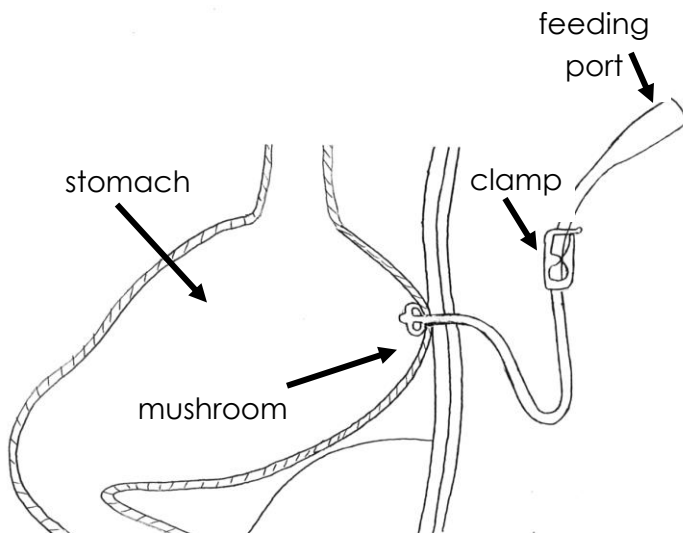


What is a Pezzer tube?

A Pezzer tube is a long type of feeding tube. It is held in place in the stomach by a small mushroom shaped piece.



There may be stitches on the outside for up to a week.

If your child is sent home with the stitches, they can be removed at your child's doctor's office, clinic, or by a home nurse.

This tube needs to stay in place 6 weeks before it is changed to another type of tube. This is needed for the tract to heal. After this time, the tube can be changed to another type of tube.

Why does my child have this type of tube?

You and your child's doctor decided this kind of feeding tube would be the best for your child at this time.

Your child's tube size is _____.

How do I care for the tube?

See the Caring for a Child with a Feeding Tube Notebook or go to www.chw.org/gtube.

Information and videos on website:

- Cleaning the site
- Giving feedings
- Flushing the tube
- Giving medicines
- Venting the tube
- Common skin problems

Bolster dressings

A bolster dressing helps:

- keep the tube from wiggling or leaning.
- heal the tract.
- keep the tube in place.

Change the bolster:

- every three days.
- if it is dirty.
- if the tube is not secure.

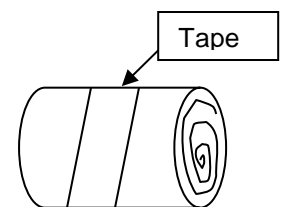
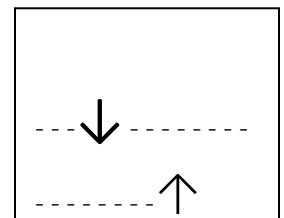
When changing the bolster, it is best to move it to a different spot on the belly. This helps keep the tube from leaning on one side and making the opening larger. This also protects the skin around the tube.

It may be easiest to plan the bolster change during your child's bath time. The site should still be cleaned every day. Cleaning the site can be done without taking off the bolster.

The tube should exit the skin and lay over the bolster dressing. The tube should stay straight up from the tract so it does not lean.

Steps to make the bolster and secure tube

1. Get supplies ready.
 - Gauze that is 3 inches by 3 inches
 - Half inch wide tape (4 pieces that are about 3 to 4 inches long)
2. Wash your hands with soap and water.
3. Make bolster. You can make several of them up ahead to save time. Put them in a plastic baggie.
 - Stack 2 pieces of gauze and fold in thirds.
 - Roll it tightly and tape it so it won't unroll.
4. Take off the old bolster dressing.
5. Clean the skin site if needed.
6. Gently spin the tube in the tract. This helps the stop the tube from sticking to the skin.
7. Gently pull back on the tube until the mushroom or water balloon is snug against the stomach wall.
8. Put the bolster on the skin next to the tube. Do not put bolster in the same spot on the belly.



9. While holding the tube straight up, lay the tube over the bolster and begin to secure.
 - Put 3 pieces of tape over the tube and bolster dressing. Lay them in the same direction overlapping each piece a little bit. The tape should not criss cross.
10. Put one extra strip about 1 to 2 inches away from the bolster. This is called a tension loop.
 - Fold it around until the tape meets.
 - Put the ends of the tape onto the skin.
 - This strip adds security to the tube and bolster.



What problems might I have with the Pezzer tube?

Problem	Causes	Solution
Leaking of formula or stomach juices at the site where tube is in the skin	<ul style="list-style-type: none"> • Bolster dressing is loose. • Tube moved further into stomach. • Child is ill or sick. Sometimes when your child is sick with coughing or throwing up, there is leaking at the site. 	<ul style="list-style-type: none"> • Check that the mushroom is pulled snug against the stomach wall. Pull gently up on the tube until you feel you can no longer pull up. • Make sure the bolster dressing is secured in place. • Call your child's nurse or doctor if leaking keeps happening or you are not able to fix it.
Tube falls out	<ul style="list-style-type: none"> • Tube got pulled on or caught on something. 	<ul style="list-style-type: none"> • Do not replace the tube. Cover the opening with gauze or a cloth. Bring your child to the Emergency Room.

Other teaching sheets that may be helpful

- Bolster Dressings for G-tubes and J-tubes #3067

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if:

- the tube is the first tube and it has fallen out.
- the tube site is closing up.
- your child has feeding problems such as vomiting or gagging.
- you are not able to spin the tube in the tract.

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.