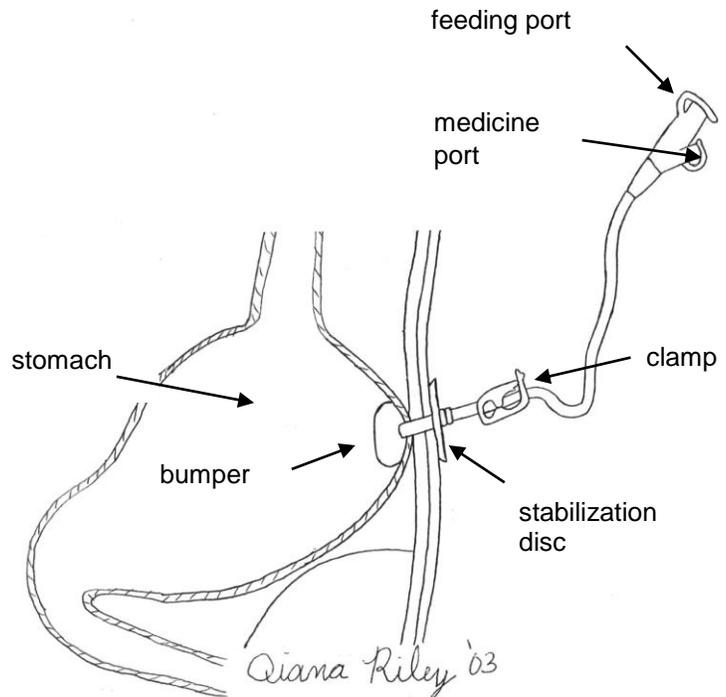


MIC Percutaneous Endoscopic Gastrostomy Tube (MIC PEG G-tube)

This teaching sheet is to be used with the book Caring for a Child with a G-tube. If you did not get the care notebook, please ask your child's nurse.

What is a MIC PEG Tube?

- The MIC PEG Tube is a long feeding tube that is held in the stomach by a mushroom shaped piece called a bumper.
- The PEG Tube needs to stay in place for at least 3 months before it is changed in the Operating Room.
- This is needed for healing and to create a good tract for the tube.
- After this time, the PEG tube can be removed and changed to another type of tube.



Why does my child have a PEG Tube?

- You and your child's doctor decided that this kind of feeding tube would be the best way to feed or supplement your child at this time.
- Your child's MIC PEG G-tube size is _____.

How do I care for a PEG Tube? (See pages 12, 15-16 in the book Caring for a Child with a G-tube)

Clean the site daily.

- Get your supplies.
 - Soap and water.
 - Tape.
 - Washcloth or Q-tips®.
 - 2x2 split gauze, if needed.
- Wash your hands with soap and water.
- Clean the skin site with soap and water.
- Gently tilt the external fixation device to clean under and around it.

Site Cares, continued

- If the skin site around the G-tube has dried, crusty drainage, soak it with a warm wet washcloth to help get it off.
- Rinse the skin with water and dry the area well.
- Gently turn or spin the tube in the tract with site cares.
 - This stops the skin from sticking to the tube.
- Use one 2x2 split gauze if there is drainage, to protect the skin and absorb moisture.
 - Change the gauze every day with site cares or more often if it is soaked.
 - If there is no drainage, leave the site open to air.
- Put a tension loop around the tube to help secure the tube.
 - Move the location of the tension loop every 1-3 days.
 - This keeps the tube from leaning the same way each time and making the hole larger.
- Your child can take a sponge bath or shower 2 days after the PEG Tube is placed.
 - Do not let the skin site and tube go under water for one week after it is placed.
 - Your child may go swimming one month after the tube is put in.
- Wash your hands with soap and water.

How do I feed my child using a MIC PEG tube? *(See pages 18 – 21 in the book Caring for a Child with a G-tube)*

There are two ports on the end of MIC PEG tube.

- A center port (clear) = feeding port.
- A side port (clear) = medicine port.

The center feeding port of the G-tube is used to get food and liquids into your child's stomach.

- Use a syringe or feeding bag in this port.
- Get your supplies.
 - Syringes size, 60 mL, 10 mL, and 5 mL may be needed.
 - Feeding bag.
 - Feeding pump.
 - Formula.
 - Water for flushing.
 - Amount for my child: _____ mL
- Wash your hands with soap and water.
- Use your child's usual feeding times and instructions from the doctor or dietician.
- Use a feeding bag or 60 mL syringe.
- If using a pump, fill the feeding bag and prime the tubing.
- Put feeding bag into the pump.
- Close the clamp on the G-tube.
- Open the feeding port.

Feeding, continued

- Attach the feeding bag or syringe to the feeding port.
- Set the feeding pump as you were told by the doctor or dietician.
- Open the clamp on the feeding tube.
- Start the feeding pump.
- If using a syringe pour a small amount of formula in the syringe.
 - Open the clamp.
 - Don't finish the feeding in less than 20 minutes.
- When the feeding is done, flush the feeding from the G-tube with 5 to 10 mL of water.
- Close the clamp and remove the feeding bag tubing or syringe.
- Close the feeding tube cover.
- Clean the feeding supplies.
- Wash your hands with soap and water.

How do I vent my child's stomach using an MIC PEG G-tube? *(page 22 in the book Caring for a Child with a G-tube)*

Venting, sometimes called "burping through the G-tube," lets your child's stomach get rid of extra air or food. Venting can be done before, during or after feedings, or at any time your child is showing signs of discomfort.

- Get your supplies
 - 60 mL syringe
- Wash your hands with soap and water.
- Close the clamp on the tube.
- Open the feeding port cover.
- Put the syringe without the plunger into the end of the feeding port. Open the clamp.
 - Hold the syringe above the belly.
 - Keep syringe in place for 1 to 2 minutes, or longer if needed.
 - You may hear air or see excess food, stomach juices rise or drain into the syringe or bag.
- Be sure all stomach juices have gone back down to the stomach or empty them if you have been told to.
- Flush the feeding port with 5-10 mL of water if your child can tolerate it. If the tube is sluggish and your child can not tolerate any flush, then try flushing with 5 mL of water and pull the water back out.
- Close the clamp on the tube and take out the syringe.
- Close the feeding port.
- Wash your hands with soap and water.

Troubleshooting Problems (See pages 27 – 30 in the book *Caring for a Child with a G-tube*)

Leaking at the skin site

- Check that the inside bumper is pulled snug against the stomach wall.
- Make sure the external fixation device or stabilization disc is not too far away from the skin.
- Put barrier cream on the skin site to protect the skin. Desitin® is a good choice.
- Call your child's doctor or nurse if leaking keeps happening or not able to fix.

Granulation tissue

- This is extra growth of healing tissue which can be seen where the G-tube comes out of the skin.
- It is very common for granulation tissue to grow. It is a normal body response.
- The tissue is pink and moist. There may be yellow-green drainage or a little bit of bleeding.
- If you see this tissue, call the clinic for medicine to treat the tissue.

Leaking from the top of the tube

- Check to be sure the feeding port is closed.
- If it still leaks or if it is cracked, call the clinic or nurse for more help. The feeding port can be changed if needed.

Blocked tube

- Make sure the G-tube turns or spins easily (to check the position of the tube).
- Try to flush the tube with a small amount of water.
- If that doesn't work, use a small syringe and flush with carbonated water.
- If that doesn't work, call the clinic to talk to the nurse or doctor for instructions.

Stabilization disc on PEG Tube seems to be too tight

- Move the disc.
- Call GI Clinic if you are having trouble.

PEG Tube falls out

- Do **not** replace the PEG tube.
- Call the GI Clinic at (414) 266-2850 or the Surgery Clinic at 414-266-6421 between 8:00 AM and 4:00 PM.
- After 4:00 PM call the On-Call Surgeon or the On-Call GI doctor at (414) 266-2000.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if:

- The tube comes out.
- The skin around the tube has drainage (pus).
- The skin around the tube is red, swollen, or sore to touch.
- The tube is blocked and you are not able to get it working.
- Your child has feeding problems such as vomiting or gagging.
- Your child has special health care needs that were not covered by this information.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.