

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

This information will help you learn how to care for a tube that is placed into your stomach or intestinal gastrointestinal (GI) tract. Your tube can be used to give you nutrition and medicine.

You will have one of the following tubes. Each is placed and secured differently.

*Always carefully
wash your hands
before you care
for tubes.*

- Nasal tube (Dobhoff): This tube is placed into the nose and passed down into the stomach or further down into the small intestine (duodenum or jejunum).
- G-tube (gastrostomy tube) or PEG (percutaneous endoscopic gastrostomy) tube: These tubes are placed directly into the stomach through a small opening in the abdomen.
- J-tube (jejunostomy tube): A J-tube is placed in the small intestine through a small opening that is made in the abdomen. The tube is secured with a flat piece or “anchor” that holds the tube firmly against the skin so it does not move out of place. Some J-tubes may have stitches instead of an anchor.
- GJ-tube (gastrojejunostomy tube): This tube is also placed into position through a small opening that is made in the abdomen. This tube has 2 different parts. The “G” (or stomach) part can be used for medications or venting. The “J” (or jejunum) portion is used 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 the feeding.
- Each day, check the tube site for 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 have a nasal tube, it should be secured to your nose to prevent the tube from falling out. This can be done by using tape or a string device like a nasal bridle. If you have a nasal bridle, any problems should be discussed with your healthcare provider. It is important to make sure the tube is not pressing on the nostril. The tape can be changed as needed. You can use a little Vaseline® on the nose around the tube if the nostril becomes irritated.

- If your tube has an anchor, check to make sure it has not become too loose or too tight. If too loose, leakage may occur; if too tight, it will irritate the skin. It 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.
- 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.
- Gently wash the skin around the tube site with warm, soapy water daily. If needed, you may use a cotton-tipped swab to clean under the anchor or around the stitches. Dry the skin under the anchor. Do not apply ointment or cream to the tube site, unless you are instructed to do so by your physician.
- 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 healthcare provider.
- Always flush the tube with at least 20 mL of water before and after feedings and medicine. Your physician or dietitian should provide additional instructions for water flushing.
 - If you have a GJ-tube, always flush both ports.

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, counter top 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. A tube that is left free to hang 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 or to a skin barrier or dressing. Do not use any sharp items near the tube.

Activity

- You may shower 24 hours after the tube through your abdomen is placed, but do not take a tub bath until the site is healed, usually about 6 weeks
- You may resume your normal activities, as tolerated.
- You may feel mild discomfort at the tube site, usually for about 1 week.

When to call your physician

Call your healthcare provider if any of these occur:

- 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
- Unable to flush the tube or run the feedings
- Size of the tube site opening becomes larger
- Large amounts of fluid leaking around the tube (dressing is soaked more than once a day)
- Tube is moved out further than normal
- Diarrhea or constipation
- Vomiting, bloating or stomach cramps
- Weakness or other unusual symptoms

When to seek emergency care

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

- Fever (above 101 degrees F or specified otherwise by your physician)
- The tube falls out or gets 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.