



TRAQUEOKIDS

ASOCIACIÓN DE APOYO A
FAMILIAS CON TRAQUEOSTOMÍA
PEDIÁTRICA

Mini Guide to Gastrostomy

Basic guide to gastrostomy
care

Source: Guide for the administration and care of
enteral nutrition through a tube or gastrostomy
button.

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It is important to know that...

Before starting, we would like to clarify that this is a guide created by mothers, fathers, and family members for other families and occasional caregivers. It is a pocket guide that we have prepared with great care, drawn from our own experiences over the years, and one that we would have loved to have at the time. That said, ALWAYS, if you have any doubts, you should contact your medical team or your reference hospital.

This guide has been created by Traqueokids, a support association for families with pediatric tracheostomy. Due to the frequent relationship between tracheostomy and gastrostomy, we have also developed this practical guide for home care.



Theory



Practical info



Care



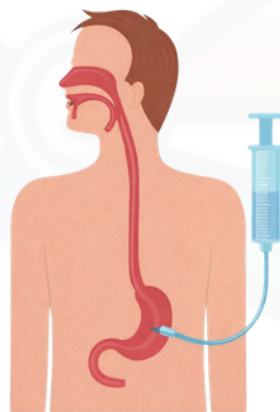
To complete

The source of the information shown in the following pages is as follows:

Gómez López, L; Pedron Giner, C; Martínez Costa, C. Guía para la administración y cuidados de la nutrición enteral a través de sonda o botón de gastrostomía. Barcelona: Editorial Glosa, SL; 2013.

General information

A gastrostomy is a surgical procedure that creates an opening in the abdominal wall to access the stomach, allowing the insertion of a feeding tube (G-tube or GJ tube). This tube enables nutrition and medication to be delivered directly into the stomach, avoiding the need to take food by mouth.



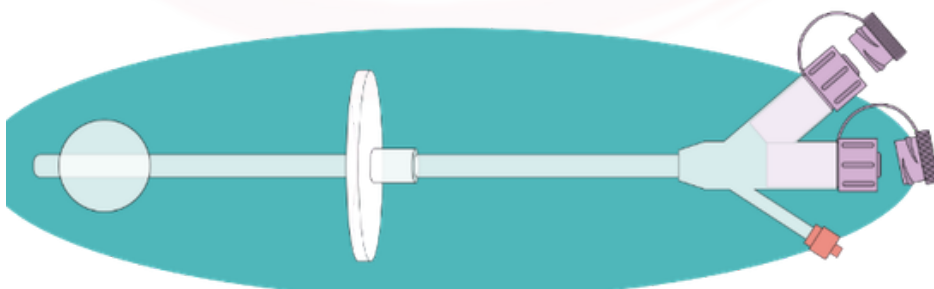
Why is it performed?

It is performed when a person has difficulty eating by mouth, due to medical conditions such as congenital disorders, swallowing disorders, dysphagia, or other reasons that prevent adequate nutrition.

Types of tubes



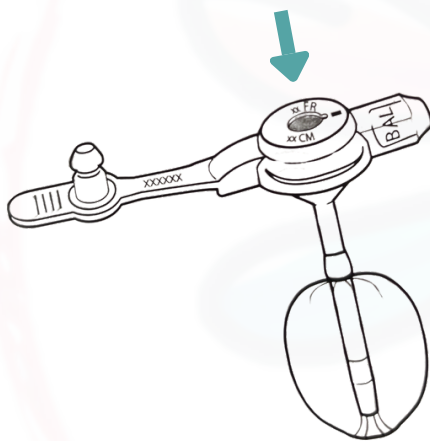
- ✓ The most common type of feeding tube is the gastrostomy tube (G-tube). It is placed through the abdominal wall into the stomach.
- ✓ There are also GJ (gastro-jejunal) tubes, which pass through the gastrostomy into the small intestine beyond the stomach, and J (jejunal) tubes, which are placed directly into the jejunum (jejunostomy).
- ✓ There are several types of G-tubes:
 - **Long tubes and PEG tubes:**
These are single-piece tubes, held in place by a balloon or a retention device. They are usually used as the initial G-tube during the first 12 weeks after surgery.



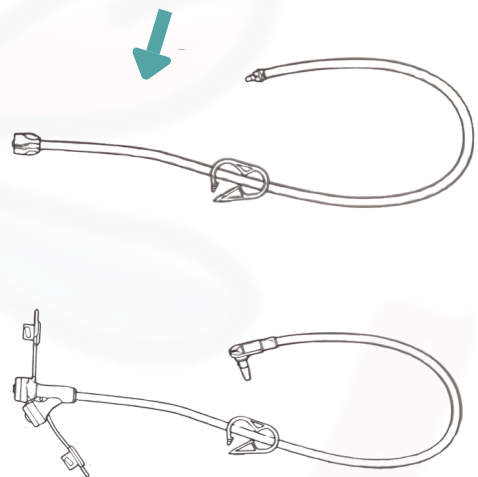
- **Low-profile tubes por button tubes:**

This type of tube does not have a long tube permanently attached outside the stomach. Instead, they use an extension set that is connected only when feeding or medication is being administered.

The extension is connected here



Extensions



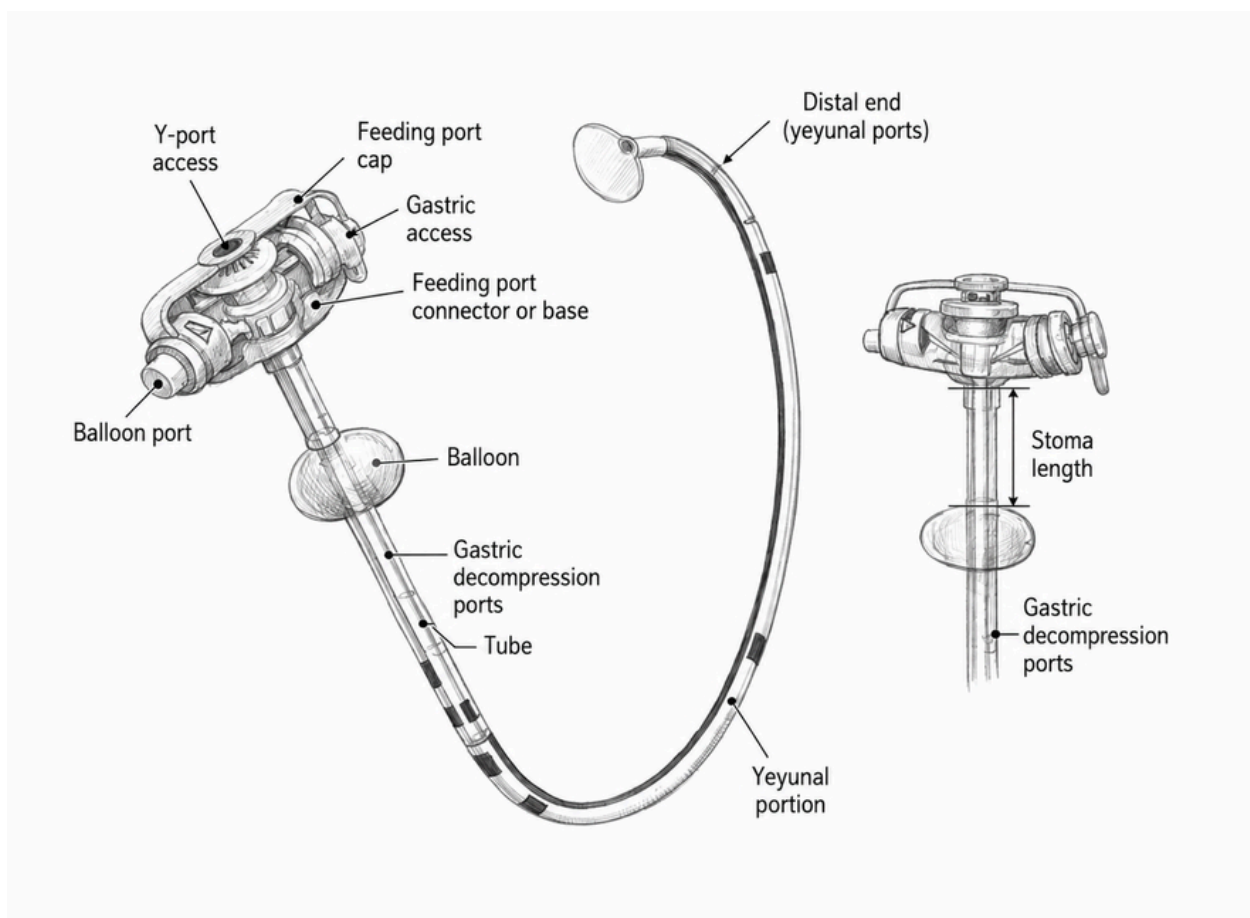
✓ There are two types of buttons: balloon and non-balloon:

- **Balloon buttons:** They are secured in place by inflating an internal balloon.
- **Non-balloon buttons:** Non-balloon buttons cannot be replaced at home. They are inserted in the hospital under sedation or topical anesthesia for pain control.

Tube sizes



- All G/GJ/J tubes are measured by the thickness of the tube using the French scale, which measures the tube's diameter. Button tubes require an additional measurement in centimeters for the external length of the tube (the portion placed at the stoma).



Kit materials



- ✓ Transport backpack.
- ✓ Feeding pump (liquids).
- ✓ Feeding sets/tubing (liquids).
- ✓ Extension sets (liquids/blended food).
- ✓ Enteral syringes. Various sizes: 60 ml, 20 ml, 5 ml...
- ✓ Feeding bag/bottle/bottle feeder for liquid feeding.
- ✓ Formula/food.

DEVICE REPLACEMENT KIT:

- ✓ Spare G-button.
- ✓ Single-dose saline solution (stoma cleaning).
- ✓ Gauze for stoma cleaning or to secure/cover the G-button with adhesive tape if no spare G-button is available, until reaching the hospital, to prevent the gastrostomy from closing.
- ✓ 2 × 5 ml syringes for balloon inflation.
- ✓ Single-dose sterile distilled water for balloon inflation.
- ✓ Manufacturer's unclogging device or fine interdental brush.
- ✓ Manufacturer's lubricant / petroleum jelly / cooking oil as a last resort.
- ✓ Smaller-caliber tubes than the G-button if it cannot be inserted through the stoma.
- ✓ Disposable pad for preparing materials.
- ✓ Scissors.

Stoma care



When the gastrostomy is recent, yellowish secretions may ooze. In the early stages, gauze or another type of dressing material can be used around the incision, but never thick dressings. It is important to keep the area clean and dry and to change the gauze whenever it becomes wet or dirty.

To clean the area, saline solution, gauze, or cotton swabs can be used.

There are multiple products available on the market for stoma care: drying powders, absorbent materials, especially if there is an infection...

Care must be taken to avoid pulling and excessive movement in order to prevent trauma and leakage. The area can be protected with tubular mesh or similar support.



Ways of feeding



The amount of food and the rate at which it is given will depend on feeding tolerance and each child's nutritional needs, always following the instructions of the specialist team. Tolerance should be observed in order to assess the best way to provide nutrition in a comfortable and appropriate manner.

- **Bolus feeding:**

Bolus feeding is when nutrition is given through the tube as a "meal." A larger amount is usually delivered over a short period of time, typically less than 30 minutes. There is also a break of several hours between feeds.

There are several ways to give bolus feeding. One is using a syringe and pushing the plunger. Another is leaving the syringe open at a higher level and allowing the feed to flow by gravity.

Gravity feeding bags can also be used; these have roller clamps on the tubing that allow flow to be adjusted up or down.

Some families also give bolus feeding using an enteral feeding pump at a faster rate over a short period of time.

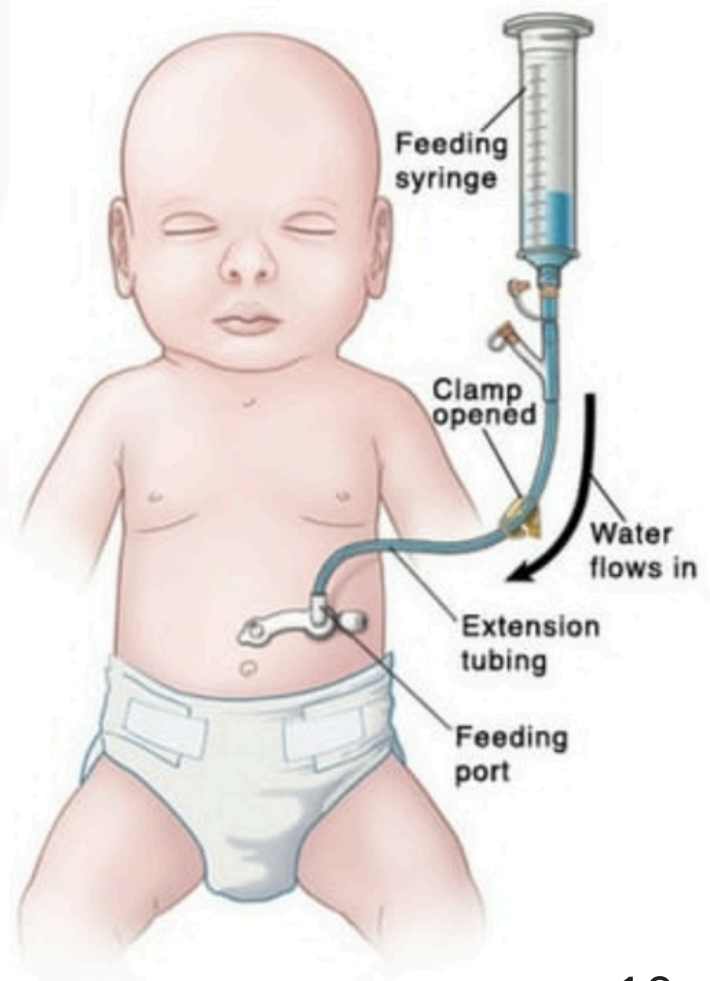
- **Continuous feeding:**

This is done using a feeding pump to deliver a liquid feed slowly and steadily over many hours (typically 18–20 hours). Some children with a tube tolerate continuous feeding better than bolus feeding. When using a GJ (gastro-jejunal) or J (jejunal) tube, a continuous feeding schedule must be used.

- **Combination:**

Some children use a combination of both feeding methods, for example bolus feeding during the day and continuous feeding at night.

RNpedia (2026). Gastric gavage Feeding [Illustration].
<https://www.rnpedia.com/nursing-notes/fundamentals-in-nursing-notes/gastric-gavage-feeding/>



How to vent

Some children feel uncomfortable when they have air in their stomach. Air can be vented from the stomach every 2 hours if necessary. It is recommended to vent before feeding. Children who have a fundoplication may require more frequent venting.

To vent, a large syringe without the plunger, a cup, and towels are needed, as stomach contents may also come out. If the tube is a button-type, an extension set is required (preferably a straight bolus extension) to help the air move through the tube and allow it to come out.

The Bard button has a special extension for venting called a decompression tube.

The extension is connected, and an open syringe (without plunger) is attached to it. The tube clamp is opened, and gentle pressure is applied to the abdomen or the child's legs are lifted toward the chest to help the air move toward the tube and be released.

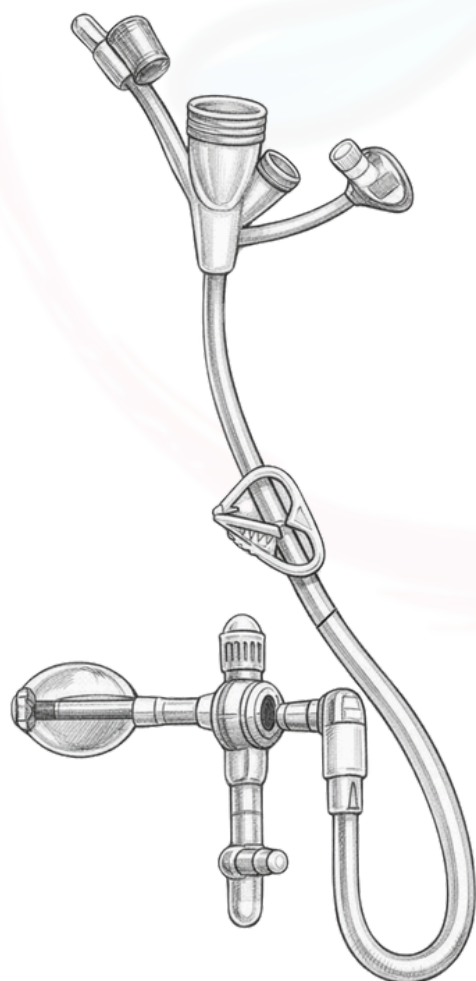
Characteristics

- G-tubes can be more comfortable than nasal tubes and are a safer option for long-term feeding.
- There are low-profile button-type G-tubes that are barely noticeable under clothing.
- Button-type G-tubes can be replaced at home by trained caregivers. Gastro-jejunal tubes, however, must always be changed in a hospital setting under X-ray guidance.
- Tubes and balloon buttons are generally changed every 3 months, while non-balloon devices are typically changed every 6 to 12 months.
- Gastrostomy G-tubes are placed surgically or endoscopically and require a recovery period.
- Children's hands may reach and pull out the tubes.
- A common complication of G-tubes is the formation of granulation tissue at the stoma site. It is not dangerous but can cause pain, irritation, and sometimes bleeding.

Extensions

In button-type tubes, extension sets are required. These extensions connect the button to the syringe or to the feeding pump bags.

Each button manufacturer produces its own set of extension sets that are compatible with their specific brand and model of button. They come in a variety of sizes, styles, and connectors depending on the needs.



Before using an extension set, it should be filled with water or formula to remove air and avoid introducing it into the stomach.

After use, they can be cleaned with warm soapy water and rinsed thoroughly. They are usually replaced every 1–2 weeks, or at most once a month.

Basic problems



WHEN TO CALL THE DOCTOR?

- Fever.
- Feeding intolerance (nausea, vomiting...).
- Changes in bowel habits (diarrhea, constipation).
- The tube comes out or becomes dislodged.
- Abdominal distension.
- Signs of infection around the stoma.
- Excessive bleeding or drainage.
- Granulation tissue around the stoma.
- Tube too tight or too loose.
- Others:

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Most common scenarios



WHAT TO DO IF THE TUBE COMES OUT?

You should have an action plan, as stomas can close very quickly. Once the stoma has healed and a balloon button is used, you should learn how to change it.

BUTTON REPLACEMENT:

- Prepare the materials (spare button, 5 ml syringe, water-soluble lubricant, sterile or distilled single-dose water).
- Deflate the balloon of the button by withdrawing the water with the 5 ml syringe.
- Remove the button.
- Insert the new button with the tip previously lubricated.
- Inflate the balloon by injecting the indicated amount of sterile or distilled water.

A faint, stylized illustration of a dragonfly is centered on the page. The dragonfly has a light blue body and a segmented tail. Its wings are spread out, with the forewings showing a pinkish-red hue and the hindwings showing a yellowish-orange hue. The entire illustration is set against a background of horizontal lines, which are more prominent in the upper half of the page. The dragonfly is positioned such that its head is near the top of the page, and its tail extends downwards. The overall style is soft and artistic, with a focus on pastel colors.



Quick access guide to
gastrostomy care



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