

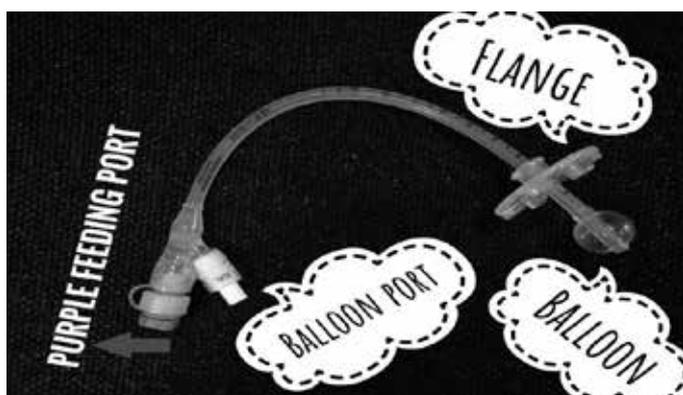
Looking after your RIG (Radiologically Inserted Gastrostomy)

Please keep this information sheet safe, you may need to refer to it daily. Caring for your RIG feeding tube should be carried out as part of your daily routine to:

1. Prevent tube blockages.
2. Maintain healthy skin around the stoma (insertion) site to prevent infection.
3. Ensure the device is secure.

Your RIG tube details:

Manufacturer
Size of tube and date inserted
Size of balloon (amount of water in balloon)
Date of first balloon water exchange
Date of planned tube replacement (if required)

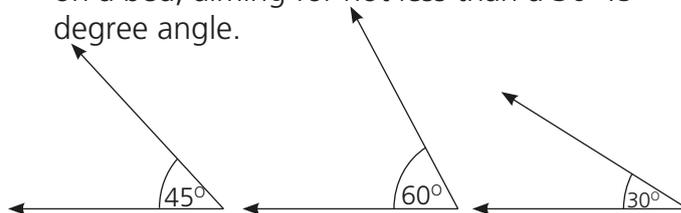


Daily flushing:

When not in use your tube should be flushed with water daily to ensure stomach contents do not solidify in your tube which may cause it to block.

Remember to wash your hands with soap and water thoroughly before and after completing daily flushing.

- Choose a time that suits you. You may choose to do this at the same time each day to build a routine.
- Position yourself comfortably, either sitting upright in a chair or supported with pillows on a bed, aiming for not less than a 30-45 degree angle.



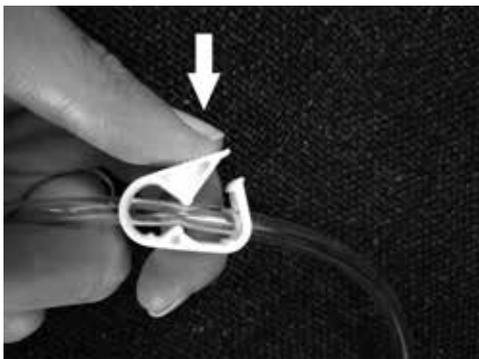
- Draw up 30-50mls of tap water from a cup or glass using one of the syringes provided.
- If you have a clamp on the tubing, ensure it is in the closed position.
- If you do not have a clamp you should kink or pinch the tube half way down to prevent gastric content from leaking out of the tube. You may want someone to help you with this stage. A towel can be used to cover and protect clothing.
- Twist the cap off the purple feeding port of the tube.
- Screw the tip of the syringe into the purple feeding port until there is a snug fit (please do not over tighten).

- Release the clamp or unkink / un-pinch the tube.
- When flushing the RIG feeding tube - flush briskly, pausing briefly after approximately each 5 ml of fluid. This is the push/pause technique to flush the water down the tube and prevent blockages.
- You may, if you prefer, use lukewarm (but not hot) water.
- Close the clamp, pinch or Kink the tube, remove the syringe and replace the purple/feeding cap. Please note that the clamp (if used) should be open when RIG is not being used and moved up or down the tube a little each time it is used to prevent damage to the tube.

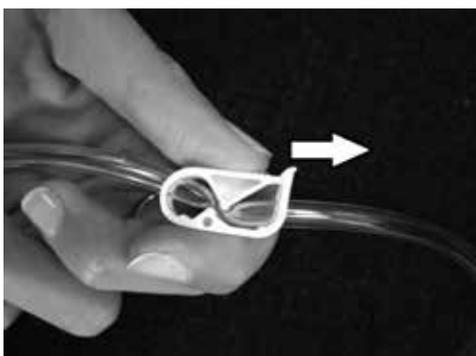
Extension tubes:

An extension tube will be offered and demonstrated before you are discharged home. It is your choice about whether you think you would benefit from using it. If in use these should be replaced fortnightly.

You will be seen by your dietitian regularly during your treatment and or therapy. They will advise when you need to start using your RIG tube for feeding – this varies from person to person.



To close clamp Push down.



To open clamp push clamp lip forward.

When in use your tube should be flushed with water before and after each feed, in-between each individual medicine administration and with a final flush to finish. Remember that each syringe of water flush will add to your total fluid intake.

Medication administration

- The ward nurses and/or community nurses will provide education and training with medication administration, including doses and frequency of administration.
- The RIG tube must be flushed with water using the push/pause technique before and after each individual drug to prevent tube blockage. Prior to discharge, the ward pharmacist will ensure your medications are in the correct format to be administered via the RIG tube.

Follow the pictures as a guide to administer medications.

- 1 **Step one:** Flush your RIG with water before administering the first drug.
- 2 **Step two:** Administer the first medication.
- 3 **Step three:** Flush your tube again with water using the push/pause technique.
- 4 **Step four:** Administer second medication.
- 5 **Step five:** Flush your tube with water using the push/pause technique.
- 6 Carry on administering each individual medication followed by a flush of water; you will finish with a final flush of water.

Daily cleaning:

Remember to wash your hands with soap and water thoroughly before and after completing daily cleaning.

The site underneath and around the flange should be cleaned once or twice daily to reduce the risk of infection.

- For the first few days you may find it helpful to take some pain relief prior to cleaning the site, allow 30 minutes for it to take effect.

- For the first four weeks you should not immerse the site in water. So no bathing but showering is okay. You can use a medicated soap or shower gel for the first two weeks. Warm water is best.
- You will be shown how to clean around and underneath the flange before you are discharged. It can be a bit fiddly and you may need help with this until you get used to it.
- The can be bent back easily to allow you to get underneath and clean with the gauze and water. Water based non-perfumed baby wipes are ideal for cleaning under the flange as they are disposable fine, soft woven material which will not fall apart. Bend the flange back one quarter segment at a time. Discard each wipe or gauze and use a fresh piece to clean the next segment under the flange. If you have buttons, ensure you clean under each one. Remember the buttons are designed to drop off after three to six weeks as they have dissolvable stitches.
- Ensure the area under the flange is dry using gauze swabs or a dry baby wipe.



Avoid cleaning more than twice daily as moisture and warmth creates an ideal environment for infection to start, leading to inflammation and irritation.

Your specialist nurse may cut the dissolvable stitches to your buttons after two weeks at the same time as your first balloon water exchange.

Balloon water exchange – Weekly (after the first two weeks):

The balloon securing your tube in the stomach is filled with sterile water. The balloon should be deflated; the water measured and changed every week to ensure it is not leaking.

Until you get used to handling the tube you may find this task easier with some help. Whilst the balloon is deflated the tube is at risk of falling

out so the flange needs to be held against the skin. A second pair of hands will help.

Remember to wash your hands with soap and water thoroughly before and after completing balloon water exchange (BWE).

- Choose a time of day that is convenient for you.
- We suggest you take some oral analgesia; if required, 30 minutes prior to BWE.
- Prepare your equipment before you start, so that everything is to hand. (One empty 5ml syringe and one 5ml syringe drawn up with sterile water / cooled boiled water).
- Take note of the number marking on the tube at the flange position. See Fig 8 so you can replace the flange to this level upon completion of BWE.
- Holding the flange tightly with two fingers, push and rotate the tube clockwise into the flange so that the tube advances approximately 2-3 cms into the stomach. This stage is essential and will ensure that the balloon is in the stomach during the balloon water exchange and not accidentally pulled into or inflated in the stoma tract. See Fig 7



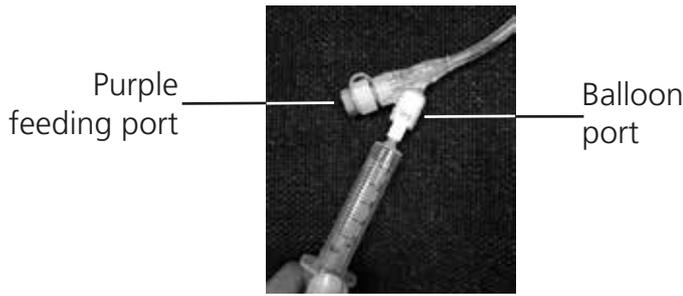
Fig 7

- Support the flange on the tummy by straddling the tube with your index and middle finger and pressing gently. See Fig 8



Fig 8

- Insert the empty 5ml syringe into balloon port. You need to push firmly and hold the plunger in place with your thumb.



- Release your thumb gently and the plunger should start to move backwards (if not gently pull the plunger back), filling the syringe with the water from the balloon. (The water coming out may be discoloured, this is normal).
- Remove the syringe from the port and inspect the contents. (You may find that you remove less water than first put in. Approximately 1 ml less is acceptable. If there is more than 1 ml less, please inform your specialist nurse or dietitian).
- Now attach the clean syringe of sterile or cooled boiled water by inserting the tip into the balloon port. Push gently on the plunger (with your thumb) until all the water is in the balloon. Keep the pressure on the plunger (with your thumb) as you twist to remove the syringe from the port. This is very important as the syringe will automatically start to refill again if you release the pressure with your thumb causing the balloon to deflate.
- Pull back gently on the tube until you feel resistance; reposition the flange by sliding it gently down the tube until it is 2-4mm away from the abdomen. Check that the number at the flange site is the same as previously noted.

The flange can only be moved up the tube after 14 days or once the buttons have been cut or dropped off. The correct placement of the flange is 2-4mm away from the skin; this is to prevent excessive movement of the tube and leakage which can lead to further complications.

The ward nurses and community nurses will provide education and training with medication administration; calculating doses along with frequency of administration.

Can my RIG tube fall out?

This is unlikely to happen within the first two weeks of insertion.

To help prevent your tube from falling out:

- Ensure you anchor your RIG tube at all times with the tape/fixator. Do not drag the tube to one side. Tension on the tube creates pain and could put your tube at risk of balloon failure/ displacement.
- Ensure you do not get your tube caught in underwear, belts or trousers/jeans.

What do I do if my RIG tube falls out?

- If your RIG falls out - Act quickly.
- In office hours (08:00 -16:00hrs) call your specialist team, if you do not get an immediate response then go to your nearest hospital Emergency Department (ED). You can tape the flange if you are concerned the RIG will fully fall out. If The RIG has fallen out completely please take it with you to the Emergency Department so the staff can identify the make and size.
- Out of hours attend your nearest hospital Emergency Department.

What do I do if my RIG gets blocked?

This may be due to inadequate flushing or a very thick feed or medication.

- Try flushing the tube with warm water in a 60ml syringe (use only water to attempt to unblock your tube). Move the plunger of the syringe in a push/pull motion.
- Wrap a warm flannel around the length of the tube, massaging the tube gently with your thumb and fingers (this often breaks down the clogged feed /medication). If the device continues to be blocked, call your community team for advice.
- Do not use Coke or any fizzy liquids.

- Do not use too much force when attempting to unblock the tube.
- Do not poke anything down the tube.

Who do I contact if I have a problem?

Specialist Nurses at RD&E Hospital: 01392 40

Monday to Friday (not bank holidays) 08:00 -16:00.

An answer machine is available out of hours.

Nutrition Nurses at RD&E Hospital: 01392 404635

Monday to Friday (not bank holidays) 08:00 -16:00.

An answer machine is available out of hours.

Specialist Dietitians: 01392 402044

Monday to Friday (not bank holidays) 08:00 -16:00hrs.

An answer machine is available out of hours.

Feeding company out of hours helpline number:

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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