

G-tube Care

NOTE - This page is written on the basis of personal experience and is NOT written by a medical professional.



Many stroke survivors have a feeding tube when first discharged from the hospital or rehab. Some can eat some foods for pleasure, but there may be a risk for aspiration pneumonia and it is common that enough food isn't eaten to sustain life.

Many members of the support group were told that their loved ones would never eat normally again and have found that over time, the ability to swallow comes back. The process can be long and involved. Start slowly, under the guidance of a speech therapist. Normally, pureed foods and syrup consistency liquids are recommended. Gradually work up to foods that "clump" (purees, mashed potatoes, etc) because the swallow reflex doesn't recognize small foods (rice, corn, etc) or thin liquids. Drinking with a straw normally closes off the airway and so the swallow gets somewhat better. Some studies suggest that carbonated beverages cause the swallow reflex to react quicker than non-carbonated.

As for the feeding tube itself:

They DO wear out (because of stretching, bending, etc). but are fairly easy to replace. A visit to day surgery is all that is involved and, in most cases, the old feeding tube is removed and a new one is inserted. There normally isn't any surgery involved.

Keep a drain dressing taped to where the tube goes into the stomach. This is just a 4x4 piece of gauze with a slit cut in it to accommodate the tube. This absorbs any seepage or weeping that may come out of the tube site. Change the dressing daily. About once a week, leave the area exposed to the air - I don't know if this does any good, but I haven't run into many problems with infections, etc. Sometimes the area around the entry get a little reddened. I don't know if this is due to seepage or chafing. I use a little bit of triple antibiotic cream on the area if I see any sign of redness. Keep the area around the entry point clean with a cotton swab soaked in hydrogen peroxide.

Sometimes the tube itself can become clogged. Forcing a syringe of ginger ale through the tube about twice a month can prevent this and will clean out any residue in the tube

Most medications are delivered through the g-tube. Some are liquids but others are powders or pills. For the pills, buy a pill crusher - only about \$4 and MUCH easier than using two spoon to crush the pill. Dissolve all powders and pills in a couple of ounces of water. Whenever giving anything through the tube, use a syringe to flush it with some water, then put in the meds and then I flush with water again. This keeps the tube fairly clean and ensures that all the meds are in her stomach.

Give at least 1 liter of water through her tube throughout the day. This prevents dehydration. When ever the giving meds or other liquids, drape a towel around the tube to catch spills, etc. Finally (and this is very important), if you have the feeding tube open and you notice your loved one is about to cough, sneeze, or have any other type of sudden movement, pinch off the tube or bend it. Sneezing, choking, and coughing all cause the stomach muscles to contract - sometimes violently! This WILL result in a geyser coming from the tube if its not closed.