withdraw the water from the balloon whilst holding the tube firmly in place. In a separate syringe draw up the prescribed amount of cooled, boiled water which was initially put in your tube to inflate it.

Attach this new syringe to the balloon port and gently plunge the fresh water into the balloon to re-inflate it. Throw away the old water.

If you have difficulty removing water from the balloon, no water appears, or the water appears contaminated, contact your specialist nurse or nutrition nurse.

Contact Information

Aintree Hospital Dietitian: 0151 5	29 3473
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- Aintree Nutrition nurses (for help with tube problems or arranging dressing changes): (0151) 525 5980 and ask for **bleep 5028.**
- UGI cancer specialist nurses (for tube problems or arranging dressing changes): 0151 529 4803 (leave a message on answer phone)







If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

Tel No: 0151 529 2906

Email: interpretationandtranslation @liverpoolft.nhs.uk

Leaflet Name: Going Home with a Surgical JEJ Tube Leaflet Lead Name: Judith Ashcroft Date Leaflet Developed: April 2011 Date Leaflet Approved: 16/07/2020 Issue Date: July 2020 Review Date: June 2023 Page 3 of 3 Ref:1307 Version No: 4