

Information about having a

# Percutaneous Gastrostomy



**Diagnostic Imaging**

## **What is a Percutaneous Gastrostomy?**

A percutaneous gastrostomy is the insertion of a narrow plastic tube directly into the stomach to allow the administration of liquid food and medication.

## **Who will do it?**

A specially trained doctor called a Radiologist.

## **Where will it be done?**

Usually in a screening room in the x-ray department.

## **When can I discuss the procedure?**

You can discuss this with your referring doctor in the ward, and also the Radiologist before the procedure.

## **Consent**

We will ask you to sign a consent form before the procedure. Please make sure that you ask any questions you may have. When signing the form you should know what we plan to do, alternative treatments, and any risks or complication of the procedure.

## **What preparation is required before the procedure?**

We will admit you to a ward before your procedure. You may receive a sedative to relieve any anxiety, and possibly antibiotics. Some patients need a naso-gastric tube - this is a narrow tube which is passed through the nose and into the stomach.

You will need to undress and wear a hospital gown.

## **What happens during the procedure?**

You will need to lie on your back on the x-ray table.

We may give you sedatives or painkillers via a needle in your arm. We will monitor your vital signs (blood pressure, pulse, oxygen intake). You may need oxygen.

This is a sterile procedure and the technique used may vary. The Radiologist will use x-ray equipment or ultrasound to decide the most suitable point for inserting the feeding tube. This is generally below your left lower ribs.

We will clean the skin with antiseptic and inject local anaesthetic.

The Radiologist will insert a thin hollow needle into the stomach and using a guide-wire, a series of small tubes are passed over this wire. This will allow the insertion of the larger feeding tube (catheter). Once this tube is in place the Radiologist will secure the feeding tube to prevent this from falling. The feeding tube may be secured by inflating the balloon, a fixation device or an adhesive dressing.

There may be some slight discomfort for a short period of time but painkillers can help this.

### **How long will it take?**

Every patient's situation is different, for a variety of reasons, however you can expect to be in the x-ray department for about one and a half hours.

### **What happens afterwards?**

You will return to your ward and remain on bed rest for a few hours. The nursing staff will monitor you and carry out routine observations (blood pressure, pulse etc). As the feeding tube is secured, you should be able to carry on as normal. However, it is important to avoid sudden movements to prevent the feeding tube becoming loose (i.e. dislodgement).

If you feel pain when using the tube you must tell the nursing staff. The ward staff will tell you about your nutrition.

### **Are there any risks?**

This is a safe procedure but as with any medical treatment some risks and complications can arise.

The biggest problem is if the feeding tube cannot be inserted if the stomach has shrunk, which can sometimes happen. In this case an operation may be required to place the tube.

The inflammation of the peritoneum (peritonitis), which is the thin layer of tissue that lines the inside of the abdomen, is rare but can be a major complication. Fortunately this may be successfully treated by antibiotics or an operation.

A small amount of patients can experience irritation or slight infection of the skin around the tube.

**If you have any questions please telephone the number on your appointment card or letter.**

