

DEPARTMENT OF DIAGNOSTIC RADIOLOGY AND NUCLEAR MEDICINE

Patient Information Sheet

Percutaneous Gastrostomy and Gastrojejunostomy Tube Placement

General Indications for the Procedure: When a patient has a condition that prevents him/her from obtaining adequate food by mouth, then placement of a tube into the stomach can assist in getting needed food.

Description of the Procedure: At the beginning of the procedure, patients receive medication that helps keep them comfortable. This may include sedating medicine given into a vein, as well as local numbing medicine injected in the skin at the site of the procedure. Next, a computed tomography (CT) scan is performed to determine if the procedure can be done, and to choose an appropriate site to insert the feeding tube through the skin. Once the best site is identified, the patient is brought to the interventional suite. A tube is placed through the nose and passed down into the stomach, in order to inflate the stomach with air. The skin in the area through which the feeding will be placed is carefully cleaned with antiseptic fluid, and the area around the chosen site is covered with sterile drapes. Medicine to numb the skin (called a local anesthetic) is injected with a tiny needle. This causes a brief stinging or pinching sensation. After the anesthetic numbs the area, a small needle is carefully passed through the skin and into the inflated stomach, while watching the needle and the stomach with X-ray fluoroscopy. Once the needle is in the stomach, a small wire is advanced through the needle into the stomach. The tissue along the wire is dilated (expanded), after which the feeding tube is inserted. At the end of the procedure, the nose tube is removed. The procedure lasts about 25-40 minutes. After the procedure, patients go to a recovery area where they are observed for 1-2 hours.

Risks of the Procedure: The most common complications include bleeding, infection and abdominal pain. The risk of having a large amount of bleeding is low; however, if patients bleed a large amount, they may require a transfusion or another procedure to treat the complication.

Alternatives to the Procedure: Feeding tubes can be placed into the stomach by endoscopic or surgical placement. Depending upon the patient's underlying medical condition, surgery may be more risky. Patients may also receive food through a nasogastric feeding tube, but these are usually very uncomfortable and not well tolerated by patients.

Probable Consequences of Refusing the Procedure: Patients who cannot take in enough food by mouth and refuse a feeding tube may starve, lose weight and become very ill. Without the feeding tube, their underlying condition may worsen, and patients might need urgent placement of a feeding tube at a later time in order to keep them from dying.

Persons performing the procedure: The key portions of the procedure will be performed by an attending physician who is a member of the medical staff of Rush University Medical Center, or a resident or fellow in Interventional Radiology who will be observed and supervised by a member of the medical staff. Residents are licensed physicians in an approved residency program. Fellows are licensed physicians who have completed a residency in radiology and are in an approved post-residency training program. The parts of the procedures residents or fellows will perform will be based on their level of training and competence.