How to care for your child’s gastrostomy at home (button)

Information from the Children’s Community Nursing Team (CCNT) - Lambeth and Southwark
What is a button gastrostomy?
A gastrostomy feeding tube is a small feeding tube which is inserted directly into the stomach so that your child can receive feed, fluid and medication without swallowing. It will give them a safe and long-term method of getting nutrition. The button is held in place by a balloon inside the stomach which is inflated with water.

Catheter sizes are measured using the French catheter scale. This is shown as ‘fr’, this is the diameter of the button. The length of the button is measured in centimetres (cm).

There are many medical reasons that a child may need a button inserted. The main reason is that they are currently unable to take enough nutrition orally to help them grow and develop. In order to help them with their nutritional intake a button feeding tube has been inserted.

Caring for your child’s gastrostomy
If this is a new gastrostomy, you will find that the stoma (the small opening in the skin around where the gastrostomy is fitted) should close around the button 7-10 days after the button has been inserted. The skin around the stoma site can take around 4-6 weeks to heal.

The stoma site should be cleaned twice a day with cooled boiled water and gauze or a cotton wool pad. After cleaning make sure that the area under the button is dried to stop irritation.

After six weeks the wound and the button will be healed so can be washed in the bath or shower, and be fully submerged in water, so your child will be able to do wet activities such as swimming.

If your child already has had a gastrostomy before, and has a stoma formed, the healing process will be shorter.

Make sure you are changing the extension sets every 14 days. These attach to the button so that your child’s feed can be given. Before you are discharged home from hospital the nurses will show you how to attach the giving set.
The water in your button will need to be changed regularly:

- **MIC-KEY®** buttons need 5ml of water in the balloon. The water needs to be changed every week with a 10ml syringe.
- Mini buttons - 12fr catheters need 2.5ml of water in the balloon. The water needs to be changed every week, using a 5ml or 10ml syringe.
- Mini buttons - 14fr catheters need 4ml of water in the balloon. The water needs to be changed every week, using a 5ml or 10ml syringe.

These are the recommendations by the manufacturer. Your clinical nurse specialist (CNS) or community nurse may advise you to put more or less water into the balloon as appropriate.

**Always make sure the extension set is removed after every feed.** This helps prevent the stoma site from becoming sore, and reduces the risk of over granulation (see page 8 for more information on this).

### Problems with the button

#### Stomach contents leaking out around the tube
Test the balloon to see if it has the correct amount of water in the balloon by attaching a luer slip (clear) syringe to the inflation valve. Withdraw the water from the balloon and note the volume in the syringe. If the amount is less than it should be, refill the balloon with the correct amount of water, wait 10-20 minutes and repeat the procedure. If the prescribed volume of water is still not in the balloon, it is likely that the balloon is leaking so call the CCNT for advice.

#### The feeding tube becomes disconnected
Stop the feeding pump connected to the extension set. Estimate the amount of formula that has been lost. Thoroughly wipe the tube connections with soap and water. Replace the amount of formula that was lost. Reconnect the feed and restart the feeding pump.

If you have any problems and are not sure what to do, call the CCNT and they will be able to help you. If you feel that the button is loose and may fall out, secure the button with medical tape or plasters.

### What to do if the button comes out
If you find that your child’s button comes out, don’t panic. Replace the button as soon as possible. The most important thing is to keep the stoma open. The easiest way to do this is to deflate the balloon on the button that has just come out. Wash the button under the tap and then re-insert this into the hole and tape it into place.

**Only in an emergency**, if you feel confident in changing the button at home then follow the instructions on the following pages about how to change the button, using your spare that you have at home. Make sure that you contact the CCNT to make sure you have another spare button sent out to you as soon as possible.
If you do not feel confident to do this yourself, contact the CCNT if it is within our working hours. If it is out of hours, make sure that you take your spare button to your nearest Emergency Department (A&E) where they can re-insert it for you. Make sure you contact the CCNT and ask for another spare button to be sent out.

If you would like to learn how to change your child's button on a regular basis please call your community nurse and they will arrange training for you.

### Changing a MIC-KEY® button

1. Wash your hands and collect equipment.
2. Inflate the balloon of the new button with water or air before it is inserted, to check that there are no faults with the button.
3. Deflate balloon on button already in your child's abdomen (tummy) using a luer slip syringe. Make sure all of the water has been removed.
4. Remove button by placing fingers either side of it and gently pulling it out. You may have to give it a little twist.
5. Insert button into the stoma site, you may have to twist it from side to side. Once it is inserted, hold in place until the balloon is inflated.
6. Inflate balloon of button with water. Once inflated you can let go of the button.
7. Attach an extension set to your button, then attach a 20ml or 50ml oral syringe to the end of the extension set.
8. Draw back and test stomach acid to make sure it is in the stomach. A pH of 5.5 or below means that it is in the stomach.
9. Once the position is correct, flush the extension set with water.
# Changing a mini button

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wash your hands and collect equipment.</td>
</tr>
<tr>
<td>2</td>
<td>Inflate the balloon of the new button with water or air before it is inserted to check there are no faults with the button.</td>
</tr>
<tr>
<td>3</td>
<td>Attach clamp of the introducer at the top of the button. Insert introducer until just before it reaches tip of the deflated balloon and close the clamp.</td>
</tr>
<tr>
<td>4</td>
<td>Deflate the balloon on button already in your child’s abdomen using a luer slip syringe. Make sure all of the water has been removed.</td>
</tr>
<tr>
<td>5</td>
<td>Remove the old button by placing fingers either side of it and gently pulling it out. You may have to give the button a little twist.</td>
</tr>
<tr>
<td>6</td>
<td>Insert new button into the stoma site. You may have to twist it from side to side. Once inserted hold in place until the balloon is inflated.</td>
</tr>
<tr>
<td>7</td>
<td>Remove the introducer.</td>
</tr>
<tr>
<td>8</td>
<td>Inflate the balloon of button with water. Once inflated you can let go off the button.</td>
</tr>
<tr>
<td>9</td>
<td>Attach an extension set to your button.</td>
</tr>
<tr>
<td>10</td>
<td>Draw the stomach acid back into the syringe, and test.</td>
</tr>
<tr>
<td>11</td>
<td>Test the stomach acid with pH testing strips. A pH of 5.5 or less means that the button is in the stomach.</td>
</tr>
<tr>
<td>12</td>
<td>Once the position is correct, flush the extension set with water.</td>
</tr>
</tbody>
</table>
What can be given through a button?
Only your child’s feed, water and medication should be given via the button.

Your dietitian will be able to advise you on your child’s feeding regime and arrange deliveries of the milk your child will need. It is important to make sure your child’s tube is flushed regularly to keep it clean and help hydrate your child.

You must flush your tube:
- at the beginning and end of each feed
- when stopping and restarting a feed
- before and after giving medication, and between medication if more than one drug is given
- 2-3 times a day if you are not presently giving feeds through the button.

You can use tap water to flush your tube. Sterile water is not normally necessary unless advised by a healthcare professional.

What do I do if there are skin problems around the button?
Problems with the skin around gastrostomies are very common. If you are worried or concerned, please call the CCNT for advice.

On the next few pages are some of the common problems that can be found with the skin around the gastrostomies, and information about how they are usually treated. Your child’s gastrostomy device may look different to those shown in these pictures.

Localised redness

**Causes:** A gastrostomy site can become red for many reasons. It could be due to a small amount of leaking, the area rubbing, a change in weather or your child being unwell.

**Treatment:** Increase the frequency of cleaning the stoma site. After cleaning the stoma, barrier creams such as Proshield or Cavilon™ can be used on the area to try and prevent the area becoming sore.

**Review:** No review needed.

**Referral:** Barrier creams should be available on a repeat prescription. If you are unable to get this from your GP, contact the CCNT and ask for a prescription request.

Leakage of stomach content

**Causes:** A gastrostomy site can leak stomach contents for different reasons. It could be because the balloon is not inflated enough, or the stoma needs measuring to change to a different size.

**Treatment:** Continue to clean the stoma site regularly with warm water. Apply a barrier cream to the stoma to keep the skin healthy. Check that there is the correct volume of water in the balloon.

**Review:** Call the CCNT to arrange a visit to review the size.

**Referral:** The CCNT will need to review the size if leaking continues.
Mildly inflamed and red

**Causes:** A gastrostomy site can become infected for many reasons. It could be due to prolonged leaking, friction around the area, or the button being the incorrect size.

**Treatment:** Prontosan® wound irrigation solution should be used to clean the stoma and then MediHoney® barrier cream should be applied. Consider taping the tube down to stop movement and irritation.

**Review:** Call the CCNT to arrange a visit for them to check that everything is okay.

**Referral:** The CCNT will do a prescription request from the GP.

Possible infection

**Causes:** A gastrostomy site can become infected if bacteria have managed to get into the skin surrounding the stoma site. If not managed in the early stages the infection can worsen.

**Treatment:** Call the CCNT to arrange a review, and a swab will be taken before considering oral antibiotics. The stoma site should be cleaned with Prontosan®, and MediHoney® barrier cream applied. If out of hours call your out-of-hours GP or go to your nearest Emergency Department to avoid delay in treatment. If your child has a raised temperature or is generally unwell take them to the Emergency Department.

**Review:** Urgent medical review.

**Referral:** See medical professional.

Overgranulation

This is when the tissue 'over heals' and is raised above the wound.

**Causes:** A gastrostomy site can become overgranulated if the device is not fitted well or the device has been causing friction on the skin.

**Treatment:** Clean the area with Prontosan® solution twice a day and apply MediHoney® wound gel, and a foam dressing.

**Review:** Call the CCNT to arrange a visit for them to check everything is okay.

**Referral:** The CCNT will review your child and do a prescription request.
Re-occurring overgranulation

**Causes:** A gastrostomy site can continue to be overgranulated for a wide variety of reasons, most commonly because the gastrostomy tube is causing friction in the stoma.

**Treatment:** Clean the area with Prontosan® solution twice a day and apply Maxitrol® and a foam dressing for up to 14 days.

**Review:** Call the CCNT to arrange a visit for them to see the site.

**Referral:** The CCNT will review your child and do a prescription request to the GP.

Persistent overgranulation

**Causes:** A gastrostomy site can continue to be overgranulated for a wide variety of reasons.

**Treatment:** Continue to clean the stoma site regularly with saline or warm water. Timodine® cream should be applied to the overgranulated area and a foam dressing should be applied over the top. If the overgranulation continues after this you may need to be referred to the hospital for further treatment.

**Review:** Call the CCNT to arrange a visit for them to check everything is okay.

**Referral:** The CCNT will review your child and do a prescription request to the GP if needed. A referral will be made to the specialists at the hospital.

---

**Contact us**

If you need any support or advice, please contact the CCNT (Lambeth & Southwark only),

**t:** 020 3049 7585,  
**e:** gst-tr.evelinalondonccnteam@nhs.net

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.evelinalondon.nhs.uk/leaflets

---

**Evelina London Medicines Helpline**

If you have any questions or concerns about your child’s medicines, please speak to the staff caring for them or contact our helpline.

**t:** 020 7188 3003, Monday to Friday, 10am-5pm  
**e:** letstalkmedicines@gstt.nhs.uk

---

**NHS 111**

This service offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111  
**w:** www.111.nhs.uk