



What is it?

A gastrostomy is a feeding tube that passes through the skin directly into the stomach.

Who is it for?

Gastrostomy tubes are inserted to assist people in maintaining good nutrition, either temporarily if they are planning to have radiotherapy for a head/neck cancer, or permanently, in the setting of a neurological or anatomical problem causing problems with swallowing.

Gastrostomy tubes can be placed endoscopically, commonly referred to as a PEG (percutaneous endoscopic gastrostomy), or under x-ray guidance (radiologically inserted gastrostomy). Both are commonly performed and safe procedures.

What are the risks?

It is important to discuss the risks and complications of this procedure with your interventional radiologist in full, but some of the risk associated with this procedure include:

- bleeding
- infection
- blockage or displacement of the tube

How is it done?

This procedure is usually done under light conscious sedation in an operating with specialised imaging equipment (fluoroscopy and ultrasound). Your interventional radiologist will insert a tube from the nose to your stomach (nasogastric tube), which will be used to gently inflate the stomach with air. Under x-ray guidance, two or three small gastropexy sutures will be used to temporarily hold the stomach and abdominal wall together. Following this, a needle will be guided into the stomach, with the position confirmed with x-ray dye. A guide wire will then be passed through the needle, and then once the needle is removed, the tube is placed into the stomach, again confirming position with contrast.

The tube has a balloon at its tip that is then inflated with water, helping the tube stay inside the stomach. There is also a silicone bolster on the outside of the tube that rests against the skin to prevent the tube from advancing further into the stomach.

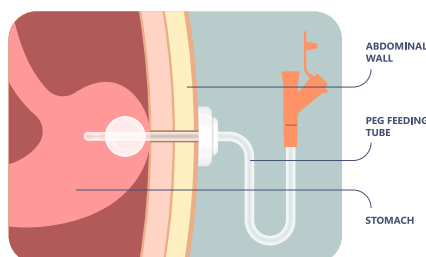
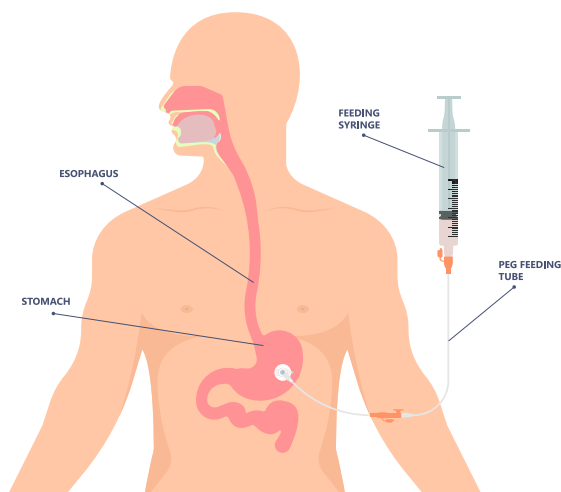
Follow up

You will be able to eat 4 hours after the tube is inserted.

The gastropexy sutures will be removed after 2 weeks.

You will be taught how to care for and use the tube before you are discharged from hospital.

The tube will need to be replaced every few months, which can be done by your stoma nurse or interventional radiologist.



0497 052 070
admin@virq.com.au
virq.com.au