



Royal Papworth Hospital
NHS Foundation Trust

Gastrostomy button care

A patient's guide

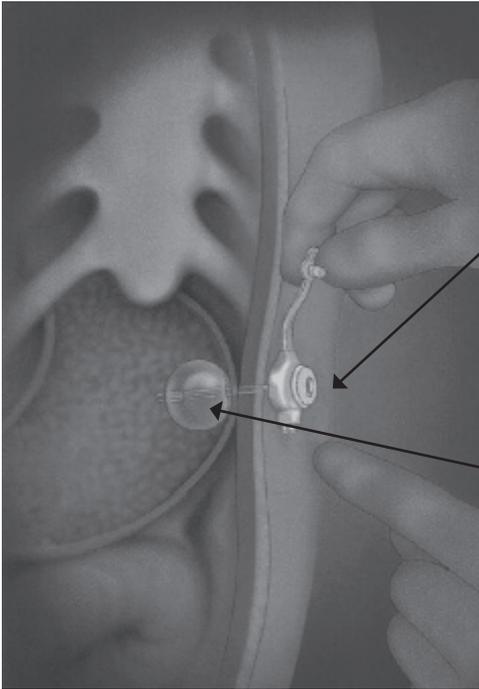
This leaflet is designed to support information given to you by your medical team regarding your low profile device or 'button'. It is not designed to replace specialist dietetic or nurse advice.

The picture opposite illustrates what the device looks like and shows the retaining balloon which will keep the button in place in your stomach.

The button is a small tube used to provide you with liquid feed.

You may have had another feeding device prior to this placement, usually a PEG or balloon retained gastrostomy (PEXACT). This ensures that a good tract or stoma (hole into the stomach) has been formed and this process usually takes a minimum of six weeks.

Some patients may have had a button tube inserted first time, though this is not suitable for everyone.



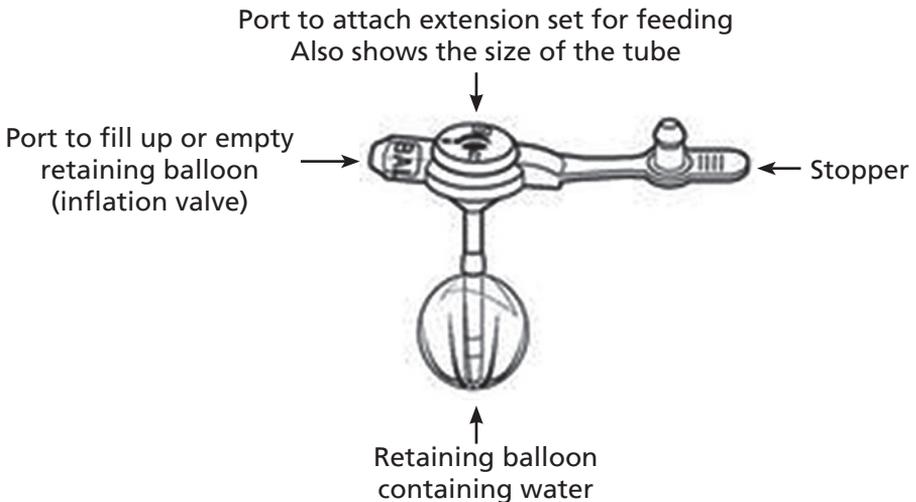
Button device

This will be visible on the outside of your stomach

Retaining balloon inside your stomach

It will be filled with water to hold the button in place.

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Clean daily - button care

It is very important that you look after your button as this will help to reduce the risk of soreness and infection. If you care for your button daily you reduce the risk of complications. Always wash and dry your hands thoroughly before and after using the button.

- You should clean your button site every day using warm soapy water and dry thoroughly.
- Do not use scented bubble bath, gels, creams or lotions as these can irritate the skin.
- Ensure that you dry around and under the button thoroughly.
- To stop the button from sticking in one position, turn the button a full circle (360°) at least weekly, but no more than once per day.
- Dressings are not needed. Do not use dressings unless you are specifically advised to do so by a member of your medical team as they can increase the risk of infection if not used appropriately.

Extension sets

Extension sets should be washed in warm soapy water, rinsed and allowed to air dry after each use. You should re-use your extension set for two weeks before changing it for a new one. You may be asked to change it more frequently in hospital as advised by your dietitian.

- Always attach an extension set to the button when flushing the tube or running a feed, otherwise you may damage the tube and the valve.

Preventing blocked buttons

To prevent the gastrostomy button from blocking, you will need to flush it with water before and after each use.

- Attach an extension set to your button in the locked position.
- Draw up 50mls of water in an enteral syringe, or an amount as directed by your dietitian, and attach the syringe to your extension set.
- Ensure the clamp on the extension set is open and slowly push the water into the extension set and button.
- Re-clamp the extension set before removing the syringe.

You should flush the button prior to administering feed or medications and after use.

Do not put anything down the tube except water, feed and approved medications to avoid damaging or blocking the tube.

If you are not using the button to feed every day you should flush the tube a minimum of once daily on non-feed days.

Check water weekly

To check how much water is in the balloon

- Connect a 5ml or 10ml syringe (these are usually clear luer-slip syringes that will not connect to other parts of the tube) to the balloon inflation valve.
 - Hold the button in place whilst gently pulling back on the syringe plunger to withdraw all the water.
 - Disconnect the syringe from the button and discard this water. Refill the syringe with cooled boiled water to the amount stated on your balloon valve (usually 3-5mls). Reconnect the syringe to the balloon inflation valve and gently push the syringe plunger down, pushing the water into the balloon, then disconnect the syringe.
 - When doing this alone, some people find it easier to fill another separate syringe with the water so that they can refill the balloon straight away.
 - When disconnecting the syringe, apply pressure on the plunger to prevent the water coming back out.
- We recommend you use freshly boiled, cooled water in the balloon. Sterile water will be used in hospital.
- Checking the water once weekly tells us how quickly you are likely to need your button changing.
- For example, if you put 5mls into the balloon and get 5mls back when you check it after a week there are no problems.
- If you put 5mls in the balloon and only get 2-3mls back when you check after a week, this indicates your button may need replacing soon.
- The balloon holds the button in place; therefore it is important the water is checked and changed regularly.

Replacing a button

If this is something that you want to do yourself, you can be shown how to do this or an appropriately trained relative or staff member can do this if you prefer. There is some supportive guidance overleaf. This information is for the Mic-Key® button only.

Buttons will need to be replaced due to the effect of stomach acid and medicines on the silicone balloon, the amount of water in the balloon and frequency of use. All of these factors can vary the life of a button. Buttons can usually last between 3-8 months.

The button may need changing if:

- The anti-reflux valve inside the button wears out and feed/fluid leaks out when the stopper is open.
- The water in the balloon is getting less and less when performing the weekly check.
- The button appears very loose or very tight and is the wrong size.
- There is no water in the syringe when you perform the weekly check and the balloon has burst.
- It has fallen out.

How to replace a button

Equipment required:

- New button of correct size
- 2 x 5-10ml syringes, 1 filled with 5ml of cooled boiled water
- Cooled boiled water for flushing the tube
- pH paper
- Gauze

1. Wash hands and dry them thoroughly with a clean towel.
2. Assemble the necessary equipment outlined onto a clean tray. Check the packaging to ensure it is all in date.
3. Check that the new button is visibly not cracked, discoloured or mis-shapen and that it is in good working order.

Check the button has not passed its expiry date.

Check the retaining balloon of the new button by inserting water into the inflation valve to ensure that it inflates uniformly and that there are no leaks. You should insert the amount stated on the balloon valve (usually 5mls).

Once you are sure that the balloon is intact and that it is symmetrical, deflate the balloon using an empty syringe.

4. Lie down on your back in a comfortable position where you can reach all of the equipment. Attach the syringe onto the balloon valve of your current button and withdraw all the water.
5. Gently remove the button from the stomach. Lubricants are not routinely used but it may help to use a small amount of lubricant as you are removing the button.
6. Gently guide the new tube into the stoma. Insert the tube all the way until the button is flat against the skin.
7. Hold the tube in place and inflate the balloon with cooled boiled water to the amount stated in mls on the balloon valve. Do not use air.
8. Position the balloon against the stomach wall by gently pulling the button up until you feel resistance.
9. Wipe away any fluid or lubricant from the button and stoma.
10. Check the button for correct placement as outlined on the next page before administering anything via the tube.

Checking the position of a feeding tube by pH measurement

It is important to check that your tube is in the correct position when it has been changed. You can check the position of your tube by measuring the pH value (how acidic it is) of gastric aspirate (stomach contents).

Never administer anything down your button until you are sure that it is in the correct place.

1. Wash your hands before and after checking the tube position.
2. Remove the end cap from the button and attach an extension set
3. Attach a 50ml or 60ml enteral syringe to the extension set.
4. Very slowly and carefully pull back on the plunger of the syringe until a small amount of fluid (at least 0.5-1ml) appears in the syringe. Remove this syringe.
5. With another 50ml or 60ml enteral syringe flush the tube with 30ml water before removing the extension set. Remove the extension set and replace the end cap of the balloon tube.
6. Place a small amount of the gastric fluid from the first syringe onto the centre of the pH indicator paper and compare the result to the colour reference chart on the box.
7. If the pH is 5.5 or less, your tube is in the correct position (in the stomach).
8. If the pH is more than 5.5, do not administer anything via the tube. Check the pH value again in 30-60 minutes. If the reading is 5.5 or less the tube is safe to use.
9. If the pH value remains above 5.5 do not administer anything via the tube. Contact your dietitian, specialist nurse or feeding company nurse for advice.

Button change advice

If you have any problems within 72 hours of initial insertion or changing your tube, please follow the advice below. If the problems occur after this time please contact your team or feeding company nurse in the usual way.

IF THERE ARE LEAKS OF FLUID AROUND THE TUBE, OR PAIN ON FEEDING, OR NEW BLEEDING STOP FEED IMMEDIATELY AND TELEPHONE FOR URGENT ADVICE.

Please choose the appropriate number from the list below for your home feed company (this is the company who delivers your feeds and equipment).

Nutricia Homeward

During office hours call your local Homeward nurse, this number will be on the training pack they gave to you.

24-hour helpline: 0845 623636.

In the unlikely event that you are unable to get through to these numbers then call the Royal Papworth Hospital Alert Team via switchboard on 01223 638000.

Abbott (Hospital to Home)

During office hours call your local Abbott nurse, this number will be on the training pack they gave to you.

24 hour helpline: 0800 0183799.

The Dietetic Department is staffed Monday to Friday (excluding bank holidays) 8.30am-4.30pm. Call 01223 639372 for advice if needed.

Fresenius Kabi Homecare

During office hours call your local Fresenius nurse, this number will be on the training pack they gave to you.

24 hour helpline: 0808 1001990.

Problem solving

The button is blocked

Please flush the button before and after use and when administering any medicines (only certain medicines can go via your tube, you will be specifically told by the team if this is the case).

We recommend you use cooled boiled water for general flushes. You will be asked to use sterile water whilst in hospital.

You can try using warm water to help unblock the tube but do not put anything else down the tube as you may damage it and yourself.

- NEVER attempt to unblock a tube by inserting a guide wire or sharp implement as this may damage the tube.
- Flush the tube with warm water in a 50 or 60ml syringe.
- NEVER flush the tube with cola or any other beverage except water.
- Irrigate the water back and forth with the syringe,

drawing back and pushing forward slowly. NEVER use the heel of the hand to exert extreme force on the syringe plunger as this may split the tube.

- It may be necessary to flush the tube several times to dislodge any blockage.
- If the tube remains blocked, contact your medical team or home feeding nurse team for more advice.

The button falls out/balloon bursts

The effect of stomach acid or medicines on the tube, the amount of water in the balloon and the frequency of use can all vary the lifetime of a gastrostomy button.

If the balloon bursts or doesn't have enough water in it, the button may fall out. This can be prevented by checking the water once a week. By doing this you will be able to tell if your balloon is leaking and get it replaced before it fails to retain anymore water.

If the tube becomes dislodged:

- Replace the button immediately if you have been shown how to and you feel confident to do this.
- If the balloon has burst but the tube is still in place, try to tape the button to hold it in place so that it keeps the tract open until you can get a replacement.
- Contact your local feeding company nurse or hospital (whoever normally changes your button).
- If you come to the hospital for your button changes you will need to phone beforehand and bring your spare button with you. There may not always be someone available at all times of the day who is able to change a button.
- If the tube has fallen out completely and cannot be reinserted then cover the stoma with some gauze and contact your hospital for advice.

If your local feeding company nurse or hospital is not available, attend your emergency department, ensuring you take your spare tube with you.

The balloon will not deflate

If you cannot remove water from the balloon with the syringe, ensure the valve is clean, as occasionally feed can be trapped in the valve.

- Clean the valve.
- Attach the syringe into the balloon inflation valve, push and twist one quarter turn, then try pulling back on the syringe plunger.
- Try another syringe in case the syringe is faulty.
- If the balloon still won't deflate the valve may be faulty and the button may need changing. Contact your dietetic team or feeding company nurse for advice.

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