

## FEEDING TUBES

This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your [cancer care team](#).

### AN OVERVIEW TO FEEDING TUBES

- A **feeding tube** is a tube that is put into the stomach to help deliver nutrition, in those unable to swallow or eat enough. It is often temporary, but may be permanent for some people.
- Food and water are delivered directly to the stomach or sometimes the small bowel (jejunum) to help ensure proper nourishment during treatment and recovery.
- There are a number of different types of feeding tubes. These include a:
  - **Gastrostomy tube:** this goes directly into your stomach through an opening made on the outside of your abdomen. A percutaneous endoscopic gastrostomy (PEG) tube is a common type that is inserted using a telescope (gastroscope).
  - **Nasogastric (NG) tube:** this is a thin tube put through the nose, down the throat and food pipe (oesophagus) into the stomach.

### WHY IS A FEEDING TUBE NEEDED

- Nutrition is very important to help recover from head and neck cancer treatment.
- A feeding tube may be required, if it is difficult to swallow as a result of:
  - a cancer in the mouth or throat
  - the side effects of chemotherapy or radiation therapy
  - surgery to the mouth or throat area.

## HOW TO PREPARE FOR THE PROCEDURE

- A feeding tube can be inserted while you are awake, under topical anaesthesia (using a medicine to numb the area of the surgery) or while you are asleep (using a general anaesthetic). If you are having other surgery for your cancer, your feeding tube may be inserted at the same operation.
- If you are having a **general anaesthetic** (you will be asleep and will not remember what happens during the operation), you will need to fast (have nothing to eat or drink) for 6 hours before your operation (unless advised differently by your surgeon or anaesthetist).
- The doctor performing the procedure will explain the details of your operation. Be sure to bring up any questions or concerns, and share your needs and wishes with your cancer care team.
- Talk to your cancer care team about any likely risks or side effects to expect following the operation. You may find it useful to talk to allied health professionals about supportive care issues.

Visit the [Beyond Five website](#) for further information about the specific surgery you are having for your particular cancer and for questions to ask your doctor.

## WHAT TO EXPECT DURING THE PROCEDURE

- **A nasogastric feeding tube may be put in place either:**
  - while you are awake, using a numbing spray (topical anaesthetic). You may feel some discomfort, but this will only last for a few minutes. You can help by swallowing the tube
  - as part of another operation, while you are completely asleep.
- **A gastrostomy feeding tube may be put in place either:**
  - while you are asleep, in the operating room using a flexible, telescope (endoscope), which is passed down your throat into your stomach. This is called a percutaneous endoscopic gastrostomy (PEG)
  - in the radiology department with local anaesthetic and some sedation, using X-rays to check the position of the tube. This is called a **radiologically inserted gastrostomy (RIG)**. A RIG tube has a balloon that stops the tube from falling out.

## WHAT TO EXPECT AFTER THE PROCEDURE

- After a nasogastric tube is inserted, an X-ray is performed to check the tube is in the stomach. Once this is confirmed the tube can be used.
- After a gastrostomy tube is inserted, you will need to wait for a few hours, up to a day, to allow the area around the feeding tube to heal. The feeding tube is then ready for use.
- If you are staying in hospital the nurse will start giving you food through the tube using a special pump, but often a gastrostomy (PEG or RIG) is done as a day procedure and you will go home with instructions about how to look after the tube and keep the skin around the tube clean.
- An appointment will be made with a dietician to discuss:
  - the type of liquid food (feed) to use
  - how much and when to use the feeds.
- If you are in hospital, the nurse will start feeding you slowly, and gradually increase the rate of the feeds. This helps to avoid nausea or diarrhoea. A dietitian may be involved in your care to ensure you are receiving enough nutrition and water for your body weight and nutritional needs.
- Specially prepared liquid will be fed through the feeding tube:
  - you may be **fed continuously** through the tube by a pump to control the speed. The advantage of continuous feeding is that a little goes in at a time so you don't feel too full.
  - You **could be fed as a bolus**, which is a larger amount several times a day. The advantage is that you only need to be hooked up a few times a day and for the rest of the day, your tube can be clamped so you are free to do what you want.
- When a feeding tube is not being used it needs to be flushed with water regularly to stop it from getting blocked. It also needs to be flushed after each feed.
- Medications can be put down the tube, if they can be crushed or preferably in a liquid form. It is important to flush the tube properly after putting medications because they can easily block the tube.

## POSSIBLE RISKS OF GASTROSTOMY

All operations carry some risks such as blood clots, wound infections, bleeding, chest infection, adverse reactions to anaesthetic, and other complications. These risks will be explained by your cancer specialist and anaesthetist.

Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- stopping blood thinners (e.g. aspirin) before surgery to reduce the risk of bleeding
- a blood thinner (called heparin) may be injected before and after surgery to reduce the risk of blood clots
- antibiotics to reduce to risk of wound infection
- early mobilisation to reduce the risk of blood clots and chest infection
- special stockings to reduce the risk of blood clots.

**There are some specific risks of a gastrostomy. These include:**

- **Bleeding:** from the stomach or where the skin is cut
- **Infection:** in the tissue around the tube. Antibiotics will be given to reduce the risk of infection.
- **Bowel injury:** when the tube is being placed through the abdominal wall. This is a rare complication but can be serious requiring major surgery to repair the bowel.
- **Tube migration:** If the tube moves too far inside the stomach, the balloon (or flange) can block the bowel and cause abdominal pain and vomiting.
- **Tube dislodgement:** If the tube is pulled on, it will come out. It is important to make sure it is well supported. If this happens go to the emergency department and often the gastrostomy tube can be replaced with a temporary tube to stop the hole from closing.

## SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that gastrostomy may lead to a number of side effects. You may not experience all of the side effects. Speak with your doctor if you have any questions or concerns about treatment side effects.

Side effects common for gastrostomy may include:

- **Nausea:** General anaesthetic may cause nausea. This will settle down soon after the operation and can be treated with medications. You may also feel some nausea as you get used to receiving food through the feeding tube.
- **Discomfort and irritation around the tube:** This can be reduced by keeping the skin clean and keeping the tube well supported.
- **Diarrhoea or constipation:** The feeds are concentrated and can cause a bloated feeling and/or diarrhoea. Feeding more slowly may help. If you have diarrhoea, you may also need extra fluids through a drip. Alternatively, if you get constipated after surgery, ask for medication to help.

## BEFORE GOING HOME

- Some patients may need to go home with a feeding tube; they will be shown how to use the feeding tube before leaving the hospital.
  - People usually get the hang of using the feeding tube quite quickly, so don't worry and be sure to ask any questions you have.
  - Keep the skin clean, many people use a little dressing around the tube to keep the skin clean.
  - Avoid getting the tube clogged, crush any medications well and flush the tube regularly.
  - It helps if someone else that you live with or see regularly, also learns what you have to do too.
- Your doctor will advise you about any particular symptoms you should look out for such as redness spreading from the tube or increased pain around the tube or in the abdomen, or fever. Your doctor will also advise on what you should do if you have any of these. If your tube falls out, you should call your doctor or go directly to the hospital emergency department.
- You will be assessed by the team involved in your care before you go home and follow-up will be arranged with your surgeon and GP.
- Follow-up may also be arranged with a dietitian, or with any other allied health professionals to assist you with supportive care.

Visit the [Beyond Five](#) website for further information about the specific surgery you are having for your particular cancer and for questions to ask your doctor.

For top tips and further information about gastrostomy, you can also refer to

<https://www.aci.health.nsw.gov.au/resources/nutrition/hen/gastrostomy-tubes/robs-story-life-with-a-feeding-tube>

## QUESTIONS TO ASK YOUR DOCTOR

- What if I think I have an infection?
- What if my tube comes out?
- Will I be able to lead a normal life?
- How can I care for the tube?
- What are some of the benefits of feeding tubes?
- Would I have to be attached to the feeding tube for the rest of my life?
- What are some of the possible side effects?

You may want to write specific questions here to ask your doctor or cancer care team

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