



West Hertfordshire  
Teaching Hospitals  
NHS Trust



## A guide to...

# Having a Radiologically Inserted Gastrostomy (RIG) Tube

## *Patient Information*

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email **westherts.pals@nhs.net**



### Introduction

This leaflet will provide you with information about gastrostomy tubes and how they are used to deliver artificial nutrition and medications. It will help you and your family understand why gastrostomy feeding is used. If you have any questions, please discuss them with your healthcare professionals.

### What is a Gastrostomy Tube?

A gastrostomy tube is a feeding tube which allows you to receive liquid feed, water and medication directly into the stomach as long term nutrition support. A gastrostomy tube can be placed endoscopically (PEG), radiologically (RIG) or surgically. The most common ones used are PEGs and RIGs.

### RIG

Radiologically (X-ray guided placement)

Inserted

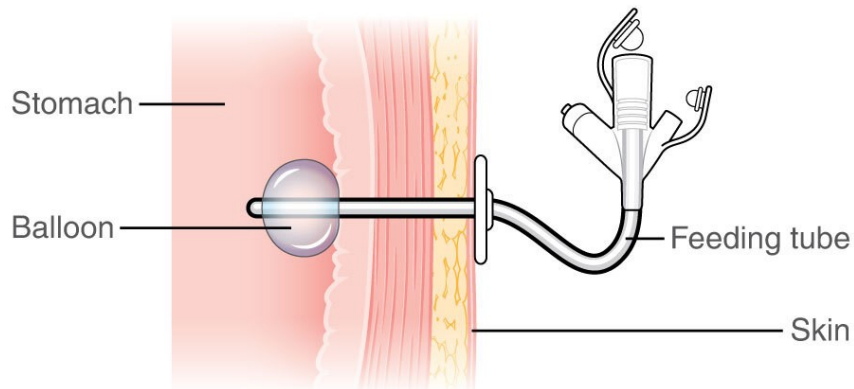
Gastrostomy (opening into the stomach)

### How is the tube inserted?

This procedure is done in the X-Ray department and is carried out under local anaesthetic, usually without any sedation.

A temporary thin tube is passed through the nose, into the gullet and then into the stomach. Air is passed through this tube to inflate the stomach whilst moving xrays are taken to locate it's position externally.

Local anaesthetic is injected into the abdomen and the stomach is fixed in position with sutures. The abdomen is punctured and the hole is dilated until a balloon gastrostomy tube can pass directly into the stomach through the skin. The balloon is inflated and the external tube is held in place with a fixation plate. The tube lies comfortably inside clothing and is unlikely to be damaged or pulled out of place unless it gets caught or treated roughly. The placing procedure will take 20-30 minutes.



Radiologically inserted gastrostomy tube

### Benefits of a Gastrostomy Tube

- It helps to maintain good nutrition and hydration if it is unsafe to receive any oral intake.
- It can supplement your oral intake if you are struggling to eat and drink sufficient amounts.
- Weight may be better maintained.
- It can be used to give medication in the correct dose.
- It can be used to give additional fluid if required.
- It helps to improve your quality of life.



Standard Feeding Tube

### Are there any risks or complications having a RIG?

RIG is a safe procedure. However, there are some risks and complications that can arise, as with any medical treatment. These will be discussed by your doctor.

- The area where the tube is inserted may become infected.
- There may be a leak around the tube causing irritation.
- There could be vomiting, gastro-oesophageal reflux, stomach cramps or diarrhoea.
- Artificial nutrition may regurgitate up the gullet and cause an aspiration pneumonia
- The tube can become blocked if not properly flushed.

You will receive training from the nutrition nurses on how to minimise these risks.

### What nutrition/feed will I receive?

If the RIG is inserted for nutrition, you will receive a prescribed, commercially prepared liquid feed which contains all the essential nutrients you will need on a daily basis. How much feed is delivered depends on your specific medical condition and needs. You may need extra fluids through your tube. Your dietitian will prescribe the volume and rate of your feed to suit your needs.

### Types of feeding administration

#### Bolus

Administers the feed solution over a 15-20 minute period via a syringe, several times a day, frequently in 150-200mls each session.

#### Continuous

Administers the full feed solution over a period of 8-20 hours, often using an enteral feeding pump set to a prescribed rate.

When you are feeding, it is important to make sure that you **sit upright if you are feeding in the daytime and sleep at a 30-45 degree** angle if you are feeding overnight or whilst in bed. This will help to prevent any feed from being regurgitated up the gullet.

## Looking after your RIG tube after insertion

First two weeks following insertion:

- Clean daily around the insertion site, under the fixation device and on/around the sutures with warm water. Dry thoroughly
- Do not release the fixation device (external bumper)
- Do not rotate the tube or the suture buttons (Stitch lock)
- If that doesn't happen inform the community nutrition nurse

After two weeks post-insertion and onwards:

- Clean daily around the insertion site and under the fixation device with warm water. Dry thoroughly.

### Weekly (after first two weeks post-insertion):

- Rotate the feeding tube
- Replace the water in the balloon using sterile water/boiled and cooled water using the exact same volume.

A stitch lock



The small white port is for inflating the balloon.

The tube is prevented from falling out because of the balloon inflated in your stomach.



The big port is where your food and water must go down to enter your stomach.

The tube is prevented from sliding too far into the stomach by a circular bumper on the outside.

## Procedure for changing the water in the retaining balloon

*Equipment required: two 10ml syringes, sterile water.*

1. Wash hands.
2. Draw up 5-8ml of the water into one of the syringes.
3. Put the empty syringe into the balloon valve (marked 'BAL') and remove all water from the balloon.
4. Check the water from the syringe for volume and colour then discard.
5. Take the second syringe, insert into the balloon valve and gently push the syringe so that the water is injected into the device.
6. Once the correct volume has been inserted, remove the syringe by using a slight twisting motion. You must keep your thumb on the end of the syringe whilst removing it to prevent water flowing back.
7. Return the tube and the fixation device to its original position
8. If you are not using the tube for feeding it must be flushed at least once a day with 50mls water.

NB: Your community nutrition nurse will teach the above at home

### What should I do if the tube falls out?

- Please ensure that you always have a spare tube at home. You will need to have a new tube inserted as soon as possible as the tract will close within a few hours if no tube is in place.
- If the gastrostomy tract is over four weeks old and you have an Enteral ENPLUG device, please carefully insert this and cover.
- If you don't have an Enteral ENPLUG device, put a dry clean dressing over the hole to prevent stomach contents leaking.
- Contact your community nutrition nurse/Hospital nutrition nurses as soon as possible or come to A&E.
- Once the new tube has been inserted, do not use it until it has been confirmed that it is in the correct place.

### How will I take my medication?

If you are able to swallow you may be able to take your medication in tablet or liquid form orally. If this is not possible, medication can often be crushed or given in liquid form down the feeding tube but please confirm with your pharmacist to prevent blockages.

### Will I be able to take a bath or shower?

After the RIG site is fully healed you can bathe or shower as normal. Always ensure the tube end is closed and the clamp applied. Dry the area thoroughly afterwards.

### Can I go swimming?

Yes. It's advisable to cover the site with a waterproof dressing when swimming. Make sure the tube end is closed and the clamp applied.

### Who looks after the tube?

Giving feed, fluids and medications through the tube and care of the tube require daily attention. Some individuals manage the tube feed themselves, whilst others need support from relatives, carers and healthcare professionals.

### Can I still choose to eat and drink with a gastrostomy tube?

Your Speech and Language Therapist will assess your swallowing and provide advice regarding the consistency and volume of foods and drinks you may be able to manage safely. If this is not possible, then the risks of oral intake will be discussed with you to help you make an informed choice. If you can eat, your Dietitian will monitor your intake. Eating and drinking will not affect the tube.

### Can the tube be removed?

If you are able to eat and drink enough orally and your swallow is considered safe, then your feeding tube may be removed. You can discuss this with your health professionals.

You and your family will have the opportunity to discuss the procedure with the consultant and other healthcare professionals so you have enough information to make an informed decision.

### How to contact us

Nutrition Specialist Nurse  
Harm Free Care Office  
Watford General Hospital  
West Hertfordshire Teaching Hospitals NHS Trust  
Vicarage Road, Watford, Hertfordshire, WD18 0HB

**Tel: 01923 217712**

**Bleep: 1588 / 1675**



Scan me

### Your community nutrition nurse is:

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### Contact number:

Authors	Aishwarya Rajeev
Department	Nutrition & Dietetics
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