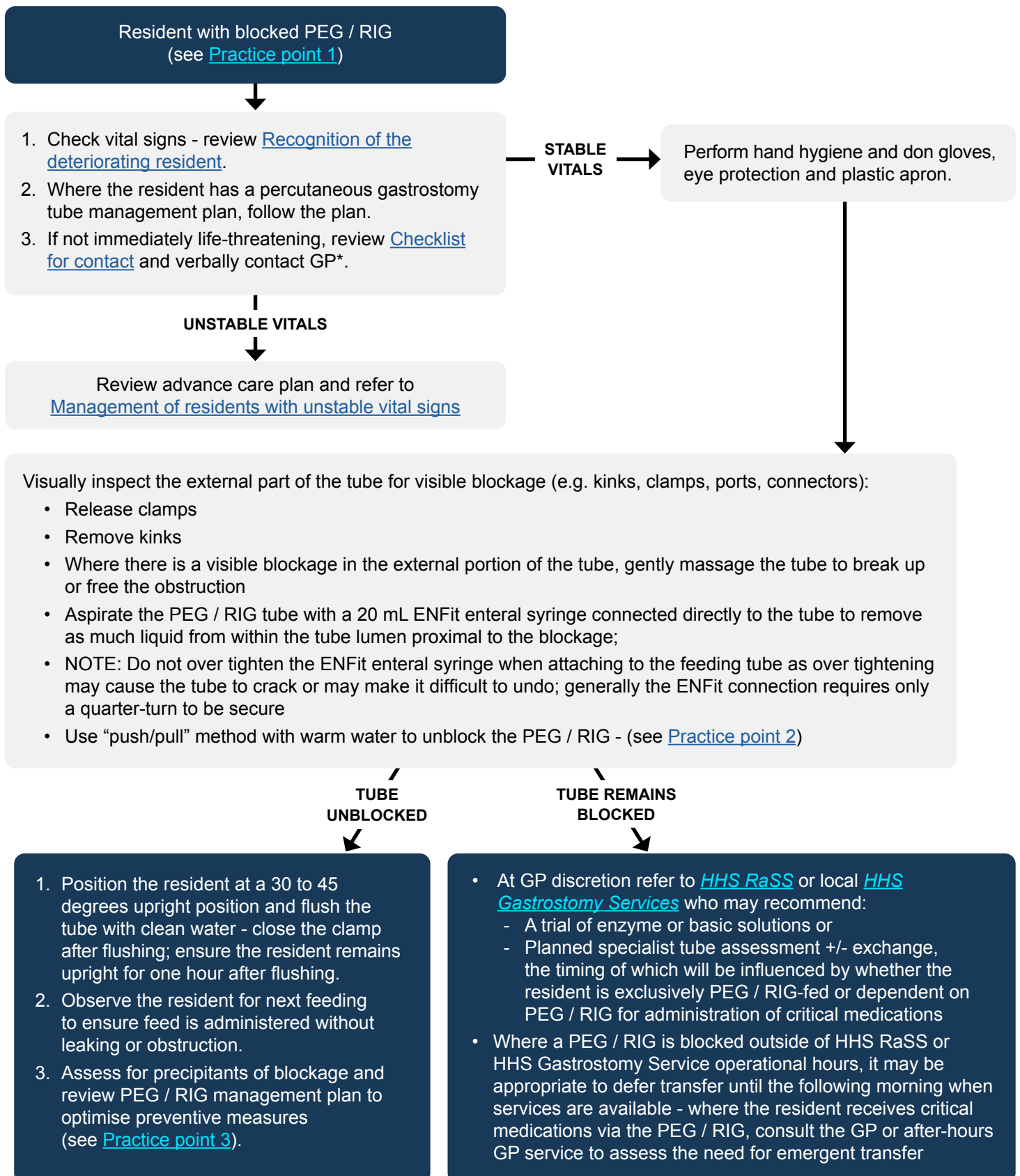


# Percutaneous Gastrostomy tubes:

## Trouble-shooting a blocked Percutaneous Endoscopic Gastrostomy (PEG) / Radiologically Inserted Gastrostomy (RIG)



\*Where timely, arrange telehealth or face-to-face GP review

## Percutaneous gastrostomy tubes: Trouble-shooting a blocked PEG / RIG practice points

### 1) Recognising a blocked percutaneous gastrostomy tube (PEG / RIG)

Recognising a blocked percutaneous gastrostomy tube early may assist in successful management.

Suspect a blocked tube if there are any of the following:

1. Tube is difficult or impossible to flush; a requirement for increasing pressure to flush the tube should raise concern for a partial blockage.
2. Recurrent high-pressure or occlusion alarm on feeding pump.
3. Where gravity feed is used, the feed stops dripping.

Note: If the above signs are accompanied by severe pain on attempting to flush the PEG /RIG then this may be a sign of tube dislodgement or buried bumper syndrome - see [Percutaneous gastrostomy tubes: Trouble-shooting a leaking Percutaneous Endoscopic Gastrostomy \(PEG\) / Radiologically Inserted Gastrostomy \(RIG\) pathway](#).

### 2) Technique for unblocking a blocked enteral feeding tube (PEG / RIG)

- Don appropriate personal protective equipment (gloves, eye protection and plastic apron)
- Use an ENFit enteral syringe at least 20 mL in size (do not use smaller syringes as these may rupture the tube) and half-fill with clean, warm water
- Close the clamp (if present)
- Open the cap on the feeding port and connect the syringe - if there are 2 feed ports, ensure the 2nd port is held closed throughout the procedure to avoid splash risk
- Open the clamp (if present)
- Aspirate ("pull") from the tube
- "Push" water gently (avoid excessive force) into the tube and then allow the plunger to return to its original position
- Keep repeating the "push and pull" back and forth in a pulsating manner until the water cools down, the water becomes cloudy or the tube unblocks - this may take 20 to 30 minutes
- Do not use carbonated beverages such as cola or acidic juices as these can worsen blockages through precipitation of crystals

## Percutaneous gastrostomy tubes: Trouble-shooting a blocked PEG / RIG practice points

### 3) Percutaneous gastrostomy tube management plan: minimising tube blockage

Quality management of a percutaneous gastrostomy / radiologically inserted gastrostomy tube may prevent tube blockages. The following should be considered in development of a resident's gastrostomy management plan:

Domain	Contributors to tube blockage	Prevention
<b>Enteral feeding</b>	Failure to adequately flush enteral feeding tube before and after each feed	<ul style="list-style-type: none"> <li>The resident's enteral feeding regimen should include routine flushing before and after each feed with an appropriate volume of clean water</li> <li>Continuous enteral feeds via a pump over many hours require a minimum of 4-hourly flushes of the gastrostomy tube to reduce risk of tube blockage</li> <li>Consult a dietitian and GP to determine an appropriate volume of flush in residents on fluid restrictions</li> </ul>
<b>Medication administration</b>	Enteral administration of medications that are not well crushed or not suitable to be crushed	<ul style="list-style-type: none"> <li>Check <a href="#"><i>Don't rush to crush</i></a> prior to crushing or seek pharmacist advice</li> <li>Use liquid form of medication</li> <li>Give each medication individually and flush before and after each medication using clean water (note do not use saline to flush the tube as this can cause crystallisation and increase risk of tube obstruction)</li> </ul>
<b>Venting and gastric aspiration</b>	Frequent aspiration or siphoning of gastric fluid into the tube may increase risk of precipitation of feed or medications in the tube	<ul style="list-style-type: none"> <li>Whilst some residents require intermittent or regular gastric venting for medical reasons, it is important that the gastrostomy tube is flushed immediately after venting, using enough water to clear the tube of residual gastric fluid</li> <li>Use a clamp on the device to avoid back-flow of gastric fluid into the tube</li> <li>If back-flow of gastric fluid occurs during the course of using the gastrostomy tube when administering feeds / medication / flushes, it is important that the tube is flushed again prior to completing use of the tube, to ensure that it is clear of any gastric fluid / debris</li> </ul>
<b>Daily cares</b>	Failure to adequately flush enteral feeding tube	Flushing should occur before and after each bolus feed (or every 4 hours if continuous / pump feeds), before and after each medication and routinely before bedtime
<b>Material fatigue or deterioration</b>	Material fatigue due to expected deterioration over time or unexpected deterioration due to mishandling; silicone PEGs are more susceptible to blockage than polyurethane PEGs	<ul style="list-style-type: none"> <li>Ensure gentle handling of enteral feeding tube</li> <li>Avoid use of syringes smaller in volume than 20 mL to avoid excess pressure on tube</li> <li>Ensure regular scheduled tube exchange in keeping with manufacturer recommendations</li> <li>Monitor tube for evidence of warping or change in contour</li> <li>Inspect tube for discolouration of tubing - black, brown or creamy patches may indicate colonisation of the tube with fungi which increases risk of tube blockage</li> <li>Avoid over-tightening of fittings: when attaching syringes and feed giving sets to the gastrostomy tube, turn until you feel a little resistance</li> <li>Clean the gastrostomy tube fittings of all feed and medication debris daily. Build-up on these fittings will lead to sticking and eventual breakage</li> </ul>

## Percutaneous gastrostomy tubes: Trouble-shooting a blocked PEG / RIG references

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## Percutaneous gastrostomy tubes: Trouble-shooting a blocked PEG / RIG version control

<b>Pathway</b>	Percutaneous Gastrostomy tubes: Trouble-shooting a blocked Percutaneous Endoscopic Gastrostomy (PEG) / Radiologically Inserted Gastrostomy (RIG)				
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