



**FRESENIUS  
KABI**

# Gastrostomy Feeding

**CARE GUIDELINES**

For Patients & Carers



[freka.com.au](https://freka.com.au)

## Useful Contacts

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<b>GP</b> Address Tel. / Fax / Email
<b>Hospital Dietitian</b> Address Tel. / Fax / Email
<b>Community Dietitian</b> Address Tel. / Fax / Email
<b>Nutrition Nurse</b> Address Tel. / Fax / Email
<b>District Nurse</b> Address Tel. / Fax / Email
<b>Nutrition Feed Company/Nurse Advisor</b> Address Tel. / Fax / Email
<b>Hospital Consultant</b> Address Tel. / Fax / Email

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## Introduction

This booklet aims to provide you with information about your gastrostomy feeding tube and to answer any questions. If you have additional questions or would like further explanation please contact your Nurse or Dietitian. Please keep this booklet as you may wish to refer to it in future.

For additional information regarding your tube please refer to the specific tube aftercare sheet.

**Please follow the instructions as detailed in this guide in addition to any information provided by your healthcare professional.**

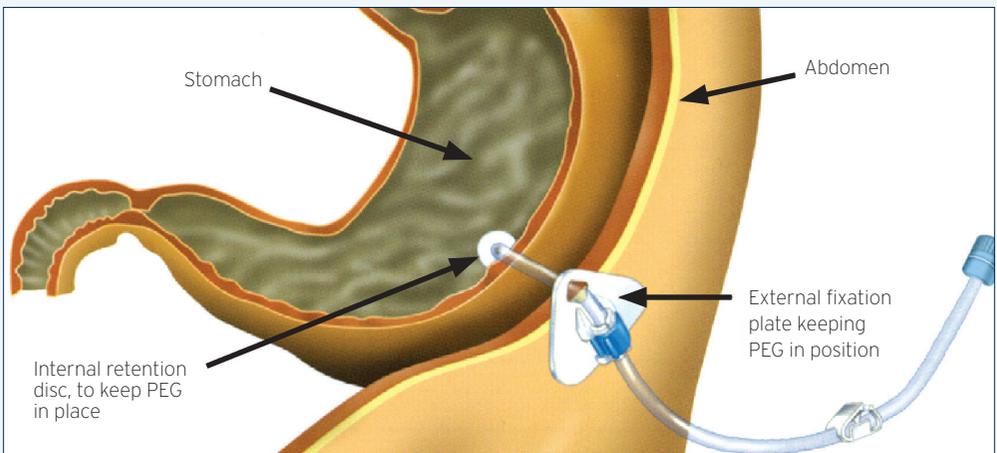
**This medical device must have been inserted by a healthcare professional.**

## What is gastrostomy feeding?

A percutaneous endoscopic gastrostomy feeding tube (or PEG as you may hear it referred to) is a small feeding tube which is inserted directly into the stomach so that you can receive feed, fluid and medication without swallowing. It will provide you with a safe and long-term method of obtaining nutrition.

## How is the gastrostomy tube inserted?

The procedure is performed with sedation under local anaesthetic. It is carried out using a gastroscope (a flexible instrument used to examine the inside of your stomach).



## Why do I need a gastrostomy feeding tube?

You are currently unable to take enough food and fluid by mouth to meet all your nutritional needs. The gastrostomy feeding tube will provide access for feed to be administered into your stomach.

## How long will the tube last?

The tube is made from polyurethane, which is compatible with the human body. If the tube is well cared for it should last for 2 years, and there is evidence to show they can remain intact for over 5 years.<sup>1</sup>

## How soon after tube insertion can I begin feeding?

Your feed can commence 1-2 hours after tube placement, but this will be decided by your Doctor, Dietitian or Nurse. The feed is introduced slowly to begin with, so that your body can adjust to the feed.

## Post gastrostomy tube placement care (first 72 hours following placement)

The following advice should be taken following PEG placement.<sup>2</sup> If you, the patient, experience any of the symptoms below, immediate medical advice should be sought as per your local post-operative protocol.

- severe pain post procedure
- pain on administration of fluid
- fresh bleeding
- external leakage of gastric contents.

**DO NOT USE** your tube. Immediately contact the relevant medical team or attend your local Accident and Emergency department taking this booklet with you, containing your tube details.

### Tube make and size:

.....

### What feed will I receive?

Your dietitian will advise you on the type of feed you require. Usually you will be prescribed a commercially produced liquid feed which contains all the essential nutrients you will need on a daily basis.

You may receive part or all of your daily food via your gastrostomy feeding tube, depending on your specific medical condition and needs.

You may also need extra fluids through your gastrostomy feeding tube. Water can be administered using a syringe or administration set.

### Feeding regimen

Your Dietitian will prescribe the volume and rate of your feed to suit your needs. You may be fed intermittently or continuously during the day or overnight, depending on which is best for you.

Always follow the recommended regimen. If you have any problems with the feed you should inform your Dietitian.

In order to prevent reflux and vomiting ensure that you are sitting upright or at a minimum angle of 30-45°.<sup>3</sup>

### Tube care

The gastrostomy feeding tube should be flushed with at least 20mL of cooled, boiled water before and after feed, or medicine administration, or as directed by your healthcare professional to help prevent tube blockage. You should only use the tube to administer feed, water and liquid medicines.

### Administration of medicines<sup>4</sup>

Medication should be administered in a liquid or soluble/dissolved form. The tube must be flushed before and after each administration of medication.

Sustained-release tablets/capsules are unsuitable for administration via an enteral feeding tube as they are designed to be released slowly. Crushing may result in the whole dose being released at once.

Medicines with enteric coatings should not be crushed and given via your gastrostomy tube as they are likely to cause tube blockage.

For further advice on administration of medicines, please contact your Pharmacist or Nutrition Nurse.

### Methods of flushing the tube

Using ENFit syringe for flushing.



1. Connect the ENFit syringe to the medication port of the giving set. Turn the medication port to 90° in order to administer water or medication.



2. Connect the ENFit syringe directly to the tube.

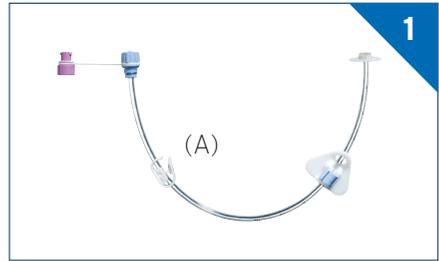
## Tube blockage<sup>5</sup>

If you are unable to flush the tube or you can see a blockage, you may try the following steps. If unsuccessful on the first step, try the next:

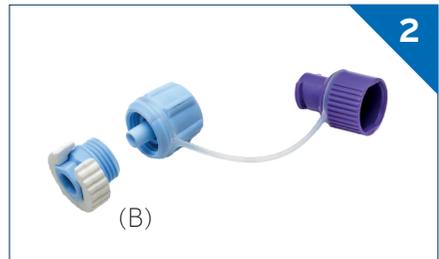
1. Ensure all the clamps are open and the tube is not kinked.
2. Connect an 60mL ENFit syringe and try to unblock using a push-pull action.
3. Massage the tube around the area of blockage if obviously visible, and/or wrap a warm flannel around the blocked area for 10 minutes and then attempt to flush with water.
4. Flush with 60mL of warm water using a push-pull action.
5. Attempt to instil carbonated water in the tube. Clamp and leave in the tube for 30 minutes then reflush.

If trying to flush, use a pumping action with the plunger on the syringe. Never use excessive force. Never attempt to unblock the tube by inserting sharp objects. If these steps don't work contact your healthcare professional.

## How to attach a new Freka PEG ENFit connector



Wash and dry hands  
Close clamp on tube (A)

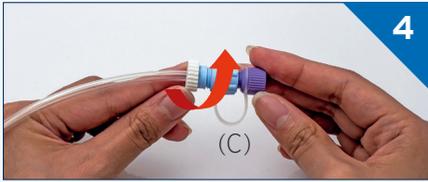


### Removing old ENFit end:

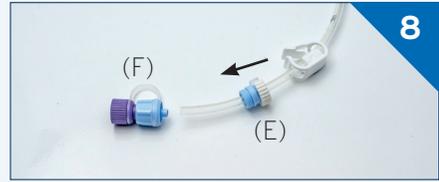
Detach the outer white ring (B) from the new ENFit connector.



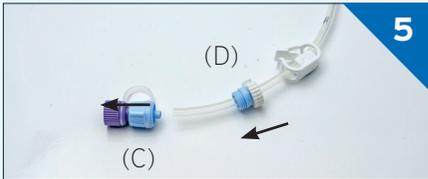
Attach the outer white ring to the coloured hexagonal fixing screw of the current ENFit connector.



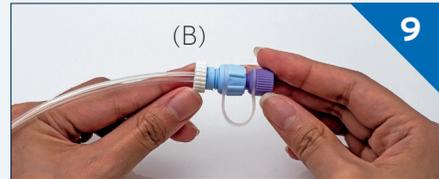
Twist the white hexagonal screw anticlockwise and unscrew from the connector (C).



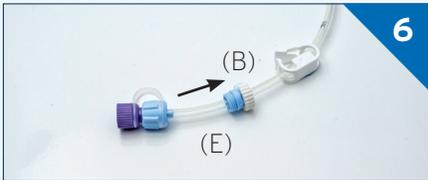
Slide the fixing screw (E) towards the ENFit connector (F) and screw together using the outer white ring.



Pull off the old connector (C) and hexagonal screw (D).



Remove the outer white ring (B) to prevent accidental removal of the connector.



### Attaching the new ENFit end:

Replace the outer white ring back (B) on to the hexagonal fixing screw on the new ENFit connector (E) and slide onto the tube.



The new ENFit connector should now be securely attached to the Freka PEG tube and ready for use.



Push the new pin with connector (F) into the Freka PEG tube. If connection is loose or the tube is stretched, trim 1cm off the tube length.

### Skincare

The area where the tube enters your stomach is called the stoma site. You may experience a discharge at the stoma site for the first few days. A loose, thin, absorbent dressing may be used to cover the site until the stoma has healed. Do not place bulky dressings under the external plate. 24 hours after PEG placement the dressing should be removed.

Once the stoma site has healed (usually 7-10 days after placement) it is important to clean your stoma site daily, as advised by your healthcare professional and keep it dry. After the tube has been in place for 10 days and the stoma site has healed, you should start to rotate it after you have cleaned it (see next section).

However, if rotation causes excess pain and/or the tube will not turn, stop and try again the next day. If at this time it is still painful and will not turn, do not attempt to carry out the rotation. Contact your healthcare professional for further advice.

If you notice any redness, heat, swelling, exudate, discomfort or pain you should contact your Nurse or GP.<sup>2</sup>

If you notice feed leakage around the stoma site you should stop feeding and contact your healthcare professional. If you experience nausea, vomiting or constipation you should contact your healthcare professional immediately for advice.

### Rotating and Advancing the Freka PEG

It is known that some people may be prone to what is called 'Buried Bumper Syndrome' (where the internal disc of the PEG tube becomes buried and the stomach lining grows around it). To help prevent this developing, the PEG should be rotated and advanced. Rotation and advancement should be carried out once a day.<sup>6</sup>

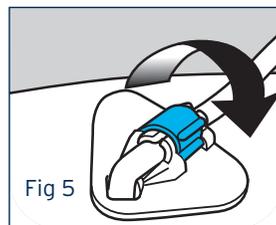
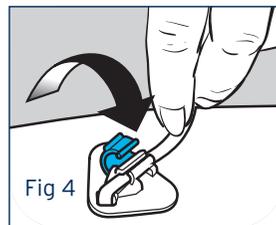
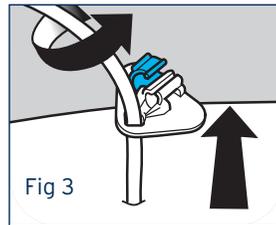
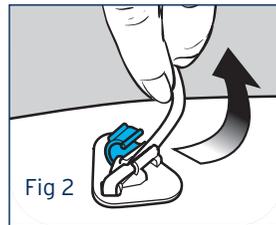
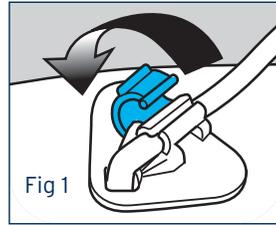
This means carefully pushing the tube 3-4 cm into the stoma site and rotating. It is important for the tube to move freely in the stoma. Then pull the tube back into its original position by pulling gently until resistance is felt.

Do not rotate the tube if the site is discharging or has not healed.

Always check with your healthcare professional about when to start rotation.

### Suggested rotation process:

1. Wash hands thoroughly with soap and water.
2. Clean the external plate as advised by your healthcare professional.
3. Open the fixation catch (see Fig 1).
4. Detach tube from groove in fixation plate (see Fig 2).
5. Move plate away from skin (see Fig 3).
6. Clean tube and stoma area and the underside of the plate and dry. Push 3-4cm of the tube into the stomach and rotate, gently pull back the tube to feel resistance.
7. Place the fixation plate back to its original position (approx 1cm away from the skin). Re-insert tube in the groove (see Fig 4) and close the fixation catch (see Fig 5).
8. Your fixation plate should not be too tight or too loose. If you feel that it is, your healthcare professional will be able to advise you.



## Frequently asked questions

### **Can I swim, bath or shower?**

Ask your healthcare professional about how soon you can swim, bath or shower after your PEG site has healed.

### **Who do I contact if the tube gets damaged or I get a problem with the site?**

Contact your local healthcare professional.

### **Can I go on holiday?**

Enteral feeding does not stop you going on holiday but it is a good idea to have a letter from your doctor and make sure you have the necessary insurance. Contact your local healthcare professional for advice about replacement tubes and information regarding the supply of your feed.

### **If I cannot eat what will happen to my mouth?**

Plaque can build up very quickly so it is important to brush your teeth at least twice a day. A mouthwash or artificial saliva may help if your mouth is dry.

### **How do I clean the site?**

Refer to the information given by your local healthcare professional.

### **Are there any patient support groups available?**

PINNT - Patients on Intravenous and Nasogastric Nutrition Therapy.

PINNT is a UK based website that provides people with useful enteral and parenteral nutrition information.

### **[www.pinnt.com](http://www.pinnt.com)\***

\*The appearance of external hyperlinks does not constitute endorsement by Fresenius Kabi and or any of its licensed products of the linked website or the information or services contained therein.

## Accessory Items



The image displays several medical accessories for enteral nutrition against a dark blue background. On the left, there are two blue plastic connectors: one with a white tube attached and another with a white cap. In the center, there is a purple plastic cap with a white tube. On the right, there is a white plastic clip. Below these, there is a white plastic component with a blue cap and a white handle, and another white plastic component with a blue cap and a white handle.

**Repair Set  
Freka PEG**

Codes  
FR 9: 7981382  
FR 15: 7981383  
FR 20: 7981384

**Repair Set  
Freka PEG Pro**

Codes  
FR 12: M90800400  
FR 14: M90800401  
FR 16: M90800402  
FR 20: M90800403





## References

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