

Feeding/Nutrition | Gastrostomy Tube (G-Tube). What is a Gastrostomy? The word means “a hole in the stomach.” In surgery we sometimes put a tube into the stomach through a hole in the abdominal wall. This way your child can be fed or take medicine without having to swallow.

Who needs one? Any child who cannot or will not eat enough by mouth to maintain his or her weight may need a Gastrostomy tube. Some examples are: premature infants with feeding difficulty, patients with chronic illnesses who need extra nutrition, and patients with neurological disorders who cannot swallow.

How is it placed? Your child will go to the operating room to have the tube placed. Some tubes can be placed using a camera inserted into the stomach—these are called PEG tubes and the camera is called an endoscope. Other tubes are placed by opening the abdomen with an incision and placing them directly into the stomach, which is more common if your child is having another procedure done at the same time, such as a fundoplication (stomach wrap).

What will it look like? Some tubes will actually protrude out of your child’s abdomen underneath the left side of the ribs. It will hang down like a “tail” when it is being used, and it can be coiled up and taped in place when it is not in use. A button-type gastrostomy tube is actually a small plastic hub sticking out of the abdomen instead of a tube. You connect a feeding tube to it when in use, and you disconnect the tubing completely when you are finished.

How do I use it? It depends on your child’s condition. Some kids eat a lot by mouth, and only need their feeding tubes to get extra calories at night—they can sleep while getting continuous feeds through the tube. Other kids get continuous feeds 24 hours a day with a portable feeding pump. And some kids get a liquid meal poured through the tube (a bolus) 3 or 4 times a day on a regular schedule, which is how most of us eat.

Are they permanent? Again, this depends on your child’s condition. Some premature infants use them for a few months and then don’t need them anymore—they can then be removed. Other children need them for their entire life. If a tube is no longer needed, we can usually remove them very easily.

Are they hard to take care of? Generally no. If you clean the tubing regularly after use, and you keep your child’s skin clean and dry around the tube site, they can be easy to manage. Sometimes tubes do malfunction and can leak excessively. If this happens your child’s skin may get irritated or infected. Sometimes active children can pull a tube out accidentally. If you have either of these problems you should call your surgeon to assist you. If your child’s tube comes out you should have a spare tube or other soft, rubber catheter available to place in the hole so that the hole doesn’t close. If you do not have something available, you should take your child to his doctor or the ER within a couple of hours to get the problem fixed. If the hole closes completely your child may have to go back to the OR to replace the tube.

To make an appointment to discuss this topic, please call or email at the information listed below.

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