



Caring for your jejunostomy feeding tube

This leaflet contains useful information and advice for patients leaving hospital with a jejunostomy feeding tube. We hope it will be helpful to you. If you have any questions, please do not hesitate to contact a health professional.

Going home with a jejunostomy feeding tube

This information outlines procedures required to care for and maintain your jejunostomy feeding tube and supports the training that you will receive in hospital prior to discharge.

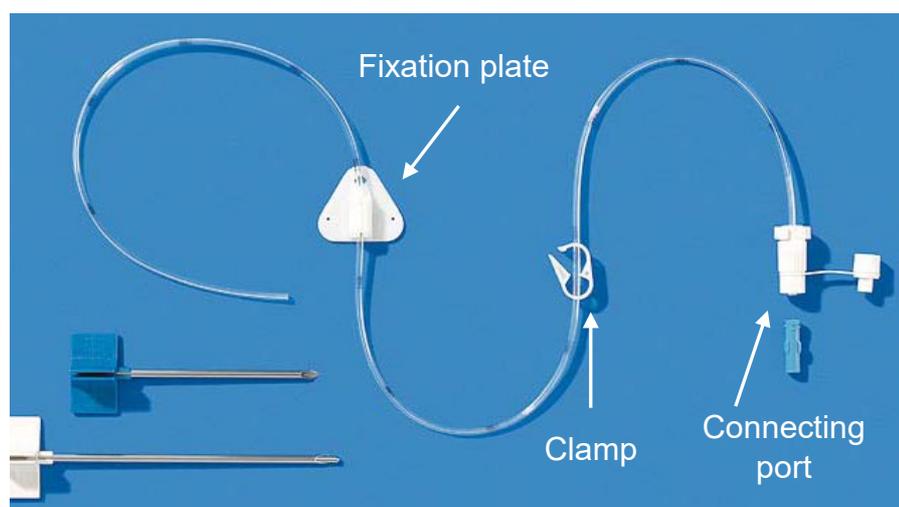
What is a jejunostomy feeding tube?

A jejunostomy (or Jejunal) tube is a soft tube which is inserted into your small bowel by a trained specialist, in a hospital theatre. The placement of this tube is to enable feeding to take place directly into your small bowel for the following reasons:

- When feeding into your stomach is not a viable option.
- You are unable to swallow enough food or fluid to meet your nutritional requirements.
- It is anticipated that future treatments may cause temporary loss of appetite or swallowing difficulties.

The feeding tube can be used to top up your oral intake or provide all your nutritional requirements and is a safe, discreet and effective method of receiving short- to long-term nutrition.

Tube feeds contain all the necessary energy and nutrients normally provided by a balanced diet. The dietitian will calculate how much feed you will need to meet your nutritional requirements and will liaise with you as to the best method of feeding delivery, taking into account your home circumstances and life style.



- **Jejunostomy tube with visible sutures:** This is a tube that is stitched to the skin to keep the tube in place, occasionally a securing device may be used. This tube can easily be withdrawn from your small bowel after removal of the sutures.

- **Jejunostomy tube with internal sutures:** The internal stitches holding the tube to your small bowel will have dissolved after 4-6 weeks and the tube can easily be removed.
- **Self-retaining tube (known as a PEG-J):** This tube is retained in your small bowel by a round disc attached to the end of the tube. This tube is likely to require an endoscopy procedure for its removal (this will be explained by the consultant / specialist nurse).

Please note: A measurement on the outside of the tube may be recorded by the nurse for future reference (depending on the type of tube). This is helpful if at any time, it is suspected that the tube has become displaced.

How long will I need the jejunostomy tube for?

The consultant will make the decision on how long the tube is required for. Usually, for surgical patients review will be at your follow-up appointment (usually 4-6 weeks after an operation) and will depend on whether you are meeting your full nutritional requirements by mouth. However, for some medical conditions follow up and review will vary.

You may have one of the following feeding tubes in place, if you are unsure of which type you have, the consultant or specialist nurse will be able to clarify this.

General aspects of care

The basic principles of care for each tube will be the same. It is important to undertake the following procedures outlined, as the position of your tube means that the stomach acid is bypassed. This acid would normally provide natural protection from contamination of germs entering into your small bowel.

Therefore it is **very** important to ensure that your **hands are washed and dried thoroughly** prior to undertaking any tube-related task.

Stoma site care

The area where the tube enters your abdomen is called the stoma site.

A small amount of discharge from the stoma site is normal within the first few days.

- It is advised that the area is kept clean by washing daily, using non-perfumed soap and warm water and dried with a clean towel. Do not use talcum powder or creams around the stoma site as these may irritate your skin and damage the tube (only cream prescribed by the health professional should be applied).
- Please do not ever rotate the tube.
- Baths are not recommended until the tube has been in place for over 10 days and the stoma tract has had time to heal. Showering is acceptable after 7 days, providing the tract is covered.
- Please check your stoma site daily. Dressings are not usually required. However, a transparent dressing may be used to cover the site for your comfort and prevent the tube from becoming dislodged, whilst also aiding observation of the stoma site.

Flushing your tube

- If your tube is not required for feeding. It will still require flushing twice a day (morning and evening) to prevent blockage.
- Always use a purple 50ml Enteral labelled syringe. (Enteral relates to the gut.)
- Cooled boiled water, should be used for flushing a jejunostomy tube and discarded every 12 hours. In hospital sterile water will be used.
- Appropriate syringes will be provided. Discard daily or as per instructions from dietitian / nutrition nurse (in a hospital setting this will be after each use). Syringe and plunger should be cleaned immediately after each use with fresh warm, soapy water (domestic washing-up liquid). When washing draw plunger in and out of syringe several times, separate syringe and plunger, cleaning both until all traces of feed/medicine are removed. Rinse under cold tap water and dry well with clean paper towel. Store in a clean, dry container. Reassemble when required.

Pump feeding

The dietitian will discuss with you the most suitable way for you to be fed. Exactly how much feed you need will also be calculated.

An enteral feeding pump is usually required to administer feed, unless otherwise directed by dietitian.

The dietitian or nutrition nurse will make arrangements for you to receive training on how to use the pump and administration set. This training usually takes place in hospital until your confidence and skill is gained in undertaking these procedures. Ongoing support will be available when you are discharged home.

Key points when administering the feed:

- The giving set and bag of feed should be changed after 12 hours, irrespective of the amount of feed left in the bag.
- When you are receiving feed via your tube, it is important to flush the tube with water before and after each feed promptly.
- You are advised to flush the tube 4-6 hourly during the day to help prevent blockages.

It is important **not** to lie flat when feed is in progress unless your medical condition means it is inadvisable. Your head and shoulders should be raised on extra pillows at a minimum 30° angle and for at least 30 minutes after a feed in order to prevent regurgitation of feed and heartburn.

Mouth care

It is important that whilst you are receiving feed via your tube, regular attention should be given to your oral hygiene to reduce the risk of oral thrush and other mouth infections from occurring.

Medicine administration

- Medicines should be in liquid form wherever possible.
- Flush the tube prior to and after each medicine is administered.

- Draw up each medication separately (dilute medication if necessary) using a purple syringe (Enteral syringe).
- Flush with at least 10mls of water between each medication.
- After your last medication, flush using a push pause technique. Creating turbulence within the tube when flushing will help to remove particles within the tube.

Storage and disposal of feed

- All equipment, including unopened feed, should be kept in a cool, dry place.
- Any opened, unused feed should be discarded by pouring down the sink and rinsed away.
- All plastic equipment can be disposed into your normal rubbish bins or alternatively the empty bottles/cartons can be placed in a plastic recycling bin.

Going home:

Before you go home the nurse will discuss general care of the tube and demonstrate the flushing technique.

Prior to discharge you will be provided with 7 days' supply of feed, feed lines, syringes and other equipment, as required. Thereafter, these will be provided by Abbott Nutrition, a home care delivery company. An Abbott nurse will contact you in the hospital or at home to arrange delivery of feed and a contact in the community, if you require help with your feed, feed pump or equipment.

If you have any concerns relating to your tube/feed please contact a key professional on your list of contacts.

Troubleshooting: surgical jejunostomy tubes

Problems	How to treat
Pain and discomfort around insertion site (surgical jejunostomy)	Check if the insertion site is painful, red or inflamed (it may be infected, a swab may be required). If there is discharge from the site <u>stop feed</u> , flush the tube and seek medical advice.
Leakage from entry site (surgical jejunostomy)	Check to see if the tube has appeared to move and that the sutures are still holding tube in place. Stop the feed if you are unsure about the cause of leakage and seek medical advice. One of the key contact nurses will be able to advise suitable dressings.
Stitches are becoming loose/have fallen out	Secure your tube with a dressing or tape down as soon as possible. Inform one of the key contacts.
Tube has fallen out	Don't panic! Cover the stoma site with gauze dressing, tape down, retain tube. Seek medical advice as soon as possible.
Diarrhoea	Check that your pump is set to deliver the correct rate of feed. Contact the dietitian /GP for advice if diarrhoea persists. This may be due to antibiotic therapy or other medications. Do not stop feed or medication until advice is sought.

Problems	How to treat
Constipation	Ensure that you are taking the prescribed amount of fluid. Contacted the dietitian who may consider an alternative feed. Some medications may cause constipation, discuss this with your GP. Do not stop feed or medication until advice is sought.
Dehydration	Always administer the prescribed amount of water and feed as prescribed by the dietitian.
Blocked tube (this should not happen if the tube is always flushed as instructed)	First try to flush the tube with 10-20mls of warm, previously boiled water. Use the syringe plunger to apply gentle pressure and then suction to try and remove the contents of the tube. Gently squeeze/roll blocked section of the tube between finger and thumb to help disperse the blockage. If unsuccessful and if you have available, try to flush with fizzy/soda water. Repeat the above procedures at 20 minute intervals. When attempting to flush, do not use excessive force, as this may rupture your tube. If repeated attempts are unsuccessful inform one of the key contacts listed.
Regurgitating feed, vomiting, high temperature and breathlessness	Stop the feed and seek immediate medical advice. Check that you have been receiving the prescribed amount and rate of feed.

Follow up and support contact numbers

Health professional	Name	Contact number	Available
Dietitian			
PEG Nurse/ Nutrition Nurse	Sarah Lupai / Olivia Bentley-Kydd	0118 322 8342 07826921372 or Email: rbft.gastrostomyreferrals@nhs.net	8am – 4pm Monday – Friday
GP			
District nurse			

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Please ask if you need this information in another language or format.

RBFT Endoscopy (Enteral Nutrition), January 2024.

Next review due: January 2026.

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