



## Department of Radiology

# Nasogastric tube insertion

### Introduction

Your medical team has recommended that you have a nasogastric tube inserted. This is a tube that either enables you to be fed directly into your stomach, or allows nursing staff to remove excess stomach contents that could be making you feel nauseous.

### What is a nasogastric tube?

A nasogastric tube (NG tube) is a fine tube that passes through your nose, down the back of your throat and into your stomach. The end of the tubing left on the outside of the body is then secured to your nose or, if preferred, to your cheek.

### Why do I need a nasogastric tube?

A nasogastric tube is required:

- When you are unable to take adequate food or drink by mouth safely. This tube is one way to have liquid nourishment and medications. They will go directly into your stomach.
- It may be used to supplement poor oral intake of food and fluids.
- May be required if you are having a procedure such as a gastrostomy tube insertion.
- It may be used to drain excess stomach contents.

### Are there any risks or complications?

There are some risks associated with the nasogastric tube placement.

- The tube can be misplaced in the lungs and cause some breathing difficulties.
- The tube could lie in the oesophagus (gullet) which could cause discomfort.
- Very rarely the tube could perforate the lining of the oesophagus which could require medical treatment.

The use of X-ray guidance during this procedure helps to minimise the risk of complications. The radiologist (specialist X-ray doctor) performing the procedure will discuss the risk factors relevant to your condition with you before starting the procedure and will answer any questions that you have.

### Agreeing to treatment

We may ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer.

You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

### **What happens during the procedure?**

- A radiologist will place the tube.
- You be required to sit on the procedure table where your throat and preferred nostril for placement will be sprayed with local anaesthetic.
- You will be asked to tilt your head forward, chin towards chest.
- The tube will go up the nose, via the nostril, and down the back of the throat (you may be asked to swallow at this point) then down into the stomach.
- A soft wire may be used to guide the nasogastric tube into position
- You will be asked to lie down on the procedure table to have X-ray screening to confirm the position of the tube.
- The tube is then secured with an adhesive dressing to your nose and, if you prefer, to your cheek as well.

### **Will it hurt?**

The procedure may feel uncomfortable but should not be painful.

### **Can the tube move?**

When the tube is in place there is a possibility that it can become dislodged. If the adhesive dressing breaks or has been pulled the tube may move or fall out. Sometimes, if you vomit or have a coughing episode the tube can be dislodged. The nursing staff will check the tube position after these possible events.

### **How long will it take?**

The procedure should take around 10 to 15 minutes

### **What will happen afterwards?**

You will return to the ward where the nurse will manage your tube. The tube will be ready for use as required.

### **Further information**

This is available from the radiology department on the phone numbers below or from the following websites:

Macmillan Cancer Support: [www.macmillan.org.uk](http://www.macmillan.org.uk)

British Society of Interventional Radiology: [www.bsir/patients](http://www.bsir/patients)

