Guideline for Replacement of a Dislodged Gastrostomy

Note: Any individual presenting to Emergency Department (ED) with a dislodged gastrostomy should be considered as "Urgent" (within 60 minutes)

Identify when gastrostomy tube placed

- **≤ 2 weeks:** Cover stoma site and contact Gastroenterology/Radiology immediately
- ≥ 2 weeks: Replacement by treating Doctor in the ED. See procedure for replacement below

Action: Gastrostomy replacement, see below for guidelines
for replacement below

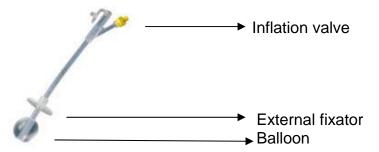
Note: If unsuccessful with gastrostomy replacement cover stoma site and contact Gastroenterology/Radiology immediately

Link to video of procedure for replacing a Corflo Balloon Gastrostomy Tube : <u>http://www.corpakmedsystemsuk.com/Learning_Center/learning-center.html</u>

Procedure for Replacement

Preparation for placement:

- **1.** Aim to Identify French Size of Gastrostomy: Different French size may be required to fit current stoma.
- 2. Source Tube from stock on ED OR patient may have replacement.
- 3. Positioning, ensure the patient is lying on flat bed/reclining chair.
- 4. Aseptic technique
- 5. Inspect the tube prior to use:
 - o Fill the balloon with 5 ml or 20 ml of water, depending on balloon volume. This is printed on the inflation valve
 - o Completely deflate the balloon after inspection
 - o Check the external fixator to see that it slides up and down the shaft of the tube
- 6. Remove the existing tube if insitu by removing all water from balloon
- 7. Clean the stoma with normal saline
- 8. Close the feeding port on the new tube



Placement:

- 9. Lubricate the tip with water-based lubricant or at least moisten the tip with water. Do not use a petroleum-based oil or jelly.
- **10. Guide the lubricated tip through the stoma and into the stomach**. The replacement tube must be able to move freely in and out of the abdomen.
- **11. Inflate the balloon with sterile water**. Balloon volume as per manufacturer's instructions, this maybe printed on the inflation valve. Never inflate the balloon with air. Never overinflate the balloon.
- 12. Withdraw the tube, until tension is felt from the balloon contacting the stomach wall.
- **13. Slide the external fixator** down the shaft of the tube until there is a space of ~5mm between the stoma and the fixation plate. Excessive tension should **not** be applied and the external fixator should **not** be sutured in place.
- **14. Check that the tube is in the correct position** by aspirating gastric contents with a syringe and testing aspirate on pH indicator paper. If in doubt of position, have a gastrograffin study performed.