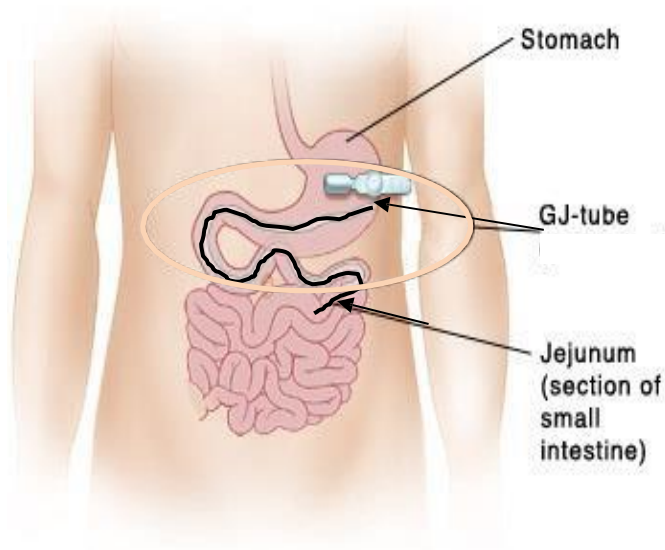


Corflo Gastrojejunal Tube

(Corflo GJ-tube)

What is a Corflo GJ-tube?



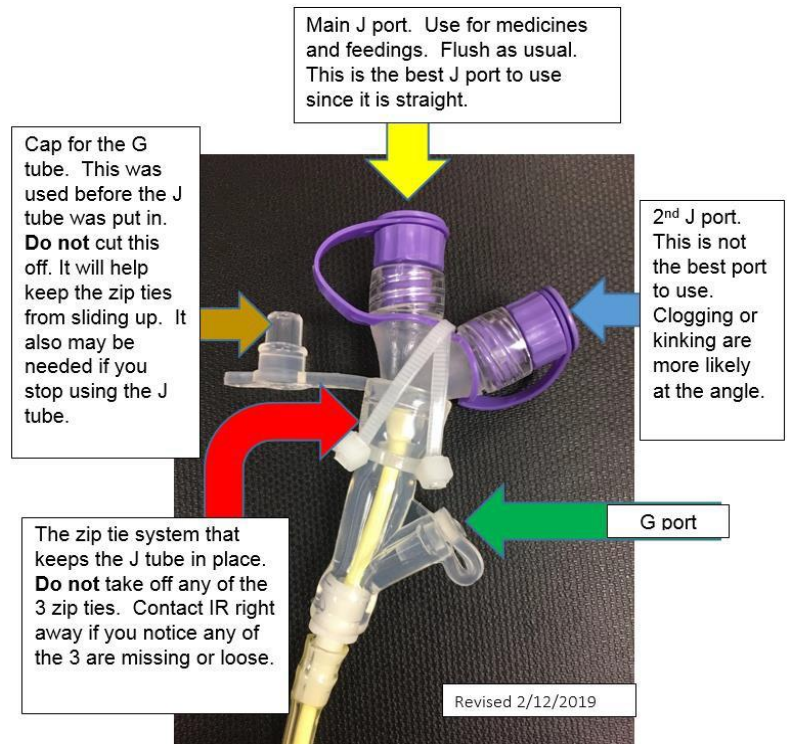
There are different brands of GJ-tubes. Corflo GJ-tube is one of the brand names. It is a long type of tube. It has a bumper on the inside to help keep the tube from falling out.

A GJ-tube is a feeding tube. It goes through the stomach and into the intestine. The G is for gastric, which is the stomach. The J is for jejunum, which is a part of the intestines. Often, a G-tube will be changed to a GJ-tube. This lets you feed into the small intestines.

Ports

There are three ports on the Corflo GJ-tube.

1. **Jejunal** ports = the two purple capped J-ports
 - These ports are used to give feedings, liquids and medicine into the jejunum.
2. **Gastric** port = clear G-port
 - Some children can handle the G-port clamped. Others may need it vented or placed to gravity. Your child's doctor or nurse will help you decide what is best for your child.



Why does my child have a GJ-tube?

Some children cannot handle food in their stomach. Some children can't gain weight when this happens. They may need to be fed past the stomach into their intestines.

Reasons for needing to be fed into the intestines:

- slow stomach emptying.
- severe stomach pain.
- gagging and vomiting during feedings.
- breathing problems.

How long will my child need a GJ-tube?

Some children need the GJ-tube for a short period of time.

Once the first GJ-tube is placed you will feed your child through the J-port. When those feedings are going well, you will try feeding through the G-port. Some children may be able to be fed in their stomach later. If your child can accept feedings into the stomach, they will no longer need the GJ-tube. It can be changed to a gastrostomy tube (G-tube).

If your child needs a GJ-tube longer than 6 to 12 months, your child's doctor may talk with you about the possible need for a permanent jejunostomy (J-tube).

Special care for the Corflo GJ-tube

Visit www.childrenswi.org/gtube for videos on caring for a child with a GJ-tube.

Do not spin the GJ-tube. This can cause the tubing to twist and move out of place. If it moves or spins on its own, that is ok.

Feedings

Always give continuous feedings with the feeding pump when feeding through the J-port. Never give a large amount of feedings over a short period of time into the intestines. The intestines cannot handle a large amount of fluid at once. If feedings are too fast or too large, your child may throw up, poop a lot or have stomach pain.

Medicines

Ask your child's doctor if the medicine should be given into the G-port or the J-port.

The medicine works best if given in liquid form. Crushed pills and thick medicines can clog the tube easily. If you need to give it in pill form, crush the medicine to a fine powder and mix the medicine with enough water to make it smooth. Flush the tube before and after each medicine. Also, flush between medicines.

Flushing

GJ-tubes need to be flushed often, to help prevent clogging.

- Flush the J-port with 2 to 5 mL of water. It is important to flush the J-port every 4 hours, even if a feeding is still going.
- Flush the J-port before, between and after all medicines.
- If your child has a break between feedings, flush after the feeding is done.
- If liquids from G-port are slow to move, flush the tube with 2 to 5 mL of water. Do this at least once a day. Ask your child's doctor or nurse if this will help.

Routine GJ-tube changes

GJ-tubes should be replaced in Interventional Radiology every 3 to 4 months.

- Call Monday-Friday from 8:00 AM – 4:00 PM (414) 266-3152 to schedule.

What problems can happen with a GJ-tube?

Rarely, the tube may cause a hole in the intestines. **This is an emergency.** Seek help immediately. **Signs of this would include fever and severe stomach pain.**

It may seem scary, but it is not an emergency if the GJ-tube has a problem:

- Do not come to the Emergency Room unless needed. It is best to call Interventional Radiology first. 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 Interventional Radiology (IR) if you do not know what to do.
- If any problems happen that would need our child's GJ-tube exchanged, call one of the numbers below.
- If a problem happens during regular scheduling hours, call right away
- If the problem happens after hours or on weekends, call IR the next morning to have the GJ-tube exchanged.

Day	Time	Interventional Radiology Phone Number
Monday through Friday	Scheduling hours 8:00 AM – 4:00 PM	(414) 266-3152
Weekdays after hours and weekends	After 4:00 PM	(414) 266-3116

Every child has a different plan until the GJ-tube is able to be fixed or exchanged. Most children can go without feedings or liquids for 12 hours without any harm. 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.

- 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.
- Some children may need IV fluids. Your child may need to be admitted to the hospital while the GJ-tube is not working.

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.

Problem	Causes	Solution
The GJ-tube is clogged	<ul style="list-style-type: none"> • Medicine stuck in tube. • Food or formula built up in tube. 	<ul style="list-style-type: none"> • Try flushing the port with warm water or fizzy water or seltzer water. Use a 3 mL syringe and push and pull on the plunger to help unclog the tubing. It can help to let the water sit in the tube for 20 minutes and to try again. Do not use soda or juices to unclog the tube. • If the J-port still will not flush after trying these things, call your child's doctor or Interventional Radiology.
The GJ-tube fell out	<ul style="list-style-type: none"> • Tube got pulled on. • Water in balloon deflated or balloon broke. 	<p>If this is your child's very first tube and it has never been changed before:</p> <ul style="list-style-type: none"> • Do not try to put anything into the tract. Cover the stoma. • If it is Monday through Friday 8:00 AM to 4:00 PM, call Interventional Radiology. • After 4:00 PM or on weekends, bring your child to the Emergency Room. <p>If this is not your child's very first tube and it has been changed before:</p> <ol style="list-style-type: none"> 1. If you have a spare G-tube: <ul style="list-style-type: none"> • Replace if you were told to do so. • If you were able to put in the G-tube and if you were told that your child may handle slow feedings or Pedialyte in the stomach, you could try this. Call IR to schedule a GJ-tube exchange. 2. If you don't have a spare G-tube: <ul style="list-style-type: none"> • Try to put the tip of the GJ-tube into the tract 2 inches and tape into place. This will keep the tract from closing. • If you are not able to put anything into the tract, call Interventional Radiology or your child's doctor for more instructions.
<p>If part of the GJ-tube fell out Your child may throw up formula or have stomach pain if this happens.</p>	<ul style="list-style-type: none"> • The tubing in the intestines could twist and move into the stomach. • The jejunal tubing may slip out of the port. • Zip ties become loose. 	<ul style="list-style-type: none"> • If you were told that your child may handle slow feedings or Pedialyte in the stomach, you could try this. Call IR to schedule a GJ-tube exchange.