Radiologically Inserted Gastrostomy (RIG) in adults

Understanding your feeding tube

UHL Nutrition Nurse Specialists
Leicestershire and Rutland Nutrition and Dietetic Service
Information for Patients
Introduction

This leaflet has been given to you because a **radiologically inserted gastrostomy (RIG)** tube is being considered for you or a member of your family.

It should give you a better understanding of what a RIG is and the benefits and risks of having a RIG.

Your Nutrition Nurse, Specialist Dietitian or Doctor will be happy to discuss this further and answer any questions you may have.

This booklet should be read in conjunction with the University Hospitals of Leicester (UHL) Radiology Department RIG Patient Information Leaflet.

What is a RIG feeding tube?

A RIG is a narrow tube that is inserted into your stomach to allow liquid feed, fluids or medication to go directly into your stomach if you are unable to take sufficient food or fluids by mouth (see picture below). It may be used as either a temporary or longer term method of feeding.
Why do I need a RIG tube?

There are various medical reasons why you may need a RIG tube. These may result in you being unable to eat or drink enough to meet your nutritional requirements or having difficulty swallowing food, fluid or medications.

What are the risks and possible complications?

Although the procedure is relatively safe and major complications are rare, there are risks. All these risks will be explained to you prior to the procedure and before signing the consent form. This may include:

- Infection
- Making a hole in the bowel
- Bleeding
- Gastric acid leakage

What happens to my medications?

If you take any essential medicines please discuss this at least a week beforehand with your doctors or the nutrition nurse.

If you are taking any blood thinning medication such as Rivaroxaban, Clopidogrel, Aspirin or Warfarin it is very important that you inform your doctor or contact the radiology Department as soon as possible as these may need to be stopped up to 10 days before your procedure.
What happens on the day?

Before the procedure is carried out and when you have been told all the procedure details, you will be asked to sign a consent form. This is the way you sign to show you agree to having the feeding tube placed.

You should not eat or drink for 6 hours before the procedure begins, this includes tube feeding. Your medical team will give you more details on this. If you are having any other kind of tube feeding this will also need to be switched off for several hours before the procedure.

If you have any allergies you must let the doctor know. If you have ever had a reaction to the dye used in X-ray departments you must also tell your doctor about this.

How is the procedure carried out?

The procedure is described in detail in the radiology department RIG patient information leaflet.
Once you have recovered from any sedation, you will be able to return to your ward if you are staying at the hospital or travel home if you are an outpatient.

When the tube is first placed, it can feel a little uncomfortable. This generally settles quite quickly and painkillers can be given in the meantime if needed.

In most cases feed can be given via the RIG tube about 6 hours after insertion. If you are able to eat and drink you will also be able to do this about 6 hours after the tube insertion. (NICE 2006)

There are two types of securing stitches that can be used. If you have plastic buttons these will dissolve and drop out and do not need removal.

There are two types of securing stitches that can be used:

• If you have plastic buttons these will dissolve and drop out and do not need removal however if these are still in place 14 days after the procedure these should be removed (see below).

• If you have small round bolsters of round cotton padding with a metal clip holding the thread then these should be removed around 14 days after the tube has been inserted.

**Inpatients** – Ward nurses will arrange for the District Nurses to remove the stitches.

**Day case patients** – Ring your GP to organise stitch removal after day 14 by the District Nurses / Practice nurses
What happens when I go home with the RIG?
The dietitian from your local Home Enteral Nutrition Service (HENS) will assess your requirements, discuss your feeding plan with you and monitor your progress.
The method of giving the feed will be adapted to suit your lifestyle, and the dietitian will discuss all the practicalities of feeding and caring for your tube at home.
The dietitian will ensure you are confident to manage your feed at home. Arrangements will be made for you to receive regular supplies of feed and equipment you require.

Will I be able to eat after the RIG is inserted?
If you are able to swallow safely then the RIG tube itself does not prevent you from eating. Many people have a combination of food and drink by mouth and feeding via the RIG tube.
If you are not able to swallow safely due to your medical condition, you can receive all your nutrition and fluids via your tube. Your speech and language therapist will assess this for you if there is any doubt.

When can I take a bath?
For the first week you should not immerse the tube site in water and it may be sensible to have showers or shallow baths.
In about 2 weeks the area around the RIG tube should have healed fully and you should be able to bathe as normal without any problems.
Should you wish to swim waterproof dressings can be requested from your District Nurse or GP surgery.

How long will the tube last?
This varies from patient to patient. The RIG tube usually lasts for 3 - 6 months before needing to be replaced.
Where to get medical help/advice in the immediate 72 hours after your tube insertion

IF THERE ARE LEAKS OF FLUID AROUND THE TUBE, OR PAIN ON FEEDING, OR NEW BLEEDING STOP FEED IMMEDIATELY.
ATTEND ACCIDENT AND EMERGENCY UNIT FOR URGENT REVIEW
11.2014

Where to get advice in working hours after 72 hours

- Hospital switchboard: 0300 303 1573

Discharging Ward:
- UHL Nutrition Nurses, LRI: 0116 258 6988
- UHL Nutrition Nurses, LGH: 0116 258 4713
- UHL Lead Nutrition Nurse, Clinic: 0116 258 6598

Specialist Nurses:
UHL Specialist Dietitian:

Community
Home Enteral Nutrition Service: 0116 272 7216
LOROS: 0116 231 3771
Other Professionals:
Your comments and feedback about your experience with us are invaluable and welcomed. In the first instance you should talk to the nurses on the ward, the ward sister, or ask to speak to the matron. If issues remain unresolved then please contact us directly:

Freephone: 0808 178 8337
Email: pils.complaints.compliments@uhl-tr.nhs.uk
In Writing: Gwendolen House, Gwendolen Road, Leicester, LE5 4QF

Further information can be found on the trust website: www.leicestershospitals.nhs.uk/patients/patient-welfare/patientinformation-and-liaison-service/

Please be assured that if you raise a concern or make a complaint your future health care will in no way be affected. Should you need help to raise your concerns because of special health or language needs this can be arranged.

Interpreters

Please inform a member of staff if you require an interpreter.

We are committed to preventing discrimination and promoting equality and diversity.
Today’s research is tomorrow’s care

We all benefit from research. Leicester’s Hospitals is a research active Trust so you may find that research is happening when you visit the hospital or your clinic.

If you are interested in finding out how you can become involved in a clinical trial or to find out more about taking part in research, please speak to your clinician or GP.

If you would like this information in another language or format, please contact the service equality manager on 0116 250 2959

إذا كنت ترغب في الحصول على هذه المعلومات في شكل أو لغة أخرى، يرجى الاتصال

مع مدير الخدمة للمساواة في 0116 250 2959

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Jeżeli chcieliby Państwo otrzymać niniejsze informacje w tłumaczeniu na inny język lub w innym formacie, prosimy skontaktować się z Menedżerem ds. równości w dostępie do usług (Service Equality Manager) pod numerem telefonu 0116 250 2959.

Ak by ste chceli dostat túto informáciu v inom jazyku, alebo formáte, kontaktujte prosím manažéra rovnosti služieb na tel. čísle 0116 250 2959.

Haddaad rabto warqadan oo turjuman oo ku duusan cajalad ama qoraal ah fadlan la xiriir, Maamulaha Adeeegga Sinaanta 0116 250 2959.