PEDIATRIC GASTROSTOMY TUBES: “The Ins and Outs”

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I have no disclosures
Objectives

• Learner will be able to:
  – Identify potential risks associated with gastrostomy tubes
  – Identify the differences between a PEG and laparoscopically-placed gastrostomy tube
  – Identify differences between a gastrojejunal enteral tube and gastrostomy tube
Objectives

• Learner will be able to:
  – troubleshoot common gastrostomy issues (dislodgement, leaking, skin excoriation)
  – check the gastrostomy balloon and fit the length of the gastrostomy device
  – remove and replace gastrostomy devices
  – identify and treat common skin issues related to gastrostomy tube sites
  – identify several modalities in which to protect and treat skin issues related to gastrostomies (excoriation, cellulitis, granulation tissue, pressure ulcers)
What type of tube is it?

- Gastrostomy?
- Jejunostomy?
- Cecostomy
- Antegrade Continent Enterostomy
- ?
Many different devices....
What are the risks?

- Gastric perforation
- Dislodgement resulting in peritonitis
- Duodenal perforation
- Gastric outlet obstruction caused by the gastrostomy balloon
- Jejunal tubes have a risk of intestinal volvulus
- PEG tubes have risk of colonic placement/injury
- Skin issues (cellulitis, breakdown, ulcers, dermatitis)
Gastrostomy tube placement: percutaneous endoscopic vs laparoscopic
Gastro-jejunal tubes

- Stomach
- Port (outside body)
- G-tube ends here
- G-J tube ends here
- Jejunum (section of small intestine)
Formation of granulation tissue
Formation of granulation tissue
Treatment for granulation tissue

• Topical steroids
  – Triamcinolone (kenalog)
    • Comes in many strengths (0.01%, 0.05%, 0.1%, 0.5%)
    • To treat hypergranulation tissue- ALWAYS use 0.5%, but only for a short course of treatment (<7 days).
    • Chronic use can interfere with cortisol release from adrenals
    • Protect the normal skin with a barrier (desitin, Sensicare)
  – Chemical cauterization
    • Cauterize if the granulation tissue is a large piece, or if triamcinolone treatment is not effective after 7 days.
After chemical cauterization

- Keep the site clean and dry
- Keep gauze on the site for at least 1 hour to prevent the silver from running down the abdomen (may cause a second degree burn)
- Area should form a scab and fall off
Chemical cauterization and triamcinolone cream 0.5%
Cellulitis vs granulation tissue
Clean under the disk or around tube, the outside of tube and skin surrounding the tube with warm soapy water and a wash cloth. RINSE with warm water and then pat dry.

Regular exposure to air is an excellent way to keep skin healthy. Keep the site clean and dry.
Established gastrostomy vs fresh gastrostomy

- Established tract
- Caregivers able to change out the device
- Very safe and healed
- Tract less likely to close quickly

- Risk of gastric leak with tube dislodgement
- Tract more likely to close quickly (<2 hours)
- Increased risk of cellulitis
What to do when a new gastrostomy tube dislodges

• Place a 10 or 12 french foley into the tract and tape it down (lubricate the catheter with K-Y gel)
• Do not blow up the foley balloon
• If a gastrostomy is placed, be sure to obtain a contrast study using water soluble contrast
• Call the pediatric surgery team
Treatment of skin issues
Gastrostomies need to fit like a glove

Buttons come in:
12, 14, 16 and 18 french
0.8, 1.0, 1.2, 1.5, 1.7, 2.0, 2.3, 2.5cm, up to 5cm lengths.
Bridling of NG and NJ tubes
Questions????
Thank you!
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