

Use and Care of the AMT Gastrostomy Tube

This Family Education Sheet explains how to care for your child's AMT gastrostomy tube (G-tube). You will learn how to:

- ☐ Clean the tube
- ☐ Change the dressing
- ☐ Stabilize the tube
- ☐ Check the balloon
- ☐ Flush the tube
- ☐ Take care of common problems

Who can I call if I have questions?

Monday–Friday, 8 a.m.–4:30 p.m.: Call the Gastroenterology Department at (617) 355-6058.

Weeknights from 4:30 p.m.–8 a.m., weekends and holidays: Call the Page Operator at (617) 355-6369 and ask for the GI doctor

When should I call my child's doctor?

Call if:

- You have any questions or concerns about your child's G-tube
- If the tube is clogged
- The skin around the G-tube is red, swollen, warm, sore, bleeding or pus/drainage
- Your child has a fever of 101°F/38.3°C along with any of the above problems
- Your child throws up more than 3 times in 24 hours
- The G-tube falls out and you cannot replace it

This Family Education Sheet is available in [Arabic](#) and [Spanish](#).

What does a G-tube do?

An AMT gastrostomy tube (G-tube) has been put into your child's stomach through an opening called a **stoma**.

- It is used when a child cannot tolerate feeds or medicine by mouth
- The G-tube has a water-filled balloon inside the stomach and an external base that rests on your child's belly surface to hold it in place (Figure 1).

What does the G-tube look like?

Figure 1 shows where to find the size and length on the G-tube.

- Size: _____ fr _____ cm (at skin surface)
- Volume of water in balloon: _____ mL

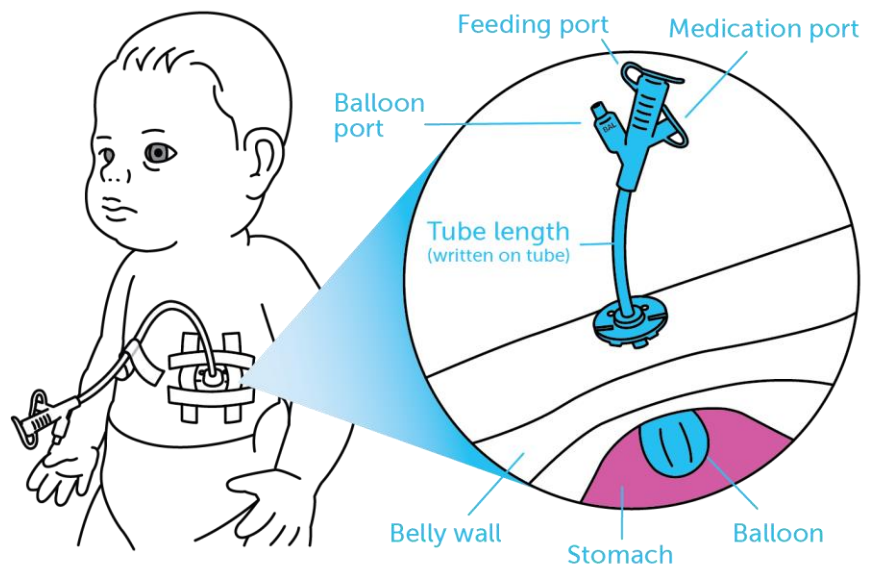


Figure 1

Figure 1 shows the 3 access ports (openings) to the G-tube.

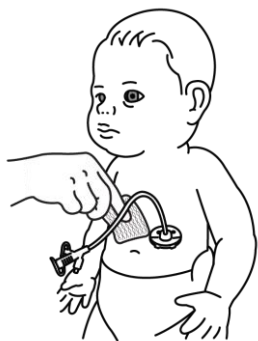
- One port is used to give **feeds** (called the feeding port).
- One port is used to give **medications** (called the medication port).
- One port goes to the **balloon** (called the balloon port).

What supplies do I need to care for the tube?

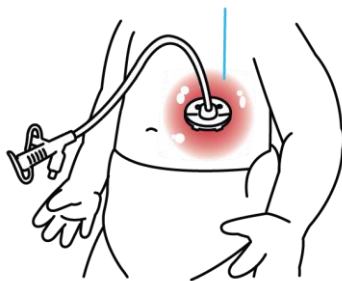
- 30-60 mL catheter tip syringe
- 5- 10 mL slip tip syringe
- Soap and water for cleaning equipment
- Bottled water for the balloon
- Tape for securing tube
- Gauze or absorbent dressing if needed

How do I care for my child's G-tube?

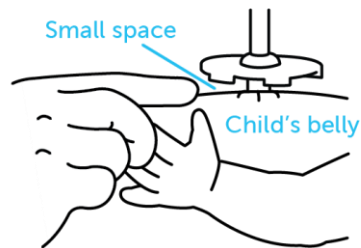
How to care for the skin around the G-tube:



Area of redness or infection

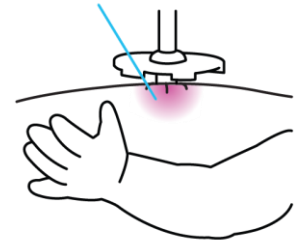


Small space



Child's belly

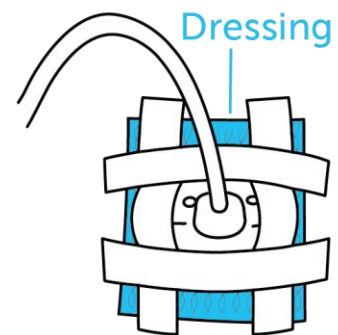
Slightly pink skin around tube is normal



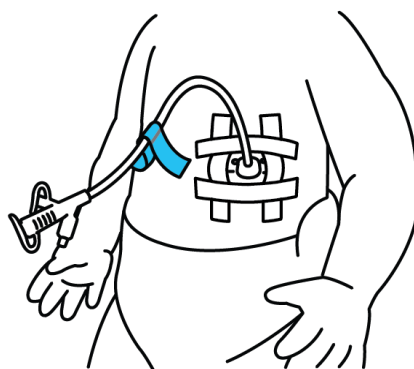
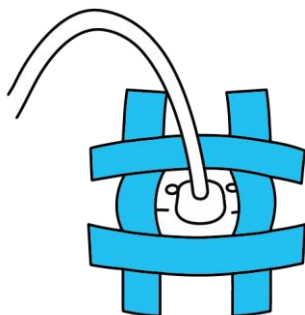
- 1 Wash the skin around and under the tube each day with soap and water. Gently pat dry. **Your child can take a bath 1 week after surgery.**
- 2 Look for signs of redness and infection while you are cleaning the skin.
- 3 Make sure the tube rests lightly on the belly. There should be a small (dime-size) space between the tube and the belly.
- 4 The area around the tube may be a little pink. This is normal.

How to put on dressing (if needed):

- Use a gauze pad or absorbent dressing under the tube **only** if there is fluid leaking out and irritating the skin.
- If a dressing is needed:
 - Place the dressing under the tube before taping it in place.
 - Use long pieces of tape that cover over the tube **and** the dressing. Stick them to the skin in a tic-tac-toe pattern. Change the dressing every day or more if it gets wet.



How to stabilize the G-tube:



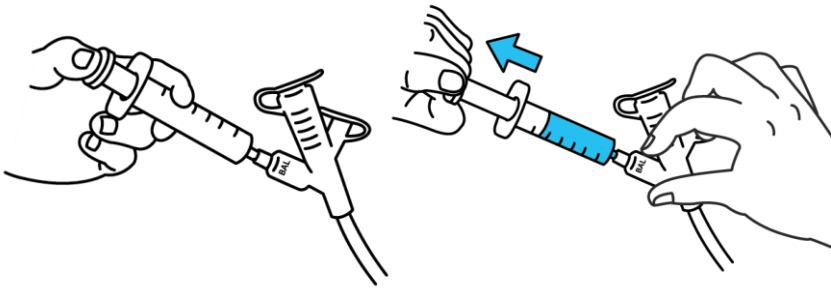
- 1 Put tape over the disk of the tube and onto the skin in a tic-tac-toe pattern. You must do this for the first 6 weeks after surgery. We recommended doing it longer for active children who pull at the tube.
- 2 Use a piece of tape or Grip-Lok to stick the tube length to the belly so that it is not hanging, which causes pulling at the site.

Important things to know:

- Try not to move the tube around too much because:
 - The opening may become stretched causing stomach juices to leak out and irritate the skin.
 - The tube could get caught on something and get pulled out.

How do I care for my child's G-tube? (continued)

How to check the balloon:



- 1 Make sure that the tube is taped to the belly before checking the balloon.
- 2 Attach a 5–10 mL slip tip syringe to the balloon port on the tube.

- 3 Hold the tube in place with 1 hand and gently pull back on the syringe with the other hand to take out the water from the balloon. Pull back until you feel resistance and no more water comes into the syringe.

- 4 Check to make sure your child's balloon has the prescribed amount of water in it. The amount is written on the balloon port.
 - **If the amount is correct:** Push the water back into the balloon. Keep your thumb pressed on the end of the syringe and gently pull the syringe tip out of the balloon port.
 - **If there is less water than there should be in the balloon:** Use the syringe to add more water until you reach the prescribed amount.
 - **If you cannot get the water out of the balloon:** Take the syringe off and make sure nothing is clogging the port. Try taking the water out of the balloon again. If you still cannot get the water out, call your child's doctor or nurse.

Important things to know:

- Only check the amount of water in the balloon after your care team has told you it is safe to do so. Then you should check it **once a week**.
- If there is not enough water in the balloon:
 - Stomach juices and formula could leak from the tube site
 - The tube could come out more easily
- Only use bottled water to fill the balloon. **Never fill the balloon with air or saline.**
- If water in the balloon is not clear, replace it with new water.
- **There may be a problem with the balloon if there is less water in it than prescribed or if the water is discolored.** Call your child's doctor or nurse if this happens more than 1 week in a row.

What should I do if my child's G-tube falls out?

If you have been taught how to replace the tube:

- You may replace the tube

If you have not been taught how to replace the tube, or if it has been less than 12 weeks since the tube surgery:

- Do not put anything in the hole.
- Bring your child to the Emergency Department at Boston Children's within 1–2 hours to have the tube put back in. Get here as soon as you can because the hole can close quickly.
- Before going to the Emergency Department:
 - Cover the hole in your child's belly with gauze and tape.
 - Bring the original tube with you. This is so the ED staff will know the size and type of tube to put back in.

- If you cannot get to Boston Children's within 2 hours, go to the nearest hospital. Bring an extra G-tube kit with you if you have it. Please call your Boston Children's doctor when you arrive.

What should I do if my child's G-tube is clogged?

- Try to clear the tube by flushing it with 10 mL of warm water. Use a "pulsing" (start/stop) motion to flush it. Also roll the tube between your fingers to gently break up any material that may be causing the clogging.
- Call your child's doctor or nurse if you cannot unclog the tube.
- **Never** try to push anything into the tube to unclog it. Things like soda or juice can make the clog worse.

Important tips

Home care companies

- Your medical team will work with a case manager at Boston Children's who will set up a home care company to send supplies to your home. They will also arrange for a visiting nurse agency (VNA) to help you when you go home from the hospital.
- Contact your home care company when you are getting low on supplies, before you run out.
- Contact your home care company if you are having trouble with your feeding pump.

Replacing the tube

- You should replace the G-tube every 3–6 months or sooner if:
 - Water is missing from the balloon after 2 weekly balloon checks or the balloon popped
 - The caps get stretched out and will not stay closed
 - There are any cracks in the tube