



Post-operative care for patients discharged with feeding tubes after mobile surgery by West Midlands Referrals

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 you will require 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 two to three 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 often be given via the feeding tube. Various medications may be used depending on the reason for the tube placement. We usually avoid non-steroidal anti-inflammatory drugs (NSAIDs)

Antibiotics: Antibiotics may be given for a few days.

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. It is the owner's responsibility to prevent interference with wounds and with the feeding tube. **If dressings become significantly wet, or if they slip, or if you suspect wound interference please seek immediate 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 at least 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 residual food material before the next feed, but if the tube does block between feeds, a few ml of Coca Cola can be syringed down the tube and this is usually great for unblocking them!

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

Rechecks will be required. These are typically chargeable. Please contact your vet to book appointments. Rechecks will typically be required a few days after surgery and 2-3 weeks post-operatively when removal of sutures/staples from any wounds might be considered, and removal of the tube might be considered. Patients are usually weighed at rechecks to ensure adequate calory intake has been achieved.

Strict restriction and supervision of activity is required while feeding tubes are in place. The body dressing and/or the tube could potentially "hook up"/"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 feeding tube is ultimately removed with a firm pull, sometimes under sedation. This is done when it is no longer needed, but gastrostomy tubes are not to be removed sooner than 14 days after placement. The hole rapidly closes once the tube is removed.

Complications are rare if interference with the tube is prevented. Sutures holding the tube occasionally need replacing between placement and tube removal. This can often be done conscious. If gastrostomy tubes are removed or bitten through or pulled 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.

The price that you pay your vet on the day doesn't typically include further consults, medication, dressings, x-rays or revision surgery. We are available to give advice on the case in the post-operative period, but initial contact should be to your own vet. Consider texting/emailing pictures to them. They will then contact us as required and we'll be pleased to give advice. 25/11/2017