

Your child's procedure to replace their feeding (gastrostomy) tube with a button

This leaflet is about your child's procedure to replace their feeding (gastrostomy) tube with a smaller device called a gastrostomy button. It explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

Why does my child need to have their feeding tube changed and replaced with a button device?

Your child has a small feeding tube in their stomach called a gastrostomy tube (a percutaneous endoscopic gastrostomy or PEG tube). This tube allows food, fluids or medicine to pass directly into their stomach without swallowing. It is used if your child needs long-term support with feeding or extra nourishment (nutrients) to grow and develop.

Your child is now having a procedure to replace their gastrostomy tube with a new button device. The current tube has been in place long enough for scar tissue to form and make a tunnel from the skin to the stomach. This means that it is safe to remove the tube and replace it.

We may need to change the tube because it has been in place for a long time, has started to wear away or is broken. Rather than putting in the same type of gastrostomy tube, we are replacing it with a button device. This is called a Mic-Key[®] Button or Mini Button.

A gastrostomy button is a smaller feeding device into your child's stomach. It does not stick out as much from the stomach area. The button is held in place by a balloon inside the stomach that is inflated with water.

The main advantage of gastrostomy buttons is that when they have been inserted, community teams or families can change them. Your child needs a general anaesthetic when their feeding tube is first replaced with a button. This is a medicine to make them sleep during the procedure. However, your child does not need an anaesthetic when their button device is replaced with another button in future.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure. We also explain when your child should stop eating and drinking (fast) before their procedure.

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, we put a flexible tube called an endoscope with a light and camera on the end into your child's mouth. This tube slides down their throat, through their food pipe (oesophagus) and into their stomach.

The surgeon can see the inside of your child's old gastrostomy tube. They grab the disc that holds the tube in place with a small instrument. The surgeon then uses the endoscope to pull the old tube out of the stomach, back through the food pipe and out of your child's mouth.

Next, the surgeon measures the length of the tunnel left behind from the skin to the stomach. They select a button that is a suitable length and insert it from the outside. The button sits on your child's skin and the inside tube passes down the tunnel into their stomach. When in place, we inflate a balloon on the end of the button with water to prevent it from falling out.

Are there any other treatment options to this procedure?

Some parents may prefer to replace the gastrostomy tube with another tube rather than a button. The main disadvantage is that gastrostomy tubes need to be changed in hospital under a general anaesthetic. When gastrostomy buttons are in place, community teams or families can change them. Your child does not need an anaesthetic and so this is a safer option for many children. We talk to you about the treatment options and you can then decide which is most suitable for your child.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

The specific risks of surgery to replace a gastrostomy tube with a button device are:

- a sore throat, which usually settles quickly
- the surgeon not being able to remove the gastrostomy tube through the endoscope
- soreness or infection where the gastrostomy button has been put in
- damage to the food pipe in rare cases

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have pain and feel or be sick (vomit), but this is not common.

After the procedure, your child's tummy may be full and uncomfortable (bloated) or a little "gassy". We inflate their stomach with gas when changing the gastrostomy tube and some of this gas passes into the bowel.

There may be a little redness or swelling around the gastrostomy button and the area may feel a bit moist. The redness may be slightly harder to notice on brown or black skin. These side effects are more likely if we had to stretch the tunnel from the skin to the stomach (gastrostomy tract) a little. We may have stretched the tunnel to pass the button through it.

Will my child be in pain after their procedure?

If we had to stretch the tunnel from the skin to the stomach (gastrostomy tract), your child may have some mild pain. Otherwise, they should not have any pain at the gastrostomy site. This is because we do not need to make any cuts to their skin during the procedure. We give your child paracetamol and ibuprofen regularly while they are with us.

When can my child feed after their procedure?

Your child should be able to feed within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Usually, the surgeon comes to see your child after their procedure. If the procedure was straightforward, they may give permission for the nurse to send home (discharge) your child. This avoids keeping you waiting until the surgeon has finished all the cases on their operating list.

When can my child go home?

Your child can go home on the same day as their procedure when at least 3 to 4 hours have passed and they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's button device after the procedure?

We make sure that you know how to use the button and connect the feeding tube to it before you go home. You may have been given some training on this before the procedure, but otherwise we train you on the day. There may be a little redness or swelling around the site after the procedure. The redness may be slightly harder to notice on brown or black skin. It is important to keep the area clean and dry, as usual.

How can I manage my child's pain after their procedure?

Your child may not need any more pain medicine when they go home. If the gastrostomy site is sore, we recommend giving your child paracetamol and ibuprofen regularly for up to 1 week and then as needed. Please remember to buy these medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

If your child has any redness, swelling or leaking fluid (discharge) around the gastrostomy site or it feels hot to touch, these symptoms should settle after about 24 hours. The redness may be slightly harder to notice on brown or black skin.

Longer-lasting symptoms may be signs of an infection. Your child may then need treatment with antibiotic cream or medicine.

If the water in the balloon holding the button in place leaks, the button can fall out. If this happens, try to push the button back in and tape it to your child's skin. You can contact your community team during working hours. Out of hours, you need to take your child to your nearest emergency department (A&E). They can replace the button.

Do you see my child again after their procedure?

When we have put in your child's button, their feeding device no longer needs to be changed under a general anaesthetic. Unless your child is under our surgeons' care for any other issues, they do not need a follow-up appointment.

Your community team can change your child's button when needed or you can be trained on how to do this.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns between 7am and 9pm** about your child's surgery, call the children's day surgery unit, **phone** 020 7188 5300

If you have any **concerns between 9pm and 7am** about your child's surgery, call the Savannah ward through the main switchboard, **phone** 020 7188 7188

If you have any **concerns from 24 hours after surgery** about your child's health, contact your child's specialist surgical team or GP surgery, or **phone** NHS 111

If you are concerned that your child is **seriously unwell** at any time, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** 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, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk



Leaflet number: 5395/VER1

Date published: June 2023

Review date: June 2026

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A list of sources is available on request