



Post-operative care for patients discharged with feeding tubes

Feeding tubes are used to allow nutrition to be given, bypassing the upper reaches of the intestine. There are several different types but a gastrostomy tube (stomach tube) is the only type that we would ever be likely to leave in position in a patient that is discharged for care at home. In this event we will have given you thorough and specific training. The tubes are sutured to the skin. They are kept closed with a bung between feedings. If needs be, they can be left in position for months, though a couple of weeks is more usual. If a gastrostomy tube is removed before a safe period (usually at least 2 weeks) has elapsed LIFE THREATENING complications can result.

Medication: Medications can usually be given via the feeding tube. Various medications may be used depending on the reason for the tube placement.

Antibiotics: We typically dispense claviseptin (tablets given twice daily).

Analgesics: We may have dispensed tramadol (tablets given twice daily) for few days.

Dressings or body-stockings and Elizabethan collars may be used post-operatively to help protect any wound and to protect the feeding tube from interference. Dressings should be kept dry. If they do become significantly wet, or if they slip, please seek advice. If the dressing is removed, any sutured wound must not be interfered with or bathed. Any ooze from the wound, or from around the point at which the tube exits the body, may be gently blotted with kitchen towel. But if ooze is seen, advice should be sought. A thin smear of Vaseline around the hole through which the feeding tube exits can help reduce soreness.

Feeding The daily nutritional needs of the patient, food and water, are divided between half a dozen meals, each separated by several hours. Food is either provided in, or is blended to, a consistency which can be injected down the feeding tube using a syringe. The tube is flushed with water to clear it at the end of the feed. This should stop the tube blocking with solidified food material, but if the tube does block between feeds, a few ml of Coca Cola is great for unblocking them!

Checking the position of the feeding tube should be done several times a day, and before any food is injected through the tube. You will have been shown a black line on the tube. If you can't see this in the right position, or if there are any punctures in the tube (from teeth etc) then don't inject anything, and seek urgent advice.

Rechecks a few days after surgery may be with your own vet to save un-necessary travelling. We could do this check-up if travelling is not an issue, and all post-op check-ups are free of charge with us under our "fixed price" schemes. Please contact us to book an appointment for us to see the case back 2-3 weeks post-operatively when we can remove sutures/staples and check that all is going to plan.

Strict restriction and supervision of activity is required. The body dressing and the tube could potentially "hook up" or "pull out" on all sorts of things. For this reason we strongly advise that when cats or dogs don't have your UNDIVIDED attention, they should be confined to a cage. Cages which will fold flat when not in use are readily available from pet superstores, Argos, many DIY stores or from on-line retailers. Dogs should be kept on a lead anywhere outside of the house including the garden. For cats, several short periods of supervised walking around the kitchen are allowed each day. For both species, running/jumping/climbing (into cars, upstairs, onto furniture, onto kitchen work tops etc) should be prevented. Consider using stair gates and ramps, and ensure that doors and windows are shut to avoid escapes!

The tube is removed by us with a firm pull, usually under sedation. This is done when it is no longer needed, but no sooner than 14 days after placement. The hole rapidly closes once the tube is removed.

Complications are rare if care is taken to avoid interference with the tube. Sutures holding the tube occasionally need replacing between placement and tube removal. This can almost always be done conscious. If the tube is removed or is bitten through or pulls out earlier than this, then there is the risk of peritonitis which is potentially fatal. If the tube pulls out or disappears, treat this an emergency and seek immediate advice from us.

Our fixed prices include any follow up consults and x-rays done with us, but don't include further medication or revision surgery. In the event of extended hospitalisation being required, extra- hospitalisation costs will apply. For further details please see www.wm-referrals.com, "about us", "FAQs".

For further advice please contact us by phone on 07944 105501 or at mail@wm-referrals.com. Consider texting/emailing pictures.