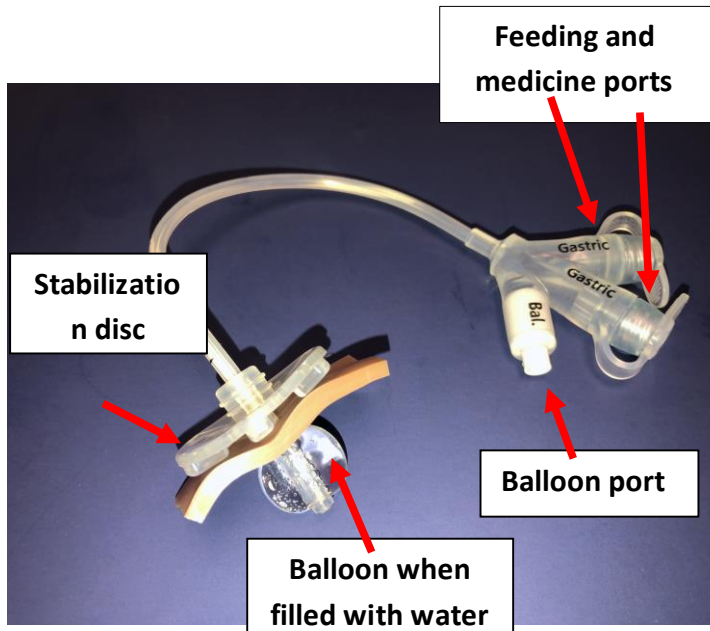


How to place a G-tube if the GJ-tube falls out

It is important to know how to place a G-tube if the GJ-tube falls out. You will be given a MIC long G-tube for home. You will be shown how to place this tube if needed.



Putting the G-tube in will:

- help keep the opening from shrinking. The opening is also called the stoma or tract which is where the tube goes in.
- help give feedings and medicines if your child can handle them in the stomach.
- be used only until your child's GJ-tube is replaced in the Imaging Department.

What is a MIC long G-tube?

- It is a long feeding tube. It is held in the stomach by a water balloon.
- It has a stabilization disc which allows a better fit on people of all sizes.

What do I do if the GJ-tube falls out?

1. Cover the stoma with gauze or a washcloth. This will stop the food from coming out.
2. Get your supplies:
 - MIC long G-tube
 - Water soluble lubricants like K-Y jelly™ or Surgilube®
 - 5 mL or 10 mL slip tip syringe
 - Bottled water or normal saline
 - Tape, if needed
3. Wash your hands with soap and water.
4. Get the new tube ready:
 - Pull the stabilization disc up toward the top of the tube
 - Put lubricant on the balloon tip of the tube
 - Draw up the correct amount of bottled water or normal saline into a slip tip syringe. Look on the balloon port for the amount needed.
5. Gently ease the new tube 1 to 2 inches into the tract.
6. Put the syringe of water into the balloon port of the tube.
7. Push the plunger to fill up the water balloon.
8. Remove the syringe.



9. Gently pull up on the tube until it feels like it will not come up anymore. This means the balloon is snug against the stomach.
10. Wipe away the extra lubricant from the skin.
11. Push the stabilization disc down so that it is resting gently against the skin.
12. Secure the tube.
13. If you will be giving feedings or medicines through the tube, check to make sure the tube is in the right place.
 - Put an empty syringe into the feeding port.
 - Pull back on the plunger until you see gastric juices or formula.
 - Close the feeding port.
 - If you are unable to pull back any gastric juices or formula, do not use the tube. Keep the tube in place until a GJ-tube is able to be replaced.

What if I am not able to place the G-tube?

If you are having a hard time placing the G-tube, try putting the tip of the tube into the tract and tape into place. Never force any part of the tube in the tract. If you cannot place any part of the tube in the tract, stop. Call the Imaging Department or your child's doctor for more instructions.

What do I do now that I have the G-tube in place?

Some children can handle slow feedings or Pedialyte in their stomach. Some children may not handle anything in their stomach but can wait to have the GJ-tube exchanged. Most children can go without feedings or liquids for 12 hours without any harm. Some children may need IV fluids. Your child may need to be admitted to the hospital while the GJ-tube is not working. It will depend on your child's age and special medical needs. Your child's doctor or nurse should talk to you about your child's emergent feeding plan.

Do not come to the Emergency Room unless needed. If you come to the Emergency Room in the evening or overnight, your child's GJ-tube will not be replaced until the next day.

It is best to call the Imaging Department if you do not know what to do. If your child can make it through the night, call the Imaging Department the next morning to have GJ-tube exchanged.

Day	Time	Imaging Phone Number
Monday-Friday	8:00 AM – 4:00 PM	(414) 266-3152
Weekday After Hours and Weekends	After 4:00 PM	(414) 266-3116

If your child is not able to get through the night without food, liquids or medicines, call the doctor who manages your child's feedings.

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.