

Family Education Sheet

Use and Care of the MIC-KEY GJ (Gastro-Jejunal) Tube



Boston Children's Hospital
Until every child is well™

Patient and Family Education
www.childrenshospital.org

Your child is going home with a gastro-jejunal feeding tube commonly called a "GJ tube." A GJ tube is used to empty air or fluid from your child's stomach as well as to give your child formula directly into the jejunum where the nutrients can be absorbed.

A GJ tube is a single tube placed through an opening in the stomach called a "stoma". The tube then passes through the stomach into the second part of the small intestine called the "jejunum". This tube has both a water-filled balloon inside the stomach and a disk sitting on the belly surface to help hold it in place.

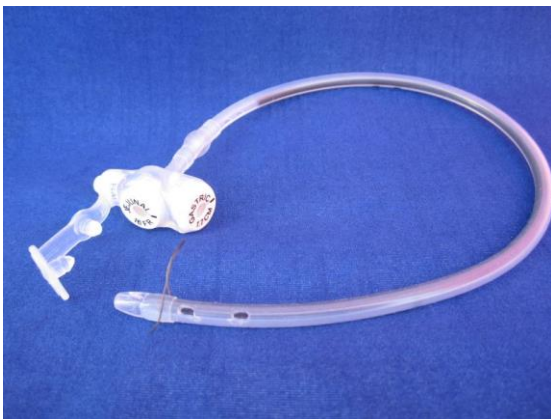


Figure 1: MIC-KEY GJ Tube

Your child's MIC-KEY GJ Tube

Size: ____ fr ____ cm, ____ cm J length

Balloon water amount: ____ cc/ml



Figure 2: MIC-KEY GJ sizing

There are three access ports at the end of the tube:

- one goes directly to the stomach (G tube port)

- a second one goes directly into the jejunum (J tube port)
- a third that goes to the balloon (Balloon port)

Care of the MIC-KEY GJ tube:

Supplies needed

- 2 MIC-KEY extension sets
- 30-60 cc/ml catheter tip syringe
- 5-10 cc/ml leur slip tip syringe
- soap and water
- spring or sterile water for balloon
- tape for securing tube
- gauze or foam pads
- gauze or absorbent dressing if needed

General cleaning

- 1 Wash the skin around and under the tube each day with mild soap and water and gently pat dry. This may be done as part of your child's daily bath. **No soaking in the tube for 1 week if it is a newly placed surgical tube.**
- 2 Check the skin around and under the GJ tube each day for signs of irritation. If the MIC-KEY GJ tube is too snug and causing irritation to the skin, gently pull back in the disk (flange) to loosen the tube. The area right around the tube may be slightly pink. This is normal.

Tube stabilization

GJ tubes should be able to move in and out of the stoma just slightly. If there is too much movement, the opening may become enlarged, causing stomach juices to leak out and irritate the skin. Also tubes that are not stabilized are more likely to fall out.

Tube stabilization to the belly surface with tape is required for at least the first 6 weeks for all newly placed surgical tubes until the tract is healed.

It is recommended to continue stabilization for active children and children who seem to pull at the tube.

Follow these steps to stabilize the MIC-KEY GJ tube:

- 1 Place tape over the tube **and onto** the skin on all 4 sides to make a tic-tac-toe pattern.
- 2 It is helpful to open the cap prior to applying the tape onto the tube so that the tape is not in the way with opening and closing the cap.
- 3 Use another piece of tape on each extension set to make a "tape tent" onto the skin so that the tubes will

not hang freely when attached. You could also use a "griplok".

Tube dressings

A gauze or absorbent dressing is recommended if there is any leakage at the MIC-KEY GJ site that is causing skin irritation.

- Place the dressing directly under the disk prior to stabilizing the tube with tape
- Change the dressing daily or more frequently if it becomes wet

DO NOT rotate the tube during dressing changes as it may cause the portion of the tube inside the body to kink.

How to check the water in the balloon:

The MIC-KEY GJ tube is held in place by a water-filled balloon. You should check the amount of water in the balloon once a week, on the same day each week.

Do NOT check the balloon unless you have been instructed to do so. Your doctor or nurse will tell you when it is safe to start checking the balloon.

- 1 Attach a 5-10 cc/ml leucor slip tip syringe to the MIC-KEY GJ™ tube balloon port.
- 2 Hold the GJ tube in place and gently pull back on the syringe to withdraw the water from the balloon.
- 3 Check to make sure your child's balloon has the recommended amount of water.
 - If the amount is correct, replace by pushing the water back into the balloon. Then keep your finger on the end of the syringe and gently disconnect from balloon port. *Keeping pressure on the syringe is important to prevent water from flowing out of balloon and back into the syringe.*
 - If there is less water than there should be in the balloon, add water using the syringe to make up the right amount.
 - For example, if you were told there was 5 cc/ml of water and now there is 4 cc/ml, add an additional 1 cc/ml of water to the balloon, using the syringe.
 - Only use spring water or sterile water. **Never fill the balloon with air.** Air will leak out and may cause the MIC-KEY GJ™ tube to fall out.

If the MIC-KEY GJ™ balloon has less water than prescribed every week, there may be a slow leak. If you think there is

- 4 a slow leak, please call your doctor's office.

Inserting the extension sets

Line up the black mark on both the tube and the extension set and gently press to click the extension set in place. Turn extension set clockwise ¼ turn to lock it in place.

- After use clean with soap and water, rinse well and let air dry
- Replace feeding extension weekly
- Remove feeding extension when not in use

Flushing the MIC-KEY GJ Tube

It is strongly recommended to flush the J port of your child's MIC-KEY GJ tube with water routinely every four hours, EVEN if your child is receiving around the clock feedings.

- The J port of the MIC-KEY GJ tube should also be flushed with the prescribed amount of water before and after giving formula or medicines. This will help prevent the tube from clogging because some medicines and formulas should not be mixed together.
- The G port of your child's MIC-KEY GJ tube should be flushed before and after medicines and at least once per day if it is not being used.
- If your child is on a fluid restriction please check with your doctor about how often to flush the tube.

Giving medicines using the MIC-KEY GJ Tube

- Medicines should be given through the "G" port whenever possible since they are better absorbed in the stomach.
- Ask your doctor what is best for your child.
- Liquid medicines are preferred, especially in the "J" port due to risk of clogging.
- Pills should be crushed into a fine powder and completely dissolved in water before giving through the tube
- **Do not crush coated or time-released pills unless instructed to do so by your doctor or a pharmacist**
- **ALWAYS flush the tube before and after giving medicines to avoid clogging the tube.**
- Flush the tube with extra water if the medicine is thick or sticky

If the GJ tube falls out

- The GJ-tube has to be put back in by an interventional radiologist using an X-ray procedure.
- Follow the instructions given to you by your attending physician on how to maintain the stoma if the GJ-tube comes out. After that, do one of the following right away:
 - **Monday–Friday, 7:30 a.m.–4 p.m.:** Call Interventional Radiology at 617-355-6579
 - **After 4 p.m. and before 7:30 a.m.:** Go to Boston Children’s Hospital Emergency Room or call your attending physician. We will contact your interventional radiologist at 7:30 a.m. Bring the original GJ-tube with you so the ED staff will know the size and type of tube to put in.
 - **Weekends and holidays, 7:30 a.m.–4 p.m.:** Call 617-355-6000 and ask for the interventional radiologist on-call to be paged.

If the MIC-KEY GJ is clogged

- If the MIC-KEY GJ tube becomes clogged, try to slowly flush the tube with 10 ml of warm water with a “pulsing” (start/stop) motion to try to clear it.
- If you cannot unclog the tube, call your child’s doctor or nurse. You may need to come to the hospital to have it unclogged or replaced.
- **Never** try to push anything into the tube to unclog it.
- **Coca-Cola and cranberry juice can make the clog worse and are not recommended to use for flushing.**

Call your child’s doctor or nurse if:

- The skin around the MIC-KEY GJ tube is red, swollen, warm, sore, or bleeding.
- The stoma has a strange smell.
- There is pus or drainage around the MIC-KEY GJ tube.

- Your child has a fever of 101⁰F (38.3⁰C) along with any of the above problems.
- Your child is vomiting or appears uncomfortable when receiving feedings.
- There is any redness or soreness around the skin that does not get better with routine skin care and dressing changes.
- You think that the tube may have moved out of position.
- The tube is clogged and you are unable to unclog it.

Who to call for general tube-related questions

- Monday–Friday, 8 a.m.–4:30 p.m.: Call the GI Department at 617-355-6058.
- Weeknights from 4:30 p.m.–8 a.m., weekends and holidays: Call the page operator at 617-355-6000. Ask to speak to the GI doctor on-call.

Who to call for tube-related emergencies

Do one of the following as soon as possible:

- **Monday–Friday, 7:30 a.m.–4 p.m.:** Call Interventional Radiology at 617-355-6579
- **After 4 p.m. and before 7:30 a.m.:** Go to Boston Children’s Hospital Emergency Room or call your attending physician.
- **Weekends and holidays, 7:30 a.m.–4 p.m.:** Call 617-355-6000 and ask for the interventional radiologist on-call to be paged

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