

Patient Care > Care of the Gastrostomy Button

The gastrostomy button (or G-button) provides access to your child's stomach for feedings and medications. It is a simple design (see picture) consisting essentially of a tube that passes through all the layers of the abdomen into the stomach, a balloon filled with water that holds the tube in the stomach and prevents leaks, and a nipple valve to which the feeds are connected.

Care of the Tube Care of the tube is simple. Basically, you need to:

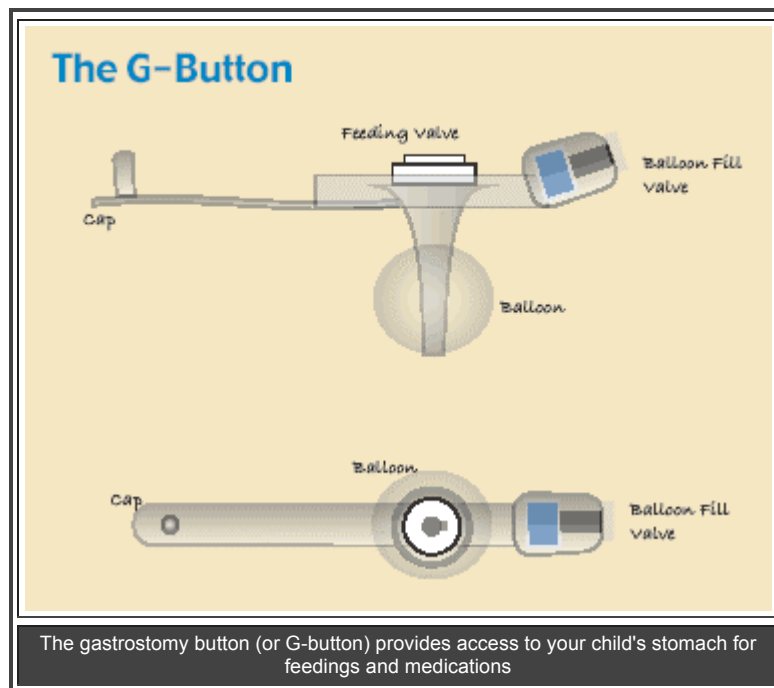
1. Protect the tube from becoming dislodged:

When the tube is first placed surgically, it is protected from falling out in three ways:

- **First**, there are sutures to hold the tube in the stomach and the stomach against the abdominal wall until healing occurs.
- **Second**, the balloon holds the tube in place.
- **Third**, a dressing and "4-Way Tape" are placed which help keep the tube from wiggling until healing has occurred (the nurse practitioners will show you how to do this).

The sutures will dissolve in about 6 weeks. You will be taught how to fill the balloon and how much fluid to keep in it. Finally, you should change the dressing every day. It is also a good idea to keep the tube hidden from babies and toddlers by keeping them in "onsies" that snap in the crotch.

It takes about one month for the tract between the skin and the inside of the stomach to heal completely. You should keep the 4 Way Tape dressing in place for that month; then non dressing is needed, unless your child likes to reach or grab for the button.



If the tube falls out before one month after surgery, you must call us, or go to your closest emergency room. The tube will be replaced, but its position must be checked with a "tube study", where contrast is squirted through the new tube and an X-ray looks for leaks.

2. Keep it clean:

For the first two weeks, clean the skin around the tube with Q-tips and 1/2 strength hydrogen peroxide once a day (after the first two weeks, do this to remove any "crusties" that accumulate around the tube).

After the first two weeks, only soap and water are needed to clean the tube and surrounding skin. It's okay to put the child in the bath or shower after two weeks.

3. Troubleshoot the tube:

Redness: It is normal to see some redness around the tube, but if the area of redness is bigger than a quarter, call us.

Drainage: Clear yellow/pink/brown drainage is normal. Bleeding: Tiny amounts of blood around the tube can appear from time to time and are normal.

Granulation Tissue: This is a kind of inflammatory tissue that looks red or pink and velvety, and may leak yellow/green fluid or blood. Call us for treatment.

Leaking of formula around the tube: Is always from a balloon that is not seated against the stomach properly, because:

- a) the balloon is underinflated or has popped
- b) the tube is too long
- c) the tube is dislodged

Call us for instructions.

Leaking of formula from the tube: May be caused by a valve that is stuck open. Gently flush the G-button with 10cc of warm water to dislodge the material from the valve. If leaking continues, call us for instructions.

Medications: Always use the liquid form when available. Liquid meds may be diluted in a small amount of formula or water and given through the tube. Pills should be crushed finely and dissolved in water. Check with your pediatrician before crushing pills — some have controlled release functions that are destroyed by crushing. Always flush the tube with water after giving all medications.

Bloating and Retching may be caused by excessive gas in the stomach, especially after anti-reflux surgery (Nissen fundoplasty). You can "burp" the child by letting gas out of the stomach attaching the feeding tube adapter and leaving it open to air for a few minutes. Repeat as needed.

Feeding with the Gastrostomy Button:

1. Assemble all the equipment needed, including: feeding tube, formula, 60cc syringe, and water.
2. Wash hands with soap and water.
3. Place yourself and your child in a comfortable position. You may hold your child in your arms or place your child in an infant seat or high chair, as long as he/she is not lying flat.
4. If advised by your doctor or nutritionist, attempt oral feedings first before giving nutrition by the gastrostomy.
5. To satisfy your infant's sucking needs, you may give a pacifier during feedings.
6. "Prime the feeding tube": attach an unclamped feeding tube to the 60cc syringe, pour the formula into the syringe, allow the formula to flow through the tube till it barely comes out the end, then clamp the feeding tube.
7. Attach the feeding tube to the G-Button: Open the G-button flap. Align the black lines of the G-button and the feeding tube. Gently push the feeding tube into the opening of the G-button and turn the tubing clockwise to lock the tubing into place.
8. Open the feeding tube clamp. To start the flow, you may need to initially push the formula through the feeding tube with the syringe plunger. Once the flow starts, remove the plunger and allow the formula to flow freely by raising the syringe slightly above your child. Gravity will determine the rate of the feeding.
9. Give the feeding over 15-20 minutes, adding more formula as the syringe empties to prevent air from going into the stomach.
10. After the formula, add 5-10cc of water to the syringe to cleanse the G-button twice a day.
11. "Burping": Leave the feeding tube and syringe attached to the G-button and elevate the syringe to allow air to escape for 15-20 minutes after the feeding. Eventually, your child may only require "burping" as needed, not with every meal.
12. Clamp the feeding tube and remove the tube from the G-button by aligning the black lines again and gently pulling out the tubing. Close the G-button flap.
13. Keep your child in an upright position or on his/her right side after a feeding.
14. Clean up: Rinse the syringe and feeding tube with water after every feeding. Wash the syringe and feeding tube once a day in a hot soapy water, rinse well, and allow pieces to dry (never put materials in a dishwasher).

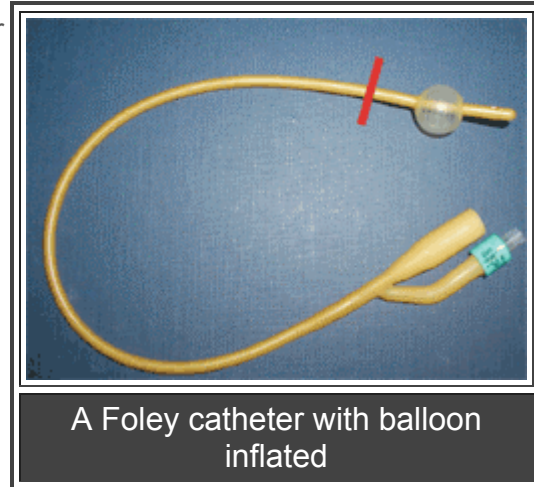
Temporary Replacement of a Gastrostomy Button with a Foley Catheter.

Do not attempt the placement of a foley catheter unless you have been instructed by a nurse practitioner AND it has been at least 1 month since surgery.

When you receive the foley catheter from your supplier, first measure 1 inch above the ribbing on the foley and mark with tape (see red line on figure, right).

Assemble an emergency kit by gathering the following supplies, placing all supplies in a baggie, and placing the baggie in your child's diaper bag (or somewhere readily available).

- Foley catheter*
- K-Y jelly
- 6cc syringe and water
- Paper towels
- Clamp
- 2x2 Gauze and tape



A Foley catheter with balloon inflated

**The size of the foley catheter should be the same size or one size smaller than the gastrostomy button.*

Replacement Steps:

1. Wash hands with soap and water.
2. Cleanse gastrostomy site with soap and warm water and pat skin dry.
3. Apply KY jelly over gastrostomy site opening.
4. Gently push foley tip straight into gastrostomy site to the point where the tape mark is (a very small amount of bleeding may occur when the foley is inserted).
Tape foley onto the skin or have someone help you hold the foley in place.
5. Fill the 6cc syringe with 5cc water.
6. Attach the 6cc syringe to the colored plastic opening of the foley.
7. Push the 5cc of water into the balloon.
8. While holding in the plunger of the syringe, twist off the syringe and the balloon will remain inflated.
9. Gently pull back on the tube until you meet resistance... the balloon of the foley should now be resting against the inside wall of the stomach.
10. Tape foley in place, put 2x2 gauze around the opening, and tape the gauze to the skin.
11. Call your surgeon's office to make an appointment to have a new gastrostomy button replaced.

If you have any concerns about the foley placement, call our office 303-839-6001 or take your child to an emergency room.

Disclaimer: *Your child's condition is unique. The information contained on this web site is not intended to substitute for advice from a doctor or nurse. If you are unsure about any aspect of your patient's care, please contact us at 303-839-6001, or talk to your pediatrician.*

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