

Gastrostomy tube (G-tube)



One of the most useful and efficient ways to convey information to you about your pet is via the written word. We carefully craft these notes to give you helpful information and accurate expectations around your pet's surgical experience.

Please read this. *Please save it and read it during each stage of the recovery process. Surprises make for a stressful time for everyone.*

Your pet has had an **Gastrostomy Tube (G-tube)** placed to assist with nutritional management when s/he is ill and to deliver medications in an easy manner. This tube is placed through the skin directly into the stomach. You will be feeding you pet thru the gastrostomy tube (G-tube) that is held in place by stitches in the skin, as well as a mushroom tip inside and a rubber flange outside.

Your goal will be to provide optimal calories and nutrition without overloading the stomach with too much volume. You will use this tube feeding routine for as long as necessary until normal eating can resume.

GENERAL INFORMATION

Please keep a note of your questions as you and your pet progress thru recovery and address them to your primary care veterinary team.

FEEDING ROUTINE

- In order to decrease the risk of putting food directly under the skin (if the tube has slipped out of the stomach), **you will test the tube each time before feeding** with 10cc of plain water. As you instill the water, watch your pet's behavior. *If your pet starts to squirm or act uncomfortable; discontinue and call for advice.* We may need to take an x-ray to confirm the tube's location.
- To decrease the chance of vomiting, you will need to **feed room temperature food over 5 minutes.** Feed while standing or in an upright/begging position. As you push the food in with a syringe, *watch for signs of discomfort; if noted, discontinue and call for advice.* If you notice your pet *licking her/his lips and swallowing a lot, slow the speed of administration.*
- To keep the tube happy and patent, make sure you flush it **after each use** (food or medications) with 10cc plain water.

- You are to give all liquid medications thru the tube; they can be combined with food. Do not give any pills, crushed or otherwise thru the tube (**unless otherwise noted**).
- If you are feeding blenderized canned food (i.e. not a liquid diet), it is advisable to strain the food thru a wire kitchen strainer to remove any large particles. You can make up a large batch of gruel and keep it in the refrigerator. Warm each meal by placing loaded syringe in a bowl of warm water.
- If the tube becomes plugged, remove “food” syringe. Attach a “water” syringe and **alternate gentle** suction and push (like you are using a plunger to unclog a sink). If that does not open the tube, with an empty syringe pull back/suck any fluids you can out, then instill up to 5cc of carbonated beverage into the tube and return to try again in an hour or so. If tube remains plugged, call for advice.
- If you have any questions, please do not hesitate to call for advice. False alarms are better than major problems.

MEDICATIONS

It is likely that you have been prescribed one or more medications (given by mouth or tube) for your pet over the first 2-3wks of recovery. During the discharge appointment or shortly thereafter, please make sure you understand:

- how to prepare the medication for delivery through the tube;
- how the medication is prepared before delivery through the tube;
- what each medication is being used to treat,
- what side-effects may develop, and
- whether or not the medication should be refilled and continued.

BANDAGE CARE

A clear plastic “bandaid” has been applied to the abdominal incision. This can be removed in 2-3 days, gently peeling off like a bandaid.

A padded bandage *has been sandwiched between the tube “flange” and the skin entry site.* This is there to protect and cover the tube entry site. It should be loose enough to lift an edge and see the tube entering the skin; a gentle tug on the tube should allow approximately 1cm of tube to “show” between skin and flange. You will monitor this site daily during feeding. If the space between skin and flange is less than or more than 1cm, please take photos and contact clinic. *If any changes or concerns, please take a photo and email to your primary care veterinary team with questions/concerns and ask for guidance.*

Prevent your pet from scratching at the site by using creative clothing options (ex. human turtleneck shirt or neck warmer) other devices at all times. (Useful products found here-- <https://www.kittykollar.com/>)

MONITORING

Please look at the G-tube/skin site as soon as you get home; knowing what “normal” looks like is helpful later when trying to understand if the tube/skin site is normal and healthy. Clear, well-lit photos are helpful for you and us, when communicating from a distance.

Please look at the tube site at each feeding. It should be dry, slightly red along the margins, slightly swollen/thick on the edges with a light crust. Over several days, it should lose redness and swelling. It will have some degree of moisture but should not be dripping or draining or staining the bandage in large amounts.

Problems to call your veterinarian about:

- ongoing or new discharge (other than small amount of crusting)
- swelling (other than slightly raised skin near edges)
- tube length outside the patient longer than previously seen (i.e. it is coming out).

Some bruising is normal and will resolve in 5-7 days.

(If advised the time is right, you may offer food by mouth “tests” every day of a small bite of tasty food your pet is known to have liked. (Some patients will never resume normal oral feeding.) Recognizing when s/he is willing and able to eat enough nutrition to sustain health will allow us to discontinue use and then removal of the tube in an efficient manner. *The expected time for return of appetite and ability to eat will vary widely between patients, depending on species, age, surgical procedure, underlying illness, etc.*

Continue feeding by tube (reducing volume by amount eaten) until amount of food eaten is appropriate and reliably finished for several days in a row. Confirm change in feeding plan with your primary care veterinary team.)

PROGRESS EXAMS

Please return to your primary care clinic in 5-7 days for a progress exam. Tube site healing will be evaluated, and any questions you have will be addressed.

The tube can be removed or reduced to a low-profile tube device after 2-3wks if not needed for further nutrition or planning long term management (Ideally, **not sooner** even if eating full nutritional requirement). This is an easy procedure that

does not involve any anesthesia or sedation. Consult with your primary care veterinary team regarding having this performed with them or at the surgery clinic.

DIET

Nutritional requirements: Food type: _____

Recipe: _____ can food with _____ cc water; blenderize until very smooth. Strain.

Day 1—

Feed: _____cc Frequency: _____hrs

Day 2—

Feed: _____cc Frequency: _____hrs

Day 3 **onward**—

Feed: _____cc Frequency: _____hrs

RESTRICTIONS

These tube are easily removed by pets. Do not underestimate their intent and ability to do so. Careful monitoring and secure/protective clothing, bandaging, neck collars, etc. **must be used** to prevent this.

Avoid any rigorous activity while the tube is in place; no running, jumping, playing or anything that feels like “exercise”. For dogs, short, leashed walks around the yard to urinate/defecate are fine; please use a chest harness to prevent neck restrictions. Walking around one level of the house is fine.

Checklist:

HOME MONITORING AND PROGRESS CHECK-IN WITH VETERINARY TEAM

- Pet attitude—Are these improving daily? What are your observations? What are your specific concerns?
- Tube entry site health—Is redness and swelling going away? Is there discharge or moisture? (Photos taken close-up and at different angles are helpful for your primary care veterinary team,)
- Pet pain level—What are your observations? What are your specific concerns?

- Other

Based on your own experience through this, we welcome and encourage suggestions to this information that may help future patients and their people. Pay it forward! (*directvetsurg@gmail.com*)

--The DVS Crew