

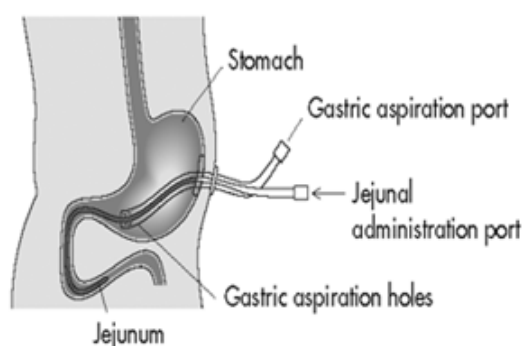
Gastrojejunostomy (GJ) Tube

A gastrojejunostomy tube (GJ tube) is a feeding tube placed in the stomach and extends into the jejunum (part of the small intestine). It exits through a small incision in your abdomen. It contains two separate tubes called the gastric (G) port that ends in the stomach and the jejunal (J) port that ends in the jejunum. The G port allows venting of the stomach if needed and the J port is typically used for tube feedings. This tube can provide either total or supplemental nutrition. To lower the risk of tube clogging, avoid putting medications through the tube if your doctor has said you can take them by mouth. If the tube needs to be used for medication delivery, in most cases you would use the G port. A brochure for **Proper Medication Delivery via a Feeding Tube** is available, if needed.

Daily care of the GJ Tube:

- Wash hands before and after caring for the GJ tube.
- If you have a dressing at the insertion site, change daily (change more frequently as needed). Dressings are optional.
- Secure the tube with tape or a tube securement device to prevent tugging on the tube. Do not rotate the tube because it could move out of position.
- The bolster (plastic bumper resting on top of the skin) should be a snug fit, about the flat side of a dime's width from skin.
- You may resume showering when you return home. Cleanse site with warm water and mild unscented cleanser (e.g. Dove, Cetaphil, Eucerin, Aveeno) daily using a clean washcloth, rinse, and pat dry. Use cotton tip swabs if needed, paying attention to the area under the bolster. If you were given other instructions by your procedural team in regard to showering or site care, please follow those instructions.
- Wait 6 weeks after placement before submerging in water (baths, swimming, etc.). Avoid lakes and public pools where sanitation is questionable.
- Inspect the insertion site daily for skin sores or any signs and symptoms of infection (increasing redness, hardness, pain).
- A small amount of drainage of any color, even green, around the tube can be normal.
- If the site becomes reddened, place a thin coating of zinc oxide cream (i.e. Desitin, Balmex, Calmoseptine) over the area.

Where is the GJ tube placed?



Flushing the GJ tube:

- If not in use, flush both the G and J ports with 30 mL tap water twice daily.
- Flush tube with at least 30 mL tap water before and after tube feedings.
- Follow the guidelines you were given to meet daily water needs.



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Venting the G port:

- This is when the G port is opened to drain the stomach. This may be needed when you are nauseated or intermittently as instructed.
- At times the G port is attached to a bag for continuous drainage but needs to be clamped for short periods of time (i.e: for medication delivery)
- Tube feedings through the J port can remain running while venting the G port.

If you are going home with tube feedings:

- An RN will spend time teaching you the care of the GJ tube and insertion site care. You must demonstrate skills prior to discharge.
- You might have mild cramping when you first start the tube feeding. Do not be alarmed.
- If you have >3 episodes of diarrhea per day, call your dietitian. You may need your tube feeding adjusted.

When to call the Nutrition Support Clinic:

- If the tube is partially out or falls out within 8 weeks of initial placement, please notify the NS clinic and go to the emergency room immediately to have it replaced. If it has been over 8 weeks, please call the NS clinic ASAP. If outside normal business hours, still call this number to be directed to the provider on call.
- Pain, hardness, increasing redness at the tube site, skin sores, or increasing drainage/bleeding around the tube.
- Bumpy red tissue growing from around the tube site - known as granulation tissue. This is not an emergency and can be treated in the NS clinic.
- Bolster seems too tight or too loose. It should be about the flat side of a dime's width from skin.
- G or J port is clogged. Refer to **Cleaning a Clogged Feeding Tube** brochure.
- When tube feedings are running through the J port and drainage from venting the G port looks creamy like tube feeding. The GJ tube may need to be repositioned.

IMPORTANT INFORMATION:

Home care nursing agency:

Pharmacy vendor for formula/supplies:

Tube feeding formula:

Tube feeding amount per day:

Tube feeding schedule:

Free water amount per day:

Free water flush schedule:

DISCHARGE CHECKLIST:

- Tube feeding formula
- 60 ml ENFit syringes
- Feeding bag and tubing, if used
- Enteral feeding pump (if unable to tolerate gravity feedings)
- Dressing supplies
- Tube securement device
- Drainage bag or Farrel bag (for stomach venting), if needed

For additional support for home tube feedings and feeding tubes, please visit the Oley Foundation at Oley.org

Adult Nutrition Support Clinic

(585) 275-3995



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