

## Discharge instructions: Caring for your gastrostomy tube (G-tube)



You have been discharged with a gastrostomy tube, or G-tube. It is also called a gastrostomy feeding tube, stomach tube, or PEG tube. The G-tube was inserted through your belly (abdominal) wall and into your stomach. The tube will provide you with food, fluids, and medicine. Your G-tube may move in and out slightly.

If the tube comes out all the way in the first few weeks after placement, don't put it back in. Call your healthcare provider right away. Don't wait until the next day. This is important because the G-tube tract through the skin may close very quickly, often in 24 hours.

After the first few weeks, if the tube comes out, ask your provider what to do next. In some cases, you may be told to replace the tube at home. Or you may need to see your provider to replace it.

### General guidelines for use

- Wash your hands thoroughly with soap and clean, running water before starting your feeding.
- During the feeding and for 1 hour after, sit in a chair or sit up in bed.
- Before feeding begins, your healthcare provider may have you check to see that your stomach is empty. Follow your healthcare team's specific instructions if you are advised to check residuals. If you are instructed to check residuals, you will need a syringe for the following steps:
  - Put the tip of an empty syringe into the end of the G-tube.
  - Pull back on the syringe to withdraw your stomach contents.
  - In some cases, your provider will ask you to check how much feeding remains from the previous time. If so, your provider will tell you how much fluid is safe to have in your stomach before you start your feeding.
- Clean the area around the tube with mild soap and water.
- Pat the area dry after bathing and as needed.
- Clean the area more often if it gets wet. Or if it's leaking some discharge (weeping).
- Keep the disk (flange) a few millimeters off the skin. This should leave just enough room for a gauze sponge if your provider advises keeping gauze on the site. Pulling the flange too tightly can damage the skin. But leaving the flange too loose leads to leaking around the G-tube. Your healthcare team will go over these guidelines before you leave the hospital.
- Flush the tube with 15 to 30 mL of warm water, or the amount recommended by your provider, after every feeding or dose of medicine. This helps keep the tube clean and prevents clogging.
- Keep the feeding tube away from infants and children.
- Do not apply any creams or lotions around the G-tube unless advised by your provider.
- Give medicines through the G-tube as advised by your provider. Liquid medicines can be given directly. Pills may need to be crushed and mixed with enough water before taking them through the tube. Capsules may also need to be opened to remove the powder. The powder may be dissolved in water beforehand. Ask your healthcare provider about the correct way of taking your medicines.

The name of my feeding supplement/formula is:

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Amount per feeding:

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Times per day:

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Amount of water used to flush tube:

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My healthcare provider's name and phone number are:

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## Gravity feeding method

- Fill the feeding bag with the prescribed amount of formula. Run the fluid to the end of the tube to clear out any air. Clamp the tube.
- Connect the end of the feeding bag tubing to the G-tube.
- Hang the bag at least 18 inches above the level of your G-tube.
- Open the clamp and allow the formula to flow into the G-tube.
- Follow with the prescribed amount of water.
- Follow your healthcare team's instructions on when to clean your bag and tubing and when to use a new bag and tubing.

## Pump feeding method

- Fill the feeding bag with the prescribed amount of formula. Run the fluid to the end of the tube to clear out any air. Clamp the tube.
- Connect the end of the feeding bag tubing to the G-tube. Set the pump rate of flow to the prescribed rate per hour.
- Open the clamp on the tubing. Press the start button on your pump.
- When feeding is done, disconnect the feeding set.
- Connect the tip of an empty syringe to the feeding tube. Slowly push in the prescribed amount of water.
- Follow your healthcare team's instructions on when to clean your bag and tubing and when to use a new bag and tubing.

## Syringe feeding method

- Remove the plunger from a syringe and connect the syringe to the G-tube.
- Hold the syringe upright and pour the formula into the syringe.
- Refill the syringe as the formula reaches the bottom of the syringe.
- Repeat the process until the prescribed amount of formula is given.
- Follow the feeding with the prescribed amount of water.
- Follow your healthcare team's instructions on when to clean your syringe and tubing and when to use a new syringe and tubing.

## Routine follow-up care

Follow your healthcare provider's specific instructions on what to do if the tube comes out by accident. Ask for these instructions in writing so you or a family member know exactly what to do.

It's important to clean the wound area as directed by your provider. Ask for written instructions on what to use and how to clean the area. When you clean the site, inspect the tube for any changes. If there is any tube damage, it will need to be replaced.

Otherwise, follow up with your provider, or as advised. If your tube is scheduled to be removed, your provider will tell you when this needs to happen and what you need to do.

## When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- The tube comes out all the way in the first few weeks after placement. After 3 weeks, follow your provider's instructions on replacing your tube.
- The tube is blocked
- Vomiting
- Fever above 100.4°F ( 38.0°C) or higher, or as advised by your provider
- Diarrhea that lasts more than 2 days
- Signs of infection (redness, swelling, or warmth at the tube site)
- Drainage from the tube site
- Tube is damaged
- Severe belly pain
- Problems passing gas or having a bowel movement
- Pink-red tissue coming out of the insertion site

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