

Medical Management of Gastrostomy Leakage

Leakage around gastrostomy device

- Possible Contributing factors¹**
- Intercurrent illness
 - Feed intolerance (consider slowing feed rate, changing to continuous)
 - Vomiting / GOR
 - Constipation (aperients)
 - Poorly controlled diabetes
 - Malnutrition (check zinc level)
 - Immunodeficiency
 - Accumulation of gastric air (trial venting before feeds)

Identify and address contributing factors¹
Identify and address issues with device²
Provide skin care: Frequent barrier cream (Vaseline/Paraffin) and foam dressing, consider role for topical steroids / topical antifungal / antacid
Consider use of hydrocolloid powder to plug the gap

Leakage from gastrostomy device

Flush device with warm water (via the feeding tube)

- For balloon and non-balloon devices
- Consider changing enteral adaptor of the initial PEG

Identify and address issues with device²

- Possible Issues with Device²**
- All devices:**
- Ensure appropriate stoma length (consider measuring device)
 - Only upsize in low French sizes (12Fr and 14Fr, not for 20Fr, when possible) and as last resort after trying other measures
 - Check for fracture in tube
- Balloon G- or GJ- devices:**
- Optimise balloon volume for tube type and size
 - Change device if unable to sustain balloon volume
- Initial PEG:**
- Appropriate placement of external retention device at skin level.

- If ongoing gastrostomy leakage, consider the following:**
- Gastric acid**
- Consider PPI
- Persistent feed intolerance?**
- Consider changing feed rate to continuous or overnight feeding (liaise with home team Dietitian)
- Suspected / presence of gastroparesis?**
- Consider prokinetic (domperidone / erythromycin)
 - Baseline ECG
- Distal feeding**
- Consider jejunal feeds by NJT or GJT and gastric rest
 - Downsize width of gastrostomy device
 - Can be used in severe scoliosis compressing lumen

Change gastrostomy device if indicated

- Follow up**
- Monitor skin for breakdown, infection and granulation
 - 4-6 weeks (earlier if skin concerns)
 - Wean off PPI
 - Wean off prokinetic. Consider ECG every 6 months if continue
 - Review need for jejunal feeds