PERCUTANEOUS GASTROSTOMY

Information for patients

Introduction

- Percutaneous gastrostomy refers to the insertion of a plastic tube through the skin to the stomach or proximal small bowel (gastrojejunostomy), which has a success rate of more than 90%.
- The main purpose is to provide long-term nutritional support in patients with swallowing difficulty.
- The procedure will be performed in the Department of Radiology under imaging guidance and by radiologists with special training in Interventional Radiology. The procedure time is around 1 hour.

Procedure

- Barium sulphate suspension may be given to you 24 hours before the procedure to outline the large bowel.
- A plastic tube will be set up via the nose to stomach for suction of gastric contents and insufflate air to distend the stomach.
- Intravenous drug will be given to reduce stomach motion.
- After sterile preparation of the left upper abdomen, the puncture site is infiltrated with local anesthetics.
- Stomach is distended with air via the nasogastric tube. Gastric anchoring devices are used to fix the stomach with abdominal wall to facilitate puncture of the stomach. Needle will be inserted adjacent to the anchoring device and the needle tract will be serially dilated and finally a plastic feeding tube will be left behind.
- The plastic tube will be secured to the abdominal wall with sutures or some special adhesive devices.
- After the procedure, your vital signs (like blood pressure and pulse rate) will be monitored.
- Feeding via the gastric tube can be usually started 1 – 2 days later.
- The gastric anchoring devices will be removed 7 – 10 days later.
- Routine tube change may be required approximately every 6 months to 1 year.
- You should take care not to dislodge the gastrostomy tube.

Potential complications

- Tube malfunction (23%).
- leakage around the feeding tube (2%).
- Superficial skin infection (1.6%).
- Peritonitis (1%).
- Aspiration (0.5%).
- Bleeding (0.2%).
- Failed gastrostomy tube insertion after tract dilatation: emergency surgery may be required (uncommon).
- Rare complications include liver, pancreas, and spleen laceration; and gastroenteric fistula (an abnormal tract formed between the stomach and bowel).
- Procedure related mortality is less than 1%.

Disclaimer

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