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Caring for your Child's Freka (PEG) Tube

Childrens Community Nursing Team

If you require this information in a different format such as in large print or on audio tape, or in a different language please contact the service on the details above.

If you have any compliments about this service or suggestions for improvements, contact our Patient Advice and Liaison Service on 0300 131 1000 (charges may apply depending on your network) or email: ccs-tr.pals@nhs.net.

For free, confidential health advice and information 24 hours a day, 365 days a year please contact NHS 111.




A gastrostomy is a flexible tube that passes through the abdominal wall into the stomach to allow for feeding and/or medications. It also provides a mechanism to drain gastric contents or vent gas if required. A gastrostomy is often the route of choice for long-term feeding into the stomach.



Freka PEG tubes need replacing every 2 years or before if needed. This requires a general anaesthetic (GA) and is usually a day case procedure.

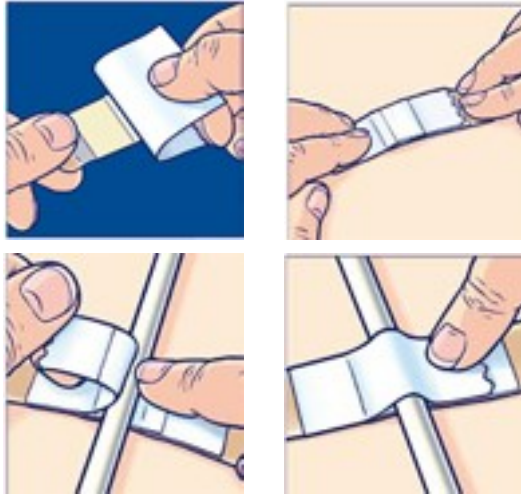
Following insertion, a small amount of redness is common. **However please contact the CCNT or Paediatric Assessment Unit (01582 497401) if there are any of the following signs (Red Flags)**

- 
- Severe pain on feeding
 - Prolonged or severe pain at the site
 - Fresh bleeding
 - Increased external leakage
 - Inability to infuse feeds

Tube Securement

To prevent your child's tube becoming caught on clothing or equipment it is essential that it is secured appropriately. Correct securement will also reduce the risk of infection and/or granulation tissue.

Your Children's Community Nurse should supply you with a small supply of Clinifix® securement devices for you to try. These should continue to be obtained from your GP.



Tube Blockage

If your child's PEG tube becomes blocked please try the following before contacting the CCNT:

- Attach a 50ml syringe filled with 10mls of warm water and flush the tube alternately using a push/pull technique.
- 'Milk' the tube between your finger and thumb to loosen and dislodge the blockage.

Gastrostomy sites require daily cleaning from day 1 of insertion

- For the first 10-14 days the gastrostomy site should be cleaned with cool boiled water and gauze. Following this the site can be cleaned in the bath/shower using a clean cloth.
- The gastrostomy site should not be immersed fully in water until the site has healed (usually 10-14 days).
- The site should be inspected daily for the following signs:
 - ⇒ Redness (see photo below)
 - ⇒ Bleeding
 - ⇒ Swelling
 - ⇒ Pain or discomfort
 - ⇒ Leakage around the tube from the stoma
 - ⇒ Leakage from the device
 - ⇒ Increased exudate (discharge)
 - ⇒ Odour
 - ⇒ Granulation tissue (please see section on granulation tissue for more info)

Gastrostomy sites will only be swabbed if the above signs of infection are present



Example of an infected gastrostomy

Advance and Rotate (7-10 day Post Op)

Your child requires their tube

rotation on:

1. Wash hands with soap and water
2. Open the clamp of the fixation plate, lift the tube free of the channel in the fixation plate, and move the plate away from the skin.
3. Clean the gastrostomy site, surrounding skin and fixation plate with gauze and water and ensure the area is dried thoroughly.
4. Push the tube into the stomach for 1-2cms and rotate a full 360 °.
5. Pull the tube back gently until resistance is felt.
6. Replace the fixation plate back into the original position above the stoma, reinsert the tube into the channel of the plate and close the clamp.

You should continue to rotate and advance your child's tube once a week to prevent further complications.

If you experience difficulty in rotating and advancing the tube please do not panic! Often trying when your child is in a relaxed state or in the bath will help with this procedure.

Managing Leakage

If leakage occurs from the site it is important to use a skin barrier product such as Cavilon® or apply a thin layer of Sudocrem® to protect the surrounding skin.

Leakage can often worsen if your child has the following:

- A chronic cough
- Increased work of breathing (heavy, fast, abdominal breathing)
- Constipation
- A blockage within the tube
- A poorly connected administration set
- Buried Bumper Syndrome (when the internal bumper of a PEG tube migrates through the gastric wall and becomes lodged anywhere between the gastric wall and the skin).

Managing granulation tissue

Often granulation tissue will improve on its own accord if the gastrostomy site is kept clean and dry.

If you notice granulation tissue that is moderate in size, bleeds when knocked, produces a large amount of 'sticky' yellow discharge, or is causing your child discomfort then please contact the CCNT for advice .

