Gastrostomy Complications: Round Table Discussion
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Disclosure Information
• No disclosures

Objectives
• Verbalize the current methods of gastrostomy placement and discern the differences in the post-operative management.

• Verbalize the appropriate best practices in managing common challenges seen with gastrostomy placement including leakage, granulation tissue and irritant dermatitis.

• Verbalize the appropriate practices in managing gastrostomy complications including cellulitis and dislodgement.
**Post Operative Care**

- Cleanse with water/saline
- Secure device
- DO NOT rotate
- NO balloon checks
- NPO and vent x 24 hours

3 - 5 days

- Cleanse with soap & water
- Secure device
- Rotate daily
- NO balloon checks
- Advance feeds as tolerated

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**Erythema / Dermatitis**

- History and Assessment
  - History and presentation?
  - Drainage OR leakage?
  - Appropriateness of device?
  - Systemic symptoms?

- Recommendations
  - Address underlying cause

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**Leakage + Erosion**

- History and Assessment
  - History of leakage?
  - When does it leak?
  - How much?
  - Balloon checks?
  - Size of device
  - Trauma/pulling?

- Recommendations
  - Secure device
  - Balloon checks*
  - Proper sizing
  - Barriers: Barrier film + skin barrier (ointment/cream or dressing)
  - Consider hydrocolloid dressing
  - Consider pouching
  - Consider a "holiday" or temporary removal
Buried Bumper Syndrome

- History and Assessment
  - History of pain/discomfort; unable to rotate
  - Recent weight gain?
  - Lost to follow up?

- Recommendations
  - Upsize as soon as possible
  - Ointment/Cream to peristomal skin
  - Consider using foley or long gastrostomy

Granulation Tissue

- History and Assessment
  - History of granulation?
  - History of tugging/trauma/change?
  - Can have increased drainage/discomfort due to granulation tissue

- Recommendations
  - Silver nitrate / cauterization
  - Triamcinolone cream 0.5% BID – QID
  - Stabilization of device
    - Bolster – gauze rolls &/or tape
    - Secure extension tubing
    - Retention dressing or elastic bandage
    - Tightly fitted clothing

Prolapse

- History and Assessment
  - History of prolapse?
  - History of recent URI? Receiving PPV?
  - Character
    - Tissue is silky smooth & red (like a stoma) vs textured & pink/red/yellow in color

- Recommendations
  - Manage peristomal skin
  - Watch and wait
  - Honey calcium alginate dressing
  - Surgical correction
**Feeding Infiltration/False Track**

- History and Assessment
  - Buried bumper history?
  - Timing of last GT change or traumatic event?
  - Diagnose
    - GT study

- Recommendations
  - Address cause
  - Consult Pediatric Surgery for surgical intervention
  - Antibiotics as appropriate

**Cellulitis**

- History and Assessment
  - History of leakage/drainage and redness?
  - Local vs systemic symptoms?
  - Timing of surgical procedure or recent change in clinical history?
  - Erythema, induration, fever and pain. Skin breakdown may not be present.

- Recommendations
  - Antibiotics (usually 1st generation cephalosporin)
    - Candida, pseudomonas, a. coli, e. chaeae, staphylococci, lactobacillus, a. aureas, & bacteroides.

**Mechanical Issue: Clogged Device**

- History and Assessment
  - Resistance felt with feeding/flush/medication administration?
  - Age and type of device?
  - Inconsistency reported in water flushes

- Recommendations
  - Warm water using small bore syringe
  - Sodium bicarbonate, pancreatic enzymes or phosphate soft drinks
  - Introducer can be used for low profile Gtubes
  - Replace if above measures fail
Dislodgement

- History and Assessment
  - How did it occur and when?
  - Is the device reusable?

- Recommendations
  - OK to reuse device IF clean and still functioning
  - Back up gastrostomy
  - Emergency kit (multiple sizes of foley catheters)
  - GJ – must use emergency kit

Questions?

References


