

Radiology department

Venting Gastrostomy Insertion

Introduction

This leaflet tells you about the procedure known as a venting gastrostomy and explains what is involved and what the benefits and risks are. It may help you think of things you would like to discuss with your doctor.

What is a venting gastrostomy?

A venting gastrostomy insertion is a procedure that creates a small opening through your abdomen through which a tube is placed into the stomach and through to your jejunum (the second part of the small intestine). This tube is called a venting gastrostomy and will allow fluids to drain out of your stomach and jejunum. **This tube should never be used for feeding.**

Why do I need a venting gastrostomy?

Your doctors know that there is a blockage that is stopping your stomach and bowel from working as they should. This can lead to nausea, vomiting and feeling bloated. Placement of a venting gastrostomy tube can reduce these symptoms and still allow you to enjoy drinking some liquids. You will not absorb many nutrients because the liquids you drink will drain out the venting tube.

Who has made the decision?

Your doctors and the radiologist doing the venting gastrostomy will have discussed the situation and feel this is the best option for you.

What to tell the doctor

- If you have any allergies.
- If you have had a previous reaction to intravenous contrast medium (the dye used for some X-rays and CT scanning).
- It is important to tell the doctor or the radiology department **before attending for admission**. If you are taking medication to prevent blood clots. Below is a list of some of the medications which are used to thin the blood and help to prevent blood clots.

If you are currently taking any of these medications, please contact your referring doctor or the radiology department on 0161 446 3325 as soon as possible, as these may need to be stopped prior to your procedure. Failure to do so may result in your procedure being postponed:

Apixaban, Dalteparin, Aspirin, Enoxaparin, Clexane, Fragmin, Clopidogrel, Rivaroxaban, Dabigatran, Warfarin.

If you have any allergies you must let your doctor know. If you have previously reacted to intravenous contrast medium (the dye used for kidney X-rays and CT scanning), then you must tell your doctor as well as the X-ray team about this.



Agreeing to treatment

We will 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.

Who will be doing the venting gastrostomy?

A specially trained doctor called a radiologist will carry out the procedure. Radiologists have special expertise in using X-ray and scanning equipment, and also in interpreting the images produced. They need to look at these images while carrying out the procedure. Radiologists are the best-trained people to insert needles and fine tubes into the body and place them correctly.

Where will the procedure take place?

In the Integrated Procedure Unit (IPU) in the special X-Ray procedure room.

How do I prepare for a venting gastrostomy?

You need to be an inpatient in the hospital. We will ask you not to eat for 6 hours beforehand, though you will be allowed to drink clear water up to 2 hours before the procedure. If you do not have one already, a small tube called a nasogastric or Ryles tube will be passed through your nose into your stomach. You will be asked to put on a hospital gown.

What actually happens during the venting gastrostomy?

- On arrival at the radiology department you will have the opportunity to discuss the procedure with the radiologist or radiology specialist nurse.
- They will explain all the benefits and possible risks associated with this procedure and we will ask you to sign a consent form (if this hasn't been completed on the ward).
- You will lie on the X-ray table, generally flat on your back. You will already have a needle in the vein in your arm, so that you can be given a sedative or painkillers as required. You will also have monitoring devices attached to you and will be given oxygen through small tubes in your nose.
- The nurse will give you a sedative and pain-killing medication to make you sleepy and relaxed.
- The doctor will use your naso-gastric tube to inflate your stomach with air. This makes it easier to place the venting gastrostomy tube into your stomach. The doctor will then inject a local anaesthetic into the skin on your abdomen where the tube will be placed.
- Four stitches called gastropexies will be placed through the abdomen to the stomach. They will look like small buttons. These stitches help to keep the stomach near to the skin until everything heals. They will dissolve and the buttons will fall off after 3 - 4 weeks.
- The doctor will use X-rays, small wires and catheters to position the venting gastrostomy. The tube will be held in place by a balloon which contains a small amount of water. Drainage bags will be attached to the ports on the tube for drainage.
- It is likely that your nasogastric tube will be removed when this is no longer required.

Will it hurt?

You may feel some discomfort in the skin during the injection of the local anaesthetic but this soon

wears off, and the skin and deeper tissues should then become numb. You may feel slight discomfort and the feeling of pushing as the draining tube is placed in the right position.

There will be a nurse or another member of clinical staff looking after you. They can give you more sedation and painkillers if you are uncomfortable in any way.

The gastrostomy site will be painful for a few days but you will be given regular painkillers.

How long will it take?

Every patient's situation is different, and it is not always easy to predict how long it will take. As a guide, expect to be in the X-ray department for about 2 hours.

What will happen afterwards?

- You will be taken back to the ward on a stretcher. You will need to remain in bed for the next 6 hours. Nurses on the ward will carry out routine observations, such as your blood pressure and pulse at regular intervals
- You may have some pain around the tube site for a few days. Your nurse will be able to give you some painkillers to relieve this.
- You will not be able to drink anything for 2 hours.
- You may need to remain in hospital for a few days, depending on how quickly you recover.

What are the benefits of the procedure?

The venting gastrostomy should reduce your symptoms of feeling bloated, nausea and vomiting. Your doctors will be able to discuss the benefits that may occur in greater detail.

Are there any risks or complications?

As with every operation or procedure, there are some risks and complications that can arise:

- You may develop an infection of the skin at the insertion site. To try and prevent this we will apply a special cream to the tube site, which you will need to continue to use once a day for 2 weeks afterwards. If you develop an infection later, this can be treated with antibiotics.
- A rare complication is that you may bleed from the site where the tube is inserted. To reduce this risk we will take a blood sample before the procedure to check that your blood clots normally. It is likely that there will be some bruising around the insertion site.
- Very rarely, an accidental hole can be made in the bowel (perforation). This may need to be treated.
- Unfortunately, sometimes we are unsuccessful in placing the tube. If this happens, your doctor will explain why and discuss any other options with you.

The doctor or specialist nurse will visit you the day before the procedure to discuss these risks with you and give you the opportunity to ask questions before you sign a consent form.

We may also invite you to take part in research studies. Any study will be explained thoroughly at the time.

General hygiene

You must always wash your hands before handling your tube or feeding equipment

Bathing and washing

Once the wound has healed you will be able to bathe or shower as normal. The tube end must be closed and you must dry the area thoroughly.

Mouth care

When you are unable to eat it is very important to keep your mouth clean and moist. You should clean your teeth regularly and use a mouthwash. If your mouth is dry due to your chemotherapy or radiotherapy we will give you special mouth-care instructions.

Who will be available to help with problems?

Your home enteral feed training pack will explain some of the problems you may experience and how to cope with them.

We will also give you contact numbers for help and advice.

If you notice any redness, pain or discharge from the site once you leave hospital, your district nurse will be able to give you advice.

Others who may be involved in your care:

- **Drop-in clinic** open between 09:00am and 4.00pm, Monday to Friday in IPU at The Christie.
Call in or contact the department on **0161 918 2346** if you are concerned about your tube being blocked or infected.
- **Your district nurse** will help with skin or tube-related problems

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

British Society of Interventional Radiology: www.bsir.org

If you have any problems or worries please contact:

From 9am to 5pm:

Radiology department on **0161 918 2346**

Out of hours and weekends(for emergencies):

Ring The Christie on **0161 446 3000** and ask for the on-call radiologist.

The Christie Hotline **0161 446 3658** (24 hours)

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact **the-christie.patient.information@nhs.net**

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.



Contact The Christie Hotline for
urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week