

# Pediatric Feeding Tubes

BC Children's Hospital 2022

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# Children need a g-tube when.....

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They need nutritional support

- Swallowing/aspiration problems (ex. CP, developmental delays)
- Failure to thrive or poor growth
- Craniofacial abnormalities (ex. Pierre Robin)

To give medications or special diet (i.e. metabolic diet)

To decompress their stomach

# Types of Tubes

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## G-tubes

- PEG tube
- Mic-key

## G-J tubes

## J-tubes

# Gastrostomies

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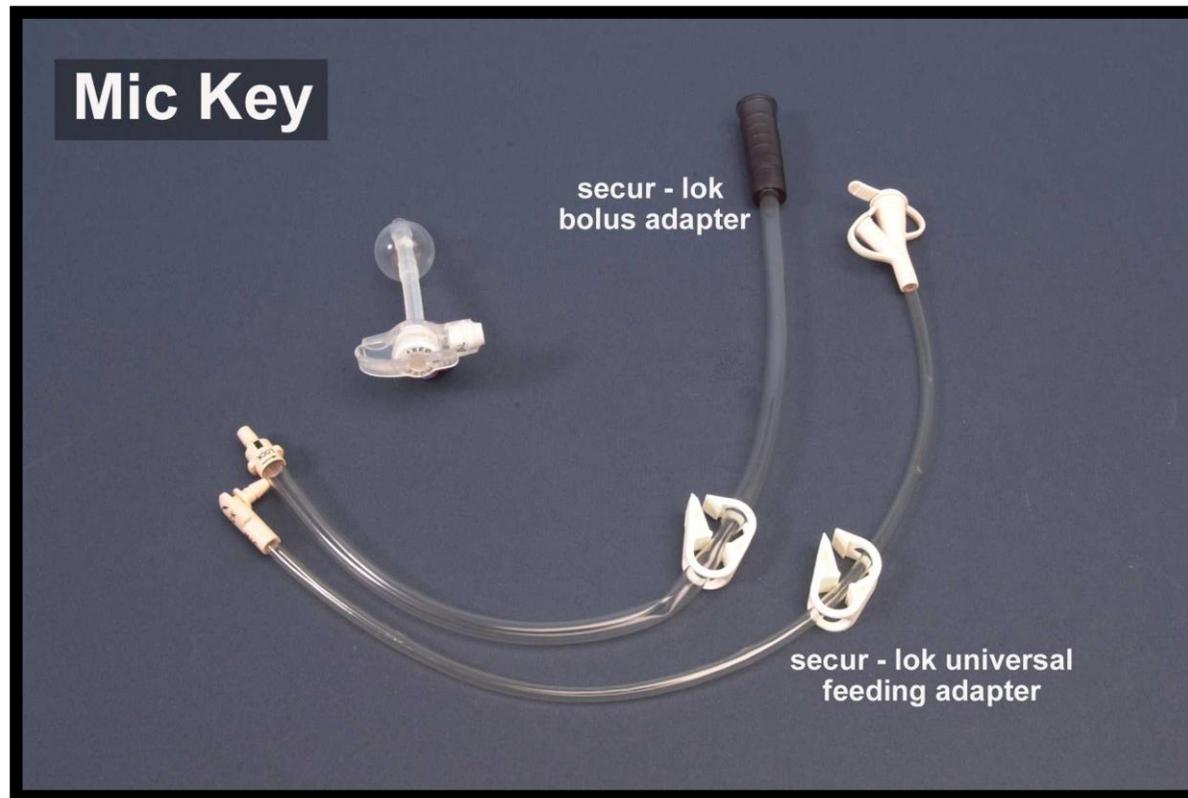
Surgical technique (open or laproscopic)

Endoscopic technique (PEG)

Radiologic inserted (seeing less)

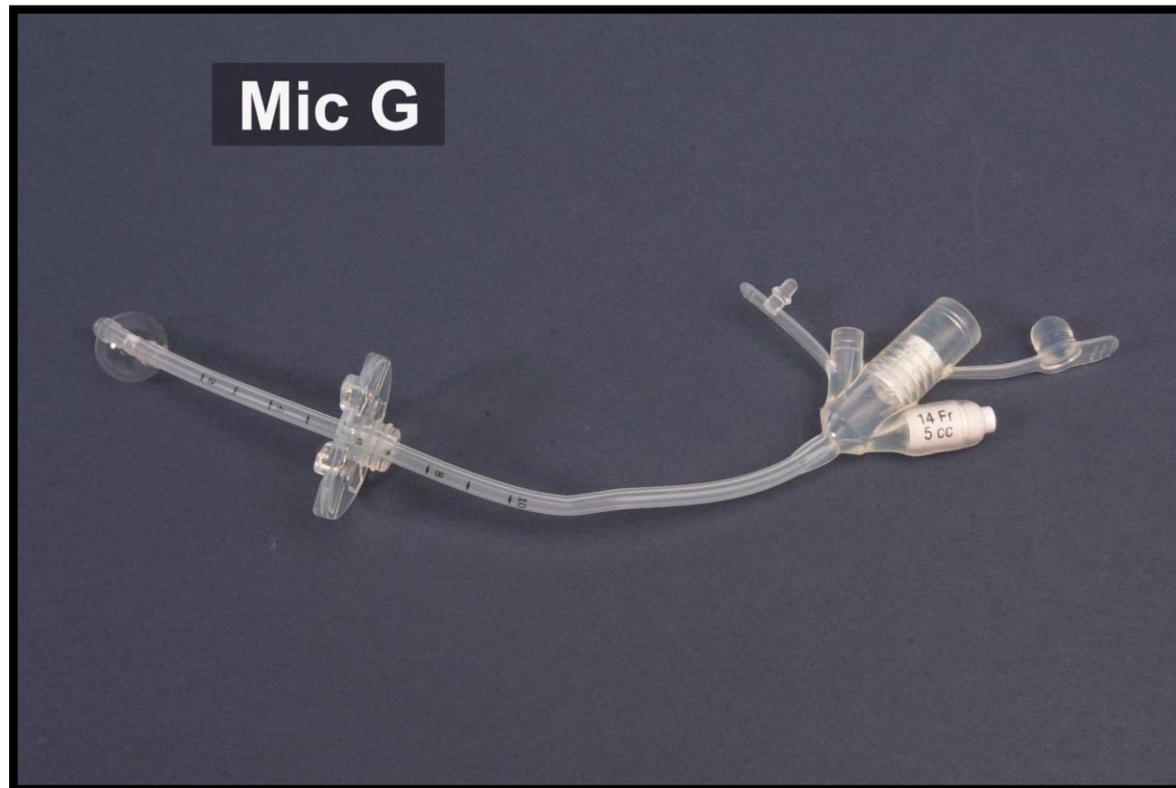
# Mic-Key button

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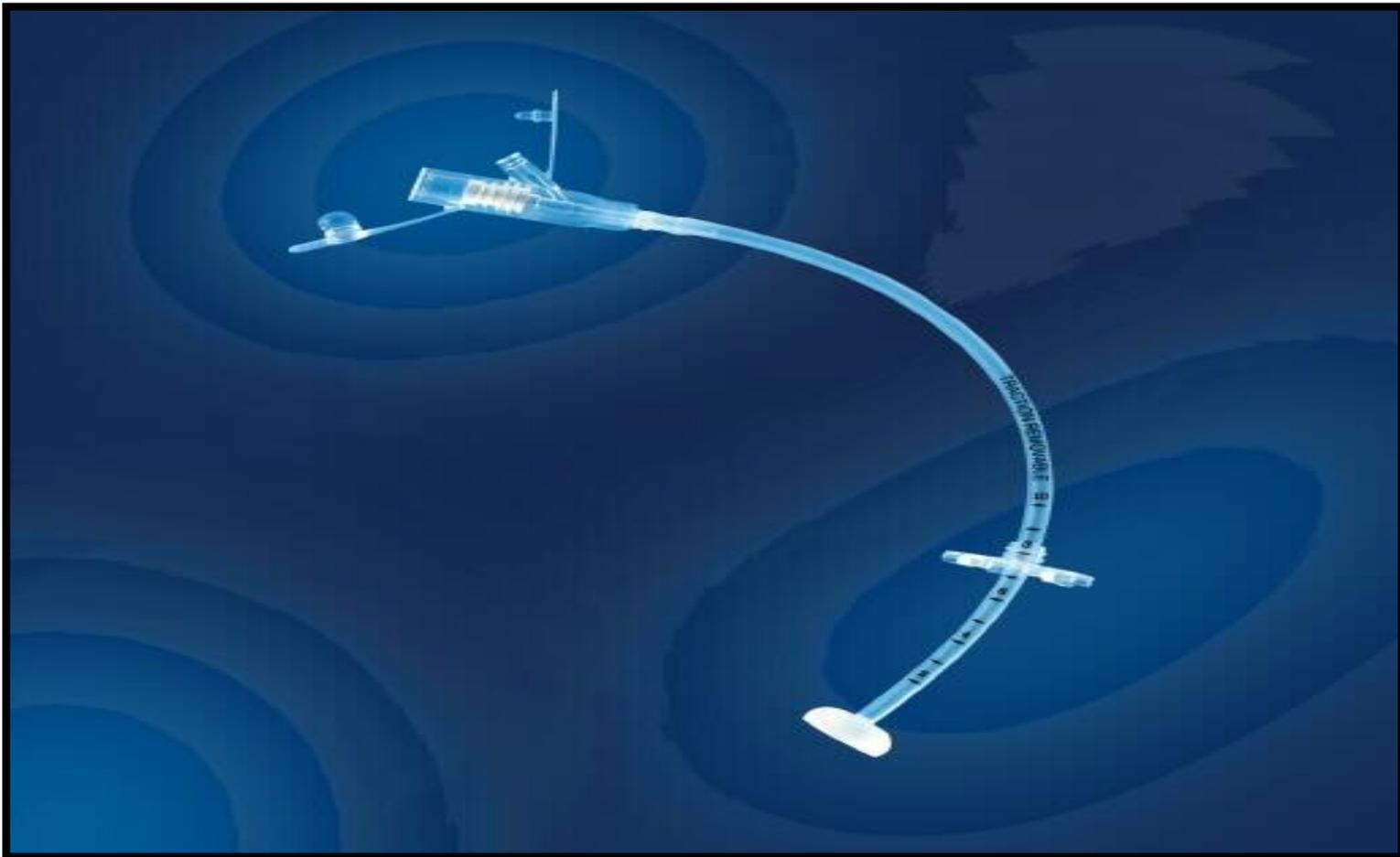
# The MIC G

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# PEG (Percutaneous Gastrostomy Tube)

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# G-J Tubes

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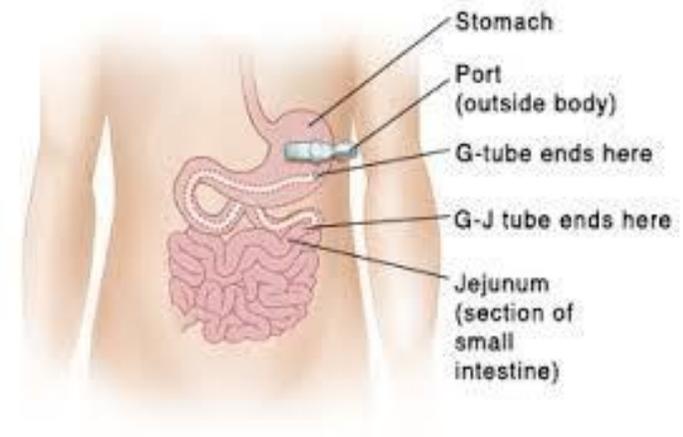
Tube inserted through gastric opening

G port goes into stomach (typically for meds not feeds or for venting)

J port is advanced radiologically to the jejunum (for feeding)

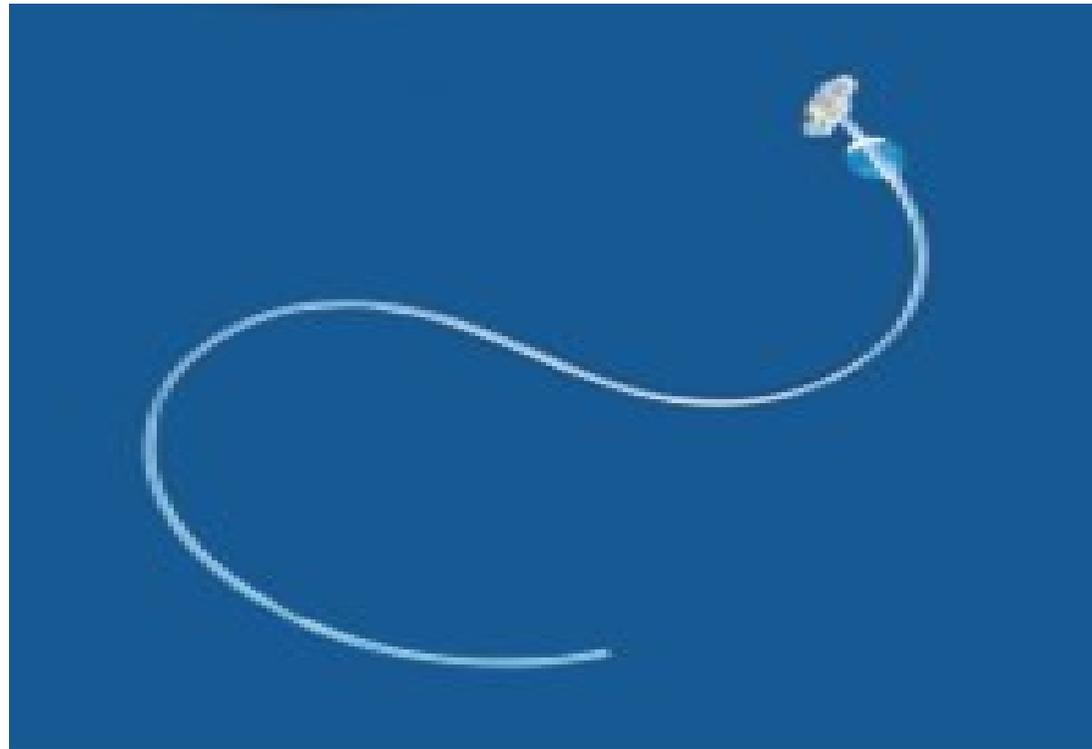
## Disadvantage

- requires continuous feeds through J
- easily blocks without great flushing
- requires radiological re-insertion



# Low Profile Transgastric Jejunal Feeding Tube

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# G-tube care

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In the **INITIAL 6 WEEK** post-operative period:

**DO NOT** rotate the G-tube

**DO NOT** deflate the balloon

Ensure tube is anchored correctly

If the tube is displaced, cover stoma with something clean and dry and return to BCCH ER

# G-tube Care (routine)

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- Remove gauze under flange 24 hours post-op
- Assess site for any abnormalities
- Cleanse site 2-3 times daily and prn with NS (keep it clean & dry)
- Sponge bath x 5 days post-op
- Review [quick tip careplan](#)

# Jejunostomy Care

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- Can only have continuous feeds – no bolus
- Do not rotate tube ever due to kinking
- Larger flushing volume for tube

	G-Tube	GJ (or longer tubes)
Infants and Children	Vol: 3-5 mL* Solution: Sterile Water	Vol: 7-10 mL* Solution: Sterile Water
Adolescent	Vol: 5-10 mL* Solution: Sterile Water	Vol: 10- 15 mL Solution: Sterile Water  *Or with an appropriate volume to clear tube

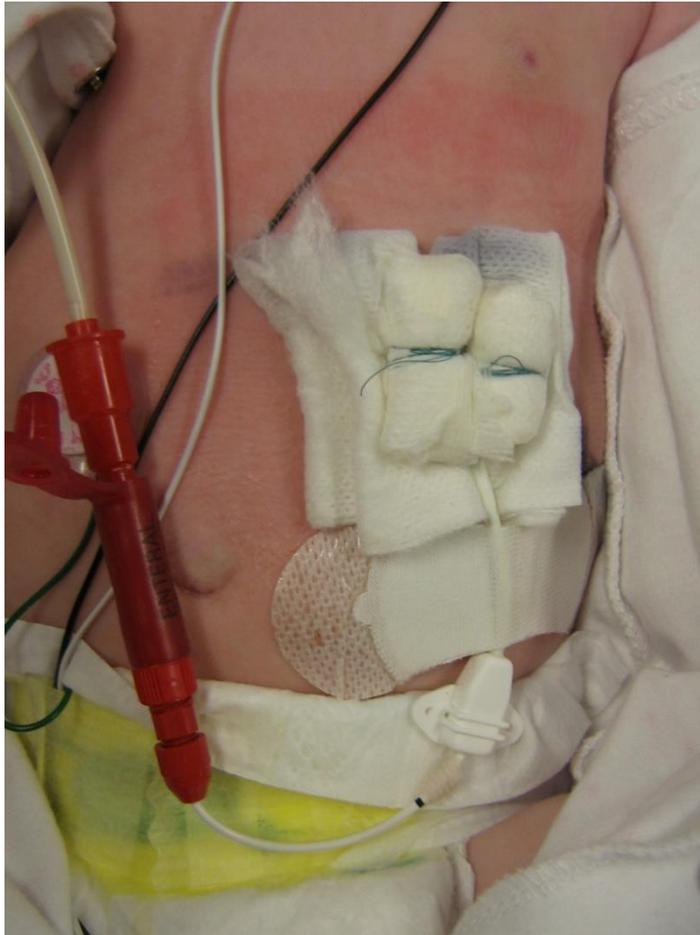
# Home Care & Teaching

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- Shared responsibility
- Use new [discharge form](#)
- Good to review [tube feeding site](#) if you are new to feeding tubes so you know what you need to know to do the teaching

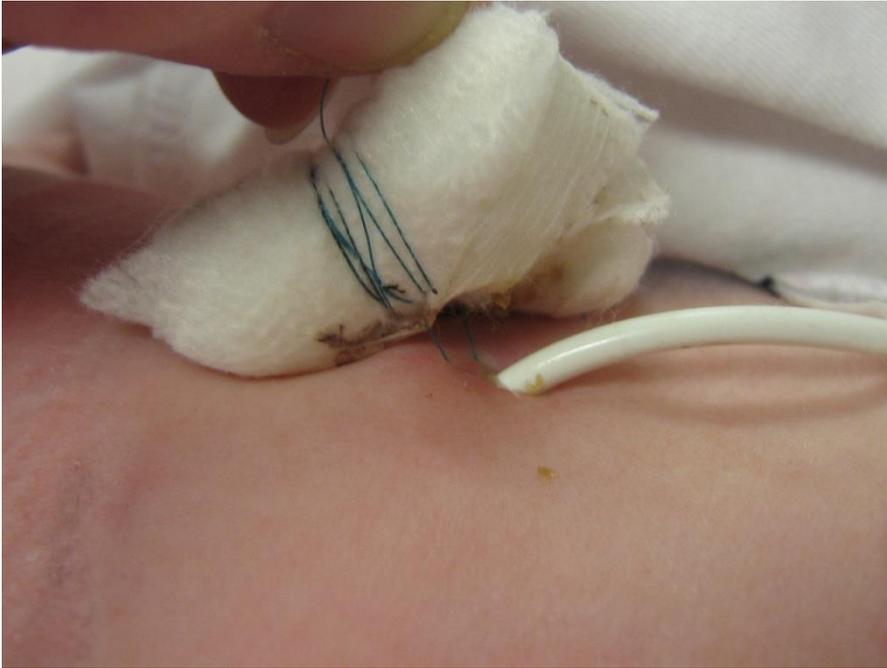
# Primary Radiologically Placed Tubes

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## Carey Alzate or Malecot tube

- Gauze rolls should be snug to skin.
- Tube held in place with clover leaf anchor
- Ensure tube secured with anchoring device or dressing



# Cook Catheter Tube

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# Common issues seen in the surgical clinic

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Granulation tissue +++++

Dislodged feeding tubes

Sizing for feeding tubes

Leaking and skin issues

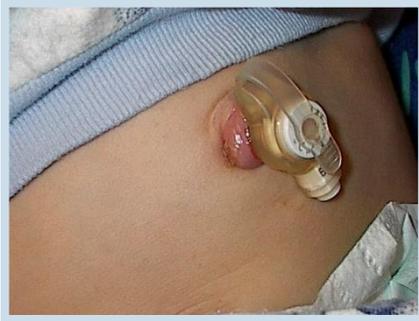
Equipment and supply issues

Education and family support

Identifying and accessing community supports

# Granulation Tissue

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One of the most frequent reasons children seen in clinic:

- Triacet cream / Triamcinolone  
Acetondine cream 0.1%
- Silver Nitrate sticks
- Salt treatments

# Granulation Tissue

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# Classic case

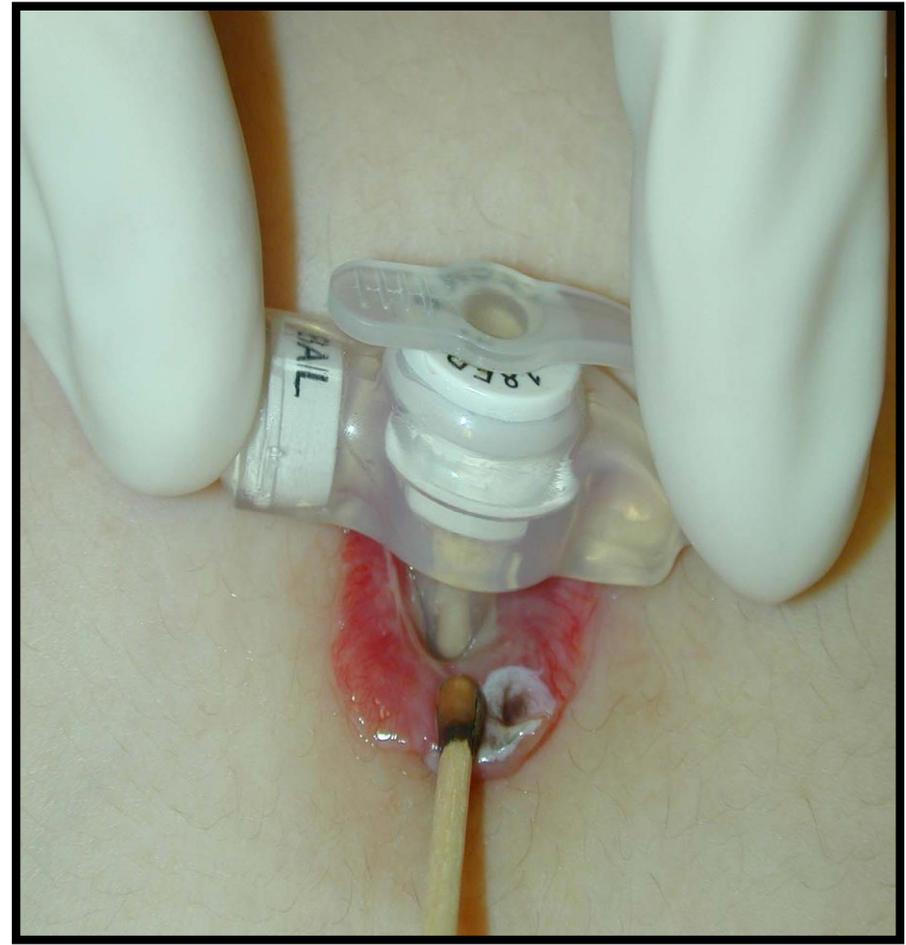
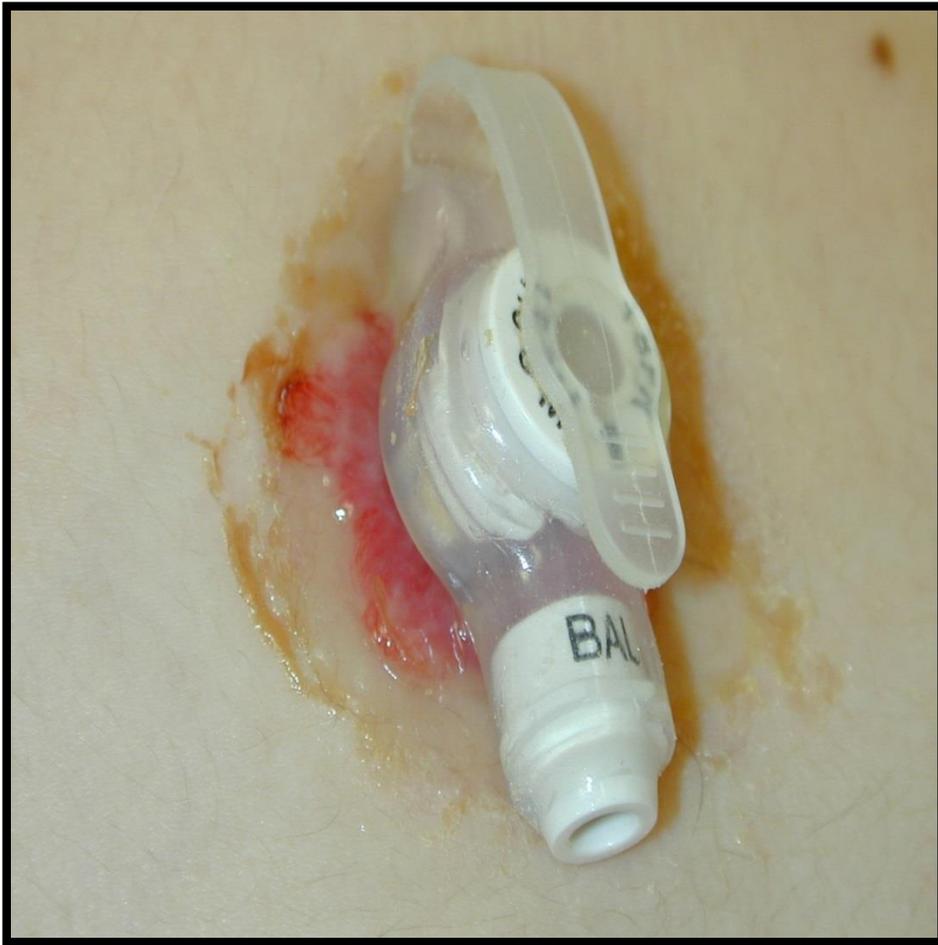
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# Granulation Tissue

using silver nitrate

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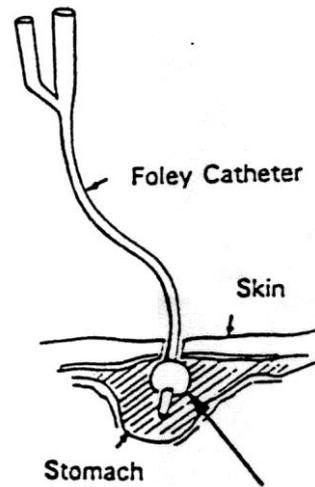
# Dislodged Gastrostomy Feeding Tubes

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- < 6 weeks post surgery – cover & go to ED
- > 6 weeks post surgery – parents can insert foley or new tube (depending on timing)
- tubes are routinely changed every 3-6 months (initially in clinic)

# Dislodged Gastrostomy Feeding Tube

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# Leaking and Skin Issues

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## Why is the tube leaking?

- Is the balloon inflated with the right volume of water? (check if >6 weeks old, routinely every 1-2 weeks)
- Does the tube fit properly – is the stem the “right” size? Length and diameter.
- Is there granulation tissue present?
- Bolus/continuous feeds?
- Is the tube anchored correctly?
- Are there other associated health care concerns?

# Available Resources

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- [Tube feeding at home manual](#)
- <https://tubefed.com/new-to-feeding-tubes/>