Avoiding/Tackling Tube Feeding Complications

CYNTHIA REDDICK, RD, CNSC
NATIONAL TUBE FEEDING MANAGER
CORAM/CVS SPECIALTY INFUSION
Objectives

- Your tube feeding shouldn’t hurt! Identifying and solving tube site complications.

- Set yourself up for success. Making your feeding regimen work for you at home.

- Identify adapters and securement devices that may solve your access device or stoma site dilemma.

- ENFit transition update.
Home Enteral Nutrition Monitoring

Tolerance of Tube Feeding

- Diarrhea
- Nausea and vomiting
- Abdominal bloating
- Cramping
- Tube-related issues
Home Enteral Nutrition and Monitoring

Possible Physician Objections:
- Potentially labor intensive
- Potential liability: High-risk patient care out of direct sight
- Dependent on suppliers / nursing

Other Concerns:
- Some clinicians unfamiliar with monitoring requirements
- Some clinicians unfamiliar with treating complications
Debbie

c/o leaking at stoma site
Tube site red and irritated
Debbie
David

6’0” and 135# and not gaining weight
Significant foamy reflux with constant coughing
Tube site frequently “gooey”
David
David started on prokinetic agent.

Slowed down feeding administration.

Changed daily stoma cleaning regimen.

Confirmed properly sized button.

Caution: Do Not Overfill.

Warning: Exhaust Fumes May Be Deadly.
Normal Healing

What is normal healing of a G-tube site?
Infection at the tube site is the most common complication

- Incidence rate ranging 3–30%

Factors that increase risk of infection:

- Diabetes
- Obesity
- Malnutrition
- Chronic steroid use
Bacterial Infection
Bacterial Infection

Problem:
- Improper cleaning regimen
- Lack of clinical expertise

Solution/Intervention:
- Daily cleaning regimen education
- Systemic antibacterial treatment via G tube

1 week after ABX initiation
Hypergranulation

- Hyperplasia of granulation tissue; hypertrophic granulation; proud flesh
- “Spongy, fragile, exuberant mass of tissue”
- Highly vascular, painful, and bleeds easily
- Inhibits epithelialization and increases risk of stoma site infection
Hypergranulation (cont’d)

- **Common causes:**
  - Excessive movement of tube
  - Excessive use of hydrogen peroxide
  - Body’s own response to the presence of the tube

- **Treatment options: Address the cause**
  - Hydrocortisone cream
  - Silver nitrate
  - Cauterization
Hypergranulation (cont’d)
Hypergranulation (cont’d)
Yeast Infection at G-Tube Site

Fungal infection of any of the *Candida* species

Common symptoms:
- Pustule with secondary lesions of papules from abraded pustules and plaque
- Erythema, maceration, and pruritus
- Satellite lesions

Common causes:
- Excessive leaking or bleeding at stoma site
- Prolonged use of moist dressing at stoma site
Yeast Infection at G-Tube Site (cont’d)

Treatment Options: Address the Cause

- Barrier cream to protect skin if site still leaking
- Hydrocortisone cream to manage inflammation
- Topical antifungal treatment BID
- Some commonly used examples:
  - **Lotrimin® (Clotrimazole) OTC**
    - Blocks the manufacture of ergosterol, a crucial material of the yeast cell wall, so it becomes leaky and the yeast die.
  - **Mycostatin® (Nystatin)**
    - Attaches to the yeast’s ergosterol, then forms artificial holes in the yeast wall that cause the yeast to leak and die.
Yeast Infection
Yeast Infection

Day 1

Day 15

Day 45
Mold in Tube
Degradation of the Tube
Access Device Problems & Solutions
Design standards for system-specific applications start with enteral
Safe Enteral Connections Update

Pump

Legacy Set

Transition Set

Patient
ENFit Syringe

Syringes to administer medicine, water flushes, hydration, or bolus feeding through enteral tubes.
Feeding Tubes and ENFit

- Legacy
- ENFit
- Hybrid

Challenges with ENFit Tube Transition:
  - Off label use of drainage and urological catheters
  - Supply chain management of inventory and availability throughout the healthcare continuum of care
Home Enteral Nutrition Conclusion

- If it doesn’t look right, it probably isn’t.
- You have options with your feeding regimen and access devices.
- Complications do occur
- Home care clinician knowledge of complications and their treatment is imperative