

Tube Care (Nasal, PEG, G-Tube, J-Tube, GJ-Tube)

This information explains how to care for a feeding tube in your stomach or intestinal gastrointestinal (GI) tract. You can use the tube for nutrition and medication.

The physician will place one of the following feeding tubes and secure it. The method is different for each type of tube.

*Always wash
your hands well
before you touch
a tube.*

- **Nasal tube (Dobhoff):** This tube enters through the nose. It passes down into the stomach or further down into the small intestine (duodenum or jejunum).
- **G-tube (gastrostomy tube) or PEG (percutaneous endoscopic gastrostomy) tube:** This tube enters the stomach through a small opening in the abdomen.
- **J-tube (jejunostomy tube):** A J-tube enters the small intestine through a small opening in the abdomen. A flat piece of plastic (anchor) holds the tube firmly against the skin. This helps it stay in place. Some J-tubes have stitches instead of an anchor.
- **GJ-tube (gastrojejunostomy tube):** This tube enters the GI tract through a small opening in the abdomen. It has 2 different parts. The “G” (or stomach) part is for medications or venting. The “J” (or jejunum) part is for feeding.

Daily care

- Always wash your hands with antibacterial soap and water for 1 to 2 minutes before taking care of your tube or starting a feeding.
- Always flush the tube with at least 20 milliliters (mL) of water before and after feedings and medications. Your physician or dietitian will give you instructions for water flushing.
- If you have a GJ-tube, always flush both ports.

Nasal tube care

- If you have a nasal tube, secure it to your nose with medical tape. This will keep it from falling out. Your care team may also secure it with a device known as a nasal bridle. If you have problems with a nasal bridle, talk to a member of your care team.
- Make sure the tube is not pressing on your nostril. This can cause a break in your skin. Change the tape as needed. You can use a little Vaseline® on your nose around the tube if the nostril becomes irritated.

G-tube, J-tube and G-J tube care

- Each day, check the tube site for skin irritation or redness, bleeding, drainage or problems with the tube hole becoming larger. Use a hand-held mirror to see all sides of the tube site.
- If you notice mild redness under the skin disk, you may apply a thin layer of barrier cream with zinc oxide (such as Desitin®), as needed.
- Keep the area around the tube open to air. A small amount of drainage is normal. Do not use gauze unless instructed to do so by your physician or advanced practice provider.
- Gently wash the skin around the tube site with warm water and a mild soap every day. Do not use alcohol or hydrogen peroxide. If needed, you may use a cotton-tipped swab to clean under the anchor or around the stitches. Dry the skin under the anchor.
- Each day, check the tube site for skin irritation or redness, bleeding, drainage, or problems with the tube hole becoming larger. Use a hand-held mirror to see all sides of the tube site.
- If you notice mild redness under the skin disk, you may apply a thin layer of barrier cream with zinc oxide (such as Desitin®), as needed. Otherwise, do not apply any other ointment or cream to the tube site, unless your physician tells you to do so.
- If your tube has an anchor, check to make sure it has not become too loose or too tight. If it is too loose, it may leak. If it is too tight, it will irritate the skin. The tube should move very slightly, about 1/4 inch, in and out.
- **For G-tubes only**, turning and moving the tube in and out once a day during cleaning helps keep the site healthy. It is one way to check that the tube is still in a good position. **Do not move or turn a J-tube or G-J tube.** This can cause it to come out of place.

Other care instructions

- Store supplies and unopened formula in a dry, clean, insect-free area off the floor. Use a cabinet or closet with a door.
- Clean your work area including the table, countertop or tray. Use a clean cloth or paper towel, soap and water to clean daily and whenever dirty.
- Do not swim or soak the area in water (such as bathing) for the first 4 to 6 weeks after the tube placement through your abdomen. It is okay for you to take a shower.
- You may secure your gastrostomy or jejunostomy tube to your clothing and/or skin. If you leave a tube hanging, it will pull on the tract. Over time this can injure the tract and the inside of the stomach or intestine. Use paper tape that is not “gummy” to tape the tube to the skin, a skin barrier or dressing. Do not use any sharp items near the tube.

Activity

- You may shower 24 hours after a feeding tube placement through the abdomen. Do not take a tub bath until the site is healed, usually about 6 weeks.
- You may go back to your normal activities, as you are able.
- You may feel mild discomfort at the tube site, usually for about 1 week.

When to call your physician

Call your physician if you notice:

- Thick, foul-smelling drainage that is yellow or green around the tube site
- Skin irritation or redness lasts longer than 2 to 3 days
- Reddened skin around the tube site that increases in size, is swollen, warm to the touch, or painful
- Tube will not flush or run feedings
- Size of the tube site opening becomes larger
- Large amounts of fluid leaking around the tube (soaked dressing more than once a day)
- Tube is moved out further than normal
- Diarrhea or constipation
- Vomiting, bloating or stomach cramps
- Weakness
- Any other unusual symptoms

When to seek emergency care

Go to the closest emergency department if any of these happen:

- You have a temperature more than 101 degrees F or specified otherwise by your physician.
- The tube falls out or is pulled out.

Important notes

- If you have any supply related issues, contact your medical supply company.
- For detailed information about your tube, contact the vendor.