

or impossible. It is also used to avoid the constant irritation of an NG tube in children who require tube feeding over an extended period. A gastrostomy tube may be placed with the child under general anesthesia or percutaneously using an endoscope with the patient sedated and under local anesthesia (percutaneous endoscopic gastrostomy [PEG]). The tube is inserted through the abdominal wall into the stomach about midway along the greater curvature and secured by a purse-string suture. The stomach is anchored to the peritoneum at the operative site. The tube used can be a Foley, wing-tip, or mushroom catheter. Immediately after surgery, the catheter may be left open and attached to gravity drainage for 24 hours or more.

Direct postoperative care of the wound site toward prevention of infection and irritation. Cleanse the area with soap and water at least daily or as often as needed to keep the area free of drainage. After healing, meticulous care is needed to keep the area surrounding the tube clean and dry to prevent excoriation and infection. Exercise care to prevent excessive pull on the catheter that might cause widening of the opening and subsequent leakage of highly irritating gastric juices. Use barrier ointments such as zinc oxide, petrolatum based ointment, and non-alcohol skin barrier film to control leakage; add absorptive powders and pectin-based skin barrier wafers if skin irritation is present ([Wound Ostomy and Continence Nurses Society, 2008](#)). Secure the tube to the abdomen using a commercial stabilizer, polyurethane foam, or the H tape method and leave a small loop of tubing at the exit site to prevent tension on the site.

Granulation tissue may grow around a gastrostomy site ([Fig. 20-21](#)). This moist, beefy red tissue is not a sign of infection. However, if it continues to grow, the excess moisture can irritate the surrounding skin. The use of hydrogen peroxide for routine site cleansing has been identified as one of the possible causes of hypergranulation tissue ([Wound Ostomy and Continence Nurses Society, 2008](#)), corrosion and excessive drying of the tissue ([McClave and Neff, 2006](#)), and disruption of wound healing ([Borkowski and Rogers, 2004](#); [Borkowski, 2005](#)). Clinical guidelines issued by the [Wound Ostomy and Continence Nurses Society \(2008\)](#) recommend managing hypergranulation by stabilizing the tube, keeping the peristomal area dry by applying polyurethane