The MIC Radiologically Inserted Balloon Gastrostomy

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Introduction

This information leaflet explains what happens when you have a radiologically inserted balloon gastrostomy tube placed, and provides instructions about how to care for it.

In order to place your gastrostomy feeding tube you will have a procedure called gastropexy. This procedure helps to form the hole through which a feeding tube is placed into the stomach through the stomach wall.

A gastrostomy feeding tube allows liquid feeds, water and medication to go directly into the stomach and it can be used for short to long-term use.

Gastrostomy Information

Name of patient: ____________________________________________

Specialist who placed the tube: _________________________________________

Placement date: ________________________________________________

Commence daily rotation of tube & weekly balloon volume check from this date: __________________________

Tube specifications

Tube Fr size: __________________________________________________

Balloon volume: ________________________________________________

Key contacts

Mon - Fri, 9am-5pm, please contact your nutrition nurse/company/hospital nurse on: ____________________________

Out of hours and bank holidays please contact: ____________________________ on: ____________________________
The Procedure

The procedure takes place in the Radiology department (X-ray).

- The skin is cleaned using an appropriate disinfectant solution.
- A local anaesthetic will be used at the site where the tube is to be placed.
- A small incision (cut) will be made in the skin and the tube will be passed into the stomach.
- The tube is secured with stitches (sutures). These are locked in place with buttons on the surface of the skin. You will notice these buttons around your gastrostomy tube on your stomach (there could be between one and four of these small round buttons). Please see photograph to the right.

Care of the Site
(up to two weeks post-procedure)

The stitches securing the buttons will dissolve. Therefore, after two to five weeks the buttons will start to fall off. If the buttons have not fallen off after six weeks your doctor or nurse may choose to cut the stitches below the discs at skin level.

Feeding Through the MIC

Proper Placement

Before feeding, check the tube to be sure that it is not clogged in the stomach. To do this, connect the extension set to the MIC feeding tube and attach a catheter-tip syringe with 10ml of water to the extension set feeding port. Pull back on the plunger. When you see stomach contents in the tube, flush the MIC feeding tube with the water. Stomach contents are normally yellow or clear unless there is food in the stomach. If you feel resistance as you inject the water, pull back stomach contents again, then try to re-inject the water. Check for leaking around the stoma.

Decompression or Venting

Your specialist may instruct you to decompress (release air from the stomach) before or after feeding. To decompress the stomach, attach the extension set to the MIC feeding tube. Drain into a collecting cup or bag.

General Flushing Guidelines

- Before and after feed and medication.
- Every four to six hours if continuously feeding
- Every six hours if tube not in use.

In the event of tube blockage, use the push-pause technique using warm water as soon as the blockage has occurred. Massage the tube and leave for 30 minutes and try again. If this fails, please contact your key contact listed for further assistance.

Rotate the MIC feeding tube in a full circle when you perform daily tube care. This will prevent the tube or balloon from adhering to the skin, relieve pressure on the new skin and allow air circulation. DO NOT rotate the gastrostomy tube for the first two weeks after placement.
Most patients will experience some discomfort following the procedure and some of the below symptoms as a result while the site heals:

- Redness
- Irritation
- Bruising
- Swelling
- Tenderness
- Warmth

If these symptoms worsen or you notice a rash, or purulent or gastrointestinal discharge please notify your doctor or nurse.

It is important to keep the stoma site and suture lock sites clean.

Whilst in the hospital or within the first week, routine care should include cleaning the skin around the stoma and suture lock sites with sterile water. A gauze swab is ideal for cleaning under the suture lock.

CAUTIONS

- Do not rotate the suture locks, this may weaken the suture and cause early detachment.
- Do not rotate the gastrostomy tube for the first two weeks after placement.
- Do not check the gastrostomy tube fluid for the first two weeks after placement.
- In the first few weeks you should only take showers NOT baths. When the stitches have dissolved and the external locking buttons have fallen off you may have baths. If you are in any doubt please seek advice from your nutrition team.

Ongoing Management of the Balloon Gastrostomy Feeding Tube
(after two weeks post-procedure)

Always adhere to hand hygiene before stoma site care and maintenance. Clean hands with liquid soap and water and then dry hands thoroughly.

Clean the MIC feeding tube daily. Care is simple and easy. Just keep the tube and the skin around the tube (stoma) clean and dry.

To clean the site simply cleanse the skin around the stoma with warm water and mild soap, using a circular motion, moving from the tube outward, followed by a thorough rinsing and drying.

The balloon holds your feeding tube in place. Check the volume of water or saline in the balloon at least once a week. To do this attach the luer-slip syringe to the balloon port and withdraw all the water while leaving the feeding tube in place. If there is less fluid than the amount originally prescribed, replace it with the prescribed amount. In hospital, sterile water should not exceed volume listed on balloon port.

When at home, distilled water or cooled boiled water are good choices for the replacement fluid once the stoma site has healed. Never fill the balloon with air. Air will rapidly migrate out of the balloon and the MIC feeding tube will not stay in place.