



## **Information for patients having a naso-jejunal tube for feeding post transplant**

As part of your transplant procedure you will have a naso-jejunal (NJ) feeding tube inserted. A naso-jejunal feeding tube is a fine tube which is passed into your nose then down into your stomach and into your small bowel (jejunum). You will then be fed via the tube to maintain your nutrition and stop you losing weight until you are able to eat and drink normally.

### **Why do I need a tube?**

It is expected that you will develop a sore mouth after you have received your cells due to mucositis. Mucositis occurs when the lining of your mouth and sometimes your digestive tract becomes inflamed, ulcerated or infected. This is an expected side effect of your transplant. When your mouth is sore it will be difficult for you to eat properly.

### **What are the benefits?**

Having feed through the tube means we can meet your nutritional needs whilst you are unable to tolerate enough orally. We know that patients feel stronger, tolerate the treatment better and recover more quickly when they are well-nourished.

### **Why does it matter if I can't eat and drink?**

- If you are unable to drink enough fluids, you could become very ill through dehydration.
- We know that patients who lose weight take longer to recover from the side effects of the treatment.

### **When will the tube be inserted?**

The tube is normally inserted the day after you receive your cells but before your mouth becomes too sore. Inserting the tube at this time will help make the procedure as comfortable as possible.

If you have been struggling with your food intake before admission, your doctor may advise that you have the tube earlier to improve your nutrition before your transplant.

### **How is the tube inserted?**

The NJ tube is a very fine tube. The tube is usually passed by one of the nursing staff. It is inserted through one of your nostrils and passes through the pharynx (throat) and oesophagus (gullet) and into the stomach. Passing the tube usually takes about 2 minutes and usually most patients do not usually need any anaesthetic or sedation. However, to minimise any discomfort we will offer local anaesthetic spray to numb your nose and throat.

When the tube is being inserted it is important that you try to relax whilst the tube is going down. It is not normally painful. However, if you have a sore throat you will have been offered painkillers just before the tube is inserted and a local anaesthetic spray may have been used. Occasionally people worry about choking as the tube goes down but please be reassured, this will not happen.

During the following 24 hours the tube will pass naturally into your small bowel (jejunum). You will notice that the external section of the tube will become shorter. You may need to have an abdominal x-ray to check the position of the tube to confirm that this has happened.

### **What are the risks?**

NJ tubes are generally well-tolerated, although there can be some complications including:

- minor bleeding from the nose or throat as the tube is inserted
- a sore nose due to pressure from the tube
- accidental removal of the tube which will have to be replaced
- a small risk of reflux of stomach contents when the tube is in place. To help prevent this it is important to sit propped up (minimum 2 pillows) in bed during feeds.

### **How and when will feeding start?**

You will be seen by a dietitian on the ward who will carry out a full nutritional assessment. A feeding plan will be devised that suits your needs as best as possible. Feeding will start slowly via a small pump which can give small doses over a set number of hours. This will give your body time to adjust to the feed. The speed and amount of feed given will be increased gradually by your dietitian until your nutritional needs are met.

Your ward dietitian will visit you regularly to ensure you are having no problems with the feed.

### **How long will I need to keep the tube?**

You will need help with your feeding until you are able to eat or drink enough to maintain your nutritional needs or until it is comfortable for you to swallow. This may be several weeks depending on how quickly your mucositis improves. It is very unlikely you will need feeding after discharge from hospital.

### **Can I continue to eat and drink while the tube is in?**

If possible, it is important to keep swallowing, even just sips of water. This prevents the swallowing muscles from becoming weakened and will help your recovery from treatment.

### **What happens if the tube falls out?**

Once the tube has passed into the jejunum it will be fixed to the skin of your nose by a piece of tape. Occasionally the tube may slip out if you cough vigorously or vomit. If this happens another tube will need to be passed or an alternative route of feeding may need to be considered.

**What are the alternatives?**

If your NJ tube comes out and cannot be replaced, it may be necessary to deliver nutrition through a vein via a drip whilst you are on the unit. Your doctor, nurse or dietitian can discuss the alternatives with you.

**Going home**

In very rare instances you may need to go home with the NJ tube. Before you are discharged your dietitian will make sure you are having no problems with your feed. You or your carers will be trained to look after both your feeding tube and feeding pump. Your blood results must also be stable. This will be discussed at length by your dietitian if required.

Please ask your doctor, nurse or dietitian if you have any further questions.