Caring for your Feeding Tube Site and Troubleshooting Complications

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Oley Conference
6/26/18
Objectives

• Your tube feeding shouldn’t hurt!
• Provide a review of preventing, identifying and solving tube site complications.
• Case study review: Debbie and David
• Review normal healing and tube site care
Home Enteral Nutrition Monitoring

Tolerance of Tube Feeding

- Diarrhea
- Nausea and vomiting
- Abdominal bloating
- Cramping
- Tube-related issues

Concern:
- Some clinicians unfamiliar with monitoring requirements and treating complications
David

Started on prokinetic agent

Slowed down feeding administration

Changed daily stoma cleaning regimen

Confirmed properly sized button
Case Study: Debbie

PROBLEM:  
1) Leaking at stoma site after feeds  
2) Tube site red and irritated
Case Study: Debbie

SOLUTION:
1) Slow down and space out bolus feeds
2) Resolve leaking and treat yeast infection
PROBLEM:  1) 6’0” and 135# and not gaining weight
          2) Significant foamy reflux with constant coughing
          3) Tube site frequently “gooey”
          4) Volume intolerance with bolus feeds
Case Study: David

SUCCESSFUL HOME TUBE FEEDING LET TO RECOVERY FROM MALNUTRITION

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What is Normal Healing of a G or J Tube Site?
Tube Hygiene

• Cleaning around the feeding tube site daily is the 1st step in keeping the tube clean on the outside

• Soap and water are recommended

• No hydrogen peroxide, rubbing alcohol, or other ointments unless recommended by the physician
PEG Site Infection

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 with Cellulitis
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

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 AND treat

• Hydrocortisone cream
• Silver nitrate
• Cauterization
Hypergranulation
Hypergranulation
Hypergranulation

**Problem:**
External bolster set too loose to the skin

**Solution/Intervention:**
- Instruct on proper placement of external Bolster
- BID application of hydrocortisone cream x 2 weeks
Yeast Infection at 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 Tube Site

Treatment Options: Address the Cause

1) Barrier cream to protect skin if site still leaking BID
2) Hydrocortisone cream to manage inflammation BID
3) Topical antifungal treatment BID

- **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.
First Impression?
Yeast Infection

Day 1

Day 15

Day 45
Pop Quiz!
Mold in Tube
Degradation of the Tube
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