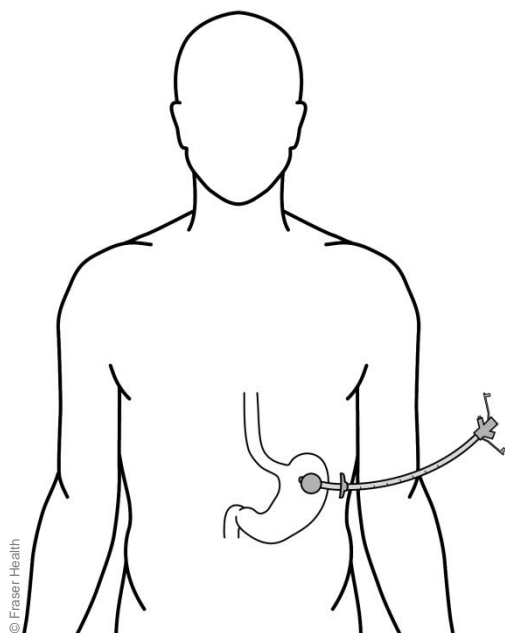


# Looking After Your Feeding Tube at Home

## Balloon Gastrostomy Tube



## My numbers

**Type of tube** \_\_\_\_\_

**Make and size** \_\_\_\_\_

**Put in on**                  Date \_\_\_\_\_

**Tube length:** centimetre mark at bolster \_\_\_\_\_ cm

If length changes by more than 2.5cm

Call: \_\_\_\_\_

**Balloon water amount** \_\_\_\_\_ mL

Start checking balloon water                  Date \_\_\_\_\_

If there is big difference between amount pulled out and  
balloon water amount above

Call: \_\_\_\_\_

Appointment to remove stitches, if needed

Date / Time \_\_\_\_\_

Tube change (usually every 6 months)

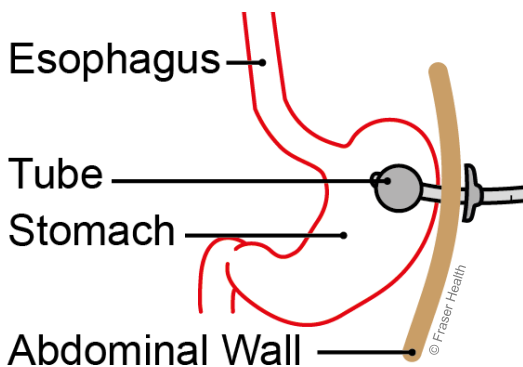
Call:

Date replaced	Type	Make and size

## Introduction

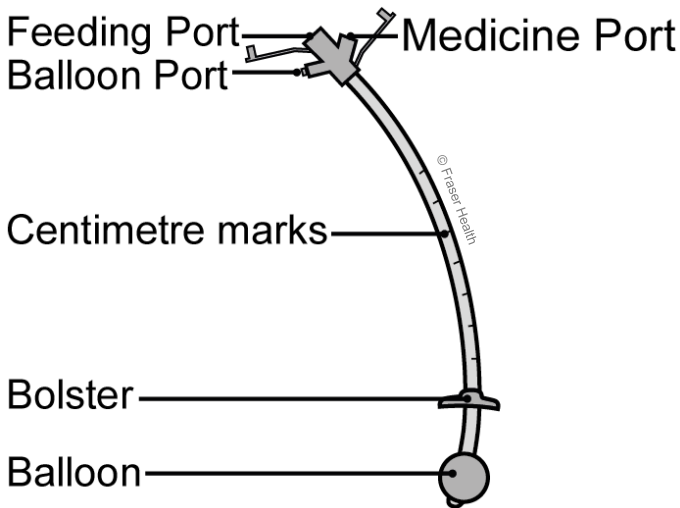
You have just had a balloon gastrostomy feeding tube put through your skin directly into your stomach. When you have trouble swallowing or are not able to eat or drink enough to provide your body with calories and nutrition, you are fed through this tube.

The tube goes through your skin of your abdomen and into your stomach. The opening in the skin for the tube is called a stoma.



A balloon filled with water holds the tube in the stomach. A plastic disc called the 'bolster' or 'bumper' holds the tube to the skin so it does not move up and down.

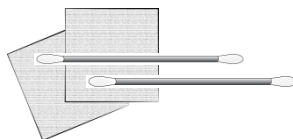
At the end of the tube, there are 3 openings or 'ports'. The large port is the Feeding Port and you are fed through this part. The smaller port is the Medicine Port. The port that does not have a cap is the Balloon Port.



## What you will need

To take care of your skin and the tube, you will need the following supplies:

- 10 millilitre 'Luer-lock' syringes
- soft gauze or cotton-tipped swabs (Q-tips)



You can buy these at the same place you buy your tube feed formula.

Added supplies:

- Soft cloth
- Distilled water (optional)

## Daily care of your skin and tube

It is important to clean and care for both your tube and skin every day.

### How to clean your skin

**Every day**

- Use soft gauzes or cotton swabs and warm water.
- Gently clean under the bolster.
- Start closest to the tube, wiping around the tube in a circle and moving outward.
- Gently dry your skin with clean gauze or cotton swab.

### How to clean the tube

**Every day**

- Use a soft cloth and clean water.
- Wipe the full length of the tube.  
Be careful not to pull on the tube.  
You might want to tape the tube to your skin so that it does not get pulled to one side or accidentally be pulled out. Ask your pharmacist about tape that will not irritate your skin.

## How to protect your skin

Every day

- Turn the tube all the way around (360 degrees) plus a quarter turn. This helps keep the skin from sticking to the tube.
- Check to make sure the bolster is sitting just above the skin (the space should be about the thickness of a dime).

If it is **too tight** against the skin, it will irritate and put pressure on the skin.

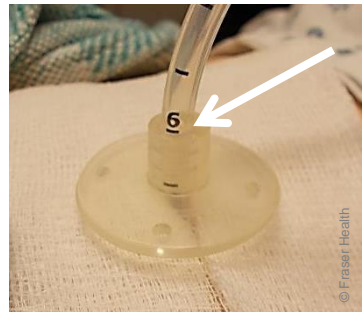
If it is **too loose**, the tube will move in and out of the stoma, irritating the skin of the stoma.

## How to check the tube

Every day

- Check the tube length by checking to see if the centimetre marker is the same as the correct tube length.

If the tube length changes by 2.5 centimetres, the tube might have moved out of the stomach.



## Care of the balloon

**\*\*Starting 4 weeks (28 days) after the tube is put in, check the water in the balloon every 7 days.**

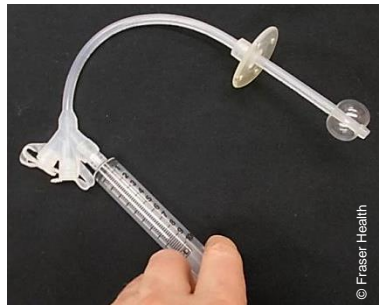
The water can leak out over time. If too much water leaks out of the balloon, the tube could fall out.

### How to check the balloon

**\*\*Every 7 days**

**Warning:** Be careful not to pull on the tube while checking the balloon.

1. Set out 2 syringes.
2. Fill 1 syringe with the correct amount of water (the balloon water amount) using clean tap water, boiled water, or distilled water.
3. Set this pre-filled syringe aside.
4. Attach the second syringe to the balloon port.  
To attach, insert syringe and turn in clockwise direction.
5. Once attached, pull back on the plunger of the syringe.  
The water from the balloon will be pulled up into the syringe.





6. Once all the water is pulled out of the balloon, unscrew the syringe from the balloon port.
7. Look at the markings on the syringe to see how much water you pulled from the balloon.
8. Compare the amount of water in the syringe to the correct 'balloon water amount'.
9. Write down the how much water you pulled out.
10. Attach the pre-filled syringe to the balloon port.
11. Slowly push the water into the balloon.
12. Throw both syringes into plastic recycling.

\*\* If there is a big difference between the amount you pull out and the amount of water originally put in, the balloon might be leaking.

Wait 10 minutes then repeat Steps 1 to 12.

If there is still a big difference in amounts, the tube might need to be replaced. Call the Interventional Radiology Department where you had the balloon put in (see the back for locations).

## Possible problems

### Irritated skin

Your skin can get irritated and red if:

- the skin is wet
  - the bolster is too tight to the skin
- If the skin is wet, clean and dry the skin more often.
  - If the skin is red, ask your pharmacist to suggest a zinc cream.
  - Remember to check that the bolster is not too tight against the skin.
  - If the skin stays red or gets worse, see your family doctor.

### Leaking around the stoma

Leaking can be very irritating and painful on the skin.

- When pushing any fluid into the tube, do it gently.
- When feeding yourself through the tube, do it at the rate you were told to by your doctor or dietitian. See the instructions from the dietitian.
- Clean the skin around the stoma every day or more often.

## Tube length changes

If the tube length changes by 2.5 centimetres, the tube might have moved out of the stomach.

- Call the number on My Numbers page.

## Tube becomes blocked

- Follow the instructions the dietitian gave you.

## Tube falls out

If the tube falls out, the stoma hole can close quickly.

- Go to the nearest Emergency Department **within 2 hours** of the tube coming out.
- Bring the old tube with you.  
If you have an extra tube at home, bring that one with you as well.
- Ask for a new tube to be put in.  
If a tube is not available, a urinary catheter could be put in through the stoma to keep it open until a new feeding tube can be put in place.

## Interventional Radiology Locations

**Abbotsford-Regional Hospital** 604-851-4866

Medical Imaging 2<sup>nd</sup> Floor, Fraser Wing  
32900 Marshall Road, Abbotsford

**Burnaby Hospital** 604-434-4211

Medical Imaging, 3rd Floor  
3935 Kincaid St., Burnaby

**Peace Arch Hospital** 604-531-5512

Medical Imaging, Main Floor  
15521 Russell Avenue, White Rock

**Royal Columbian Hospital** 604-520-4640

Medical Imaging, Columbian Tower  
330 E. Columbia Street, New Westminster

**Surrey Memorial Hospital** 604-588-3308

Medical Imaging, 1st Floor, Lower Level  
13750 96th Avenue, Surrey

[www.fraserhealth.ca](http://www.fraserhealth.ca)

This information does not replace the advice given to you by your healthcare provider.

Catalogue #266019 (January 2019)

To order: [patienteduc.fraserhealth.ca](mailto:patienteduc.fraserhealth.ca)