

## **After your child's surgically inserted/ Laparoscopic Assisted Gastrostomy (LAG) Discharge Information**

### **Children's Services**

This leaflet provides information and advice following the insertion of your child's surgically inserted/Laparoscopic Assisted Gastrostomy (LAG). It is important that you are aware of what problems you may experience following discharge and when you should seek advice. You will be shown what to do and told how to get the equipment you need.

#### **After the gastrostomy has just been inserted:**

- To prevent infection, always wash your hands well, before and after touching the tube or after giving feeds and medicines.
- Keep dressing on for two weeks after gastrostomy insertion.
- Do not turn the gastrostomy.
- If the site is oozing blood or pus see your GP or children's community nurse.
- For two weeks do not let water get in the gastrostomy site. Use the shower or have shallow baths.
- Water to be changed in the balloon two weeks after gastrostomy insertion then every week. Your children's community nurse will show you how to do this.

#### **Care after the gastrostomy has been in for longer than 14 days:**

- After the dressing is removed (two weeks after gastrostomy insertion) clean the area around the gastrostomy tube daily with non-sterile water. Your children's community nurse will show you how to do this.
- No need to use a dressing unless there is a heavy discharge.
- Change the water in the gastrostomy balloon every week. Your children's community nurse will show you how to do this.
- Stitches will dissolve/be removed in about six weeks.
- After the stitches have dissolved/been removed, turn the tube completely every day. Your children's community nurse will show you how to do this.
- Swimming is allowed four weeks after the gastrostomy is inserted.

### Fixation Plate:

- The external fixation plate should be released (noting the number mark on the tube) to access the hole where the gastrostomy was inserted for thorough cleaning after the stitches have dissolved (about six weeks after it is inserted). Your children's community nurse will show you how to do this.
- Replace the fixation plate after cleaning in its original position. If your child has gained weight or has a swollen stomach the position may need to be altered slightly.



- **If there is a leak of fluid around the LAG tube**
- **If there is pain on feeding**
- **If there is fresh bleeding**

**Stop the feed immediately and contact the hospital**

**Contact details overleaf**

### Flushing and Feeding:

- The gastrostomy should only be used for prescribed feed, water or medication.
- Aspirate the tube before giving anything down it and test the pH of this on pH paper. Your ward nurse will show you how to do this.
- Make sure the prescribed amount of water (at least 10mls of water) is flushed through tube using a stop/start action after feed and medications.
- Medicines given should always be in liquid form (as prescribed).
- Tap water should be used unless otherwise indicated.
- If tap water is not used, you should use water that has been boiled and cooled to room temperature. This water should be stored in a lidded container/bottle in the fridge for no longer than 24 hours.
- Unopened bottles of feed may be stored in a cool dark place, away from direct sunlight. Once opened, bottles should be stored in the fridge.
- Any opened feed that has not been used within 24 hours should be thrown away.
- A feeding set cannot be used for longer than 24 hours.

- Keeping your child upright when feeding will help prevent acid coming up from your child's tummy which could cause pain and also reduce the risk of your child vomiting.
- Your child should not lie flat for 30 minutes after feeding has finished.
- If the tube blocks, water (cold or warm) can be used to try and unblock the tube. Use a push/pull action with a 60mls syringe to try and unblock the tube.
- A smaller gauge syringe can be used to try and unblock a tube – reasonable caution needs to be taken when applying pressure with a smaller gauge syringe to prevent any tube damage.
- If unable to unblock the gastrostomy tube contact your children's community nurse for advice on numbers provided.

NB It is recommended that 60mls syringes are used when flushing and aspirating the tube. Sterile water is not necessary.

### **Gastrostomy falls out:**

If this happens, the hole in your child's tummy will start to close within 1-2 hours

- If the gastrostomy has been in place for less than 6 weeks, do not place anything into the hole and contact the hospital for advice as soon as possible.
- If the gastrostomy has been in for longer than 6 weeks, if possible, pour cooled boiled water over the gastrostomy, to clean it, before putting it into your child's tummy. Secure it in place with a dressing. This should only be done if the gastrostomy falls onto an area such as your child's stomach. Contact your children's community nurse.
- If you are unable to replace the old gastrostomy, insert a smaller size nasogastric tube into the hole, put a dressing over the hole and get help as soon as possible, because within 1-2 hours the hole will begin to close up. Contact your children's community nurse.

### **How to get supplies**

#### **Feeds/Delivery sets/Pump and other equipment:**

- When your child leaves hospital you will be given the equipment you need to feed your child, your nurse will explain how you get equipment in the community. This will be from a home delivery company.
- If required, a feeding pump will be supplied by the hospital. You will be taught how to use the pump by your nurse on the ward.
- The GP should send the prescription for the special milk to the company, so that the feed can be delivered each month.
- If you choose to continue to collect feeds from a local chemist, then the other equipment can still be delivered by the company.
- If your child is on a bolus feed discuss with your local Community Services how this equipment will be ordered for your child.

**Waste Disposal at Home**

- Ask your children’s community nurse how you dispose of used equipment and any feed that is left.

**What to do if you have you any questions?**

- If you have any questions these can be answered by the nurse on the ward. After you go home, any questions can be answered by your children’s community nurse. It is sometimes a good idea to write them down.

**Checklist for healthcare professionals and parents for minimising risk of overnight gastrostomy feeding:**

- The child should sleep in the same room as the parents/carers OR a suitable alarm or monitor should be fitted in child’s room.
- The child needs to be positioned at a minimum of a 30 degree angle, preferably using a wedge or sleep system as recommended by an Occupational Therapist or Physiotherapist.
- Feeding regimes should be reviewed regularly as the child grows and develops, especially at the stage where movement during the night is likely to change.
- The feeding pump should be positioned at the top end of the cot or bed with the giving set threaded through the bars of the cot not dangling over the top.

**Contact Details**

**Monday to Friday between the hours of 9am to 5pm**

Please contact your child’s community nurse or telephone the ward that you were discharged from.

Contact number community nurse: .....

Contact number ward: .....

**Outside the hours stated above:**

Please telephone the ward that you were discharged from.

Contact number: .....

**Patient Name (Print) .....**

Has had a surgical gastrostomy inserted

**Gastrostomy Manufacturer:** .....

**Gastrostomy gauge:** .....

**Gastrostomy length:** .....

**Date of Insertion:** .....

**See dietitian's plan for feeding regime**

The patient has been reviewed by Consultant or Specialist Registrar and is fit for discharge and this has been documented in the case notes. **Yes/no**

**If no, the patient must not be discharged.**

**Discharge Nurse (signature)**.....

**Discharge Nurse (print)**.....

**Parent/carer (signature)**.....

**Parent/carer (print)**.....

**Date**.....

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