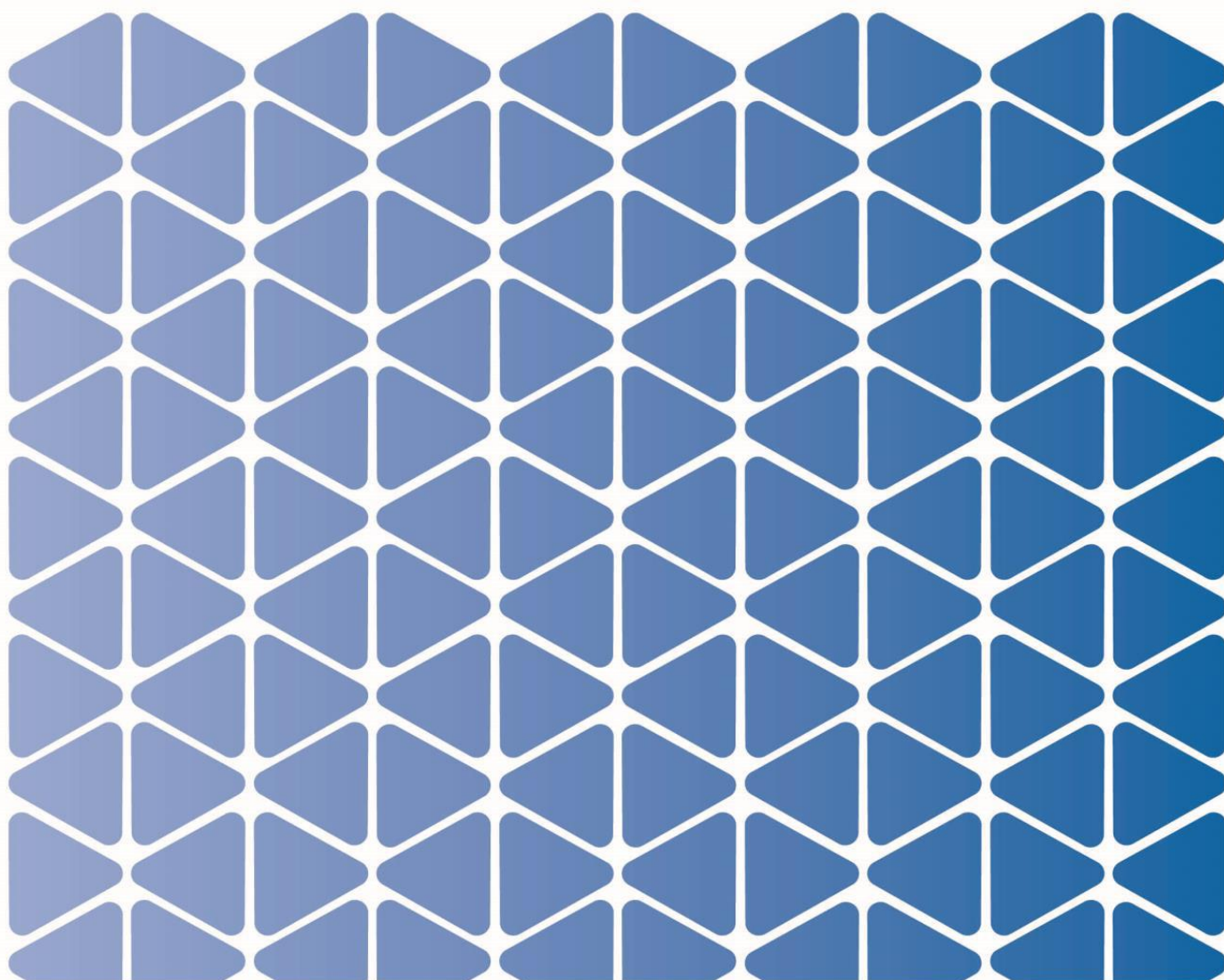


PATIENT INFORMATION

RADIOLOGICAL INSERTED GASTROSTOMY (RIG)



WHAT IS GASTROSTOMY?

Gastrostomy is a technique where a narrow plastic tube is placed through the skin into your stomach. Once in place, the tube can be used to give you liquid food directly into your stomach to provide nutrition. Gastrostomy tubes can be placed endoscopically (PEG) or percutaneously (RIG). RIGs are placed by specially trained doctors called interventional radiologists.

WHY DO YOU NEED A GASTROSTOMY?

You may be unable to eat or drink sufficient amounts to satisfy your nutritional needs or there may be a problem with swallowing that makes it unsafe for you to eat or drink. There are several reasons for this. You may have had a small plastic tube inserted through your nose, down into your stomach, to help with your feeding. This can only be left in place for a relatively short period of time. Obviously, if you do not receive enough nutrition, you will become very ill.

ARE THERE ANY RISKS?

RIG is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise. Occasionally, it is not possible to place the tube into your stomach. This may require a different method of placement or occasionally you may need an operation to place the tube. Sometimes there is a leak around the tube. This is less likely to happen if the stomach has been attached to the muscles beneath the skin, but it can still sometimes occur. This can lead to the skin around the tube becoming very red, sore and painful (localised peritonitis). An attempt will be made to treat this but it may become necessary to remove the tube to allow healing to occur or an operation may be needed to sew up the hole in your stomach. Very rarely, a blood vessel can be punctured accidentally when passing the needle into the stomach. This can result in bleeding. This may stop by itself, or if not, you may need a blood transfusion. Occasionally it may require another procedure to block the bleeding artery or an operation to stop the bleeding. However, this is extremely rare.

RIG involves exposure to x-rays. X-rays consist of a type of radiation known as ionising radiation. The doses that are used in medical x-rays are very low and the associated risks are minimal. The radiologist is responsible for making sure that your dose is kept as low as possible and that the benefits of having the x-ray outweigh any risk. X-rays can be harmful for an unborn baby. If you think you may be pregnant, please contact the x-ray department.

WHO HAS MADE THE DECISION?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

ARE YOU REQUIRED TO MAKE ANY SPECIAL PREPARATIONS?

A RIG is usually carried out as a day case procedure under local anaesthetic. You may be asked not to eat for six hours before the procedure. If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

You will need to have a blood test prior to admission to check your blood clotting levels. You will be informed of the arrangements for this test.

Your normal medication

We will usually ask you to continue with your normal medication (except as instructed below) during your stay in hospital, so please bring it with you.

Aspirin

If you are taking aspirin regularly, please stop 5 days before the procedure unless you have a high risk indication. e.g. have had a cardiac stent inserted within the last twelve months.

Clopidogrel, Prasugrel, Persantin, Clexane,

If you are taking any of these regularly, please ring the Imaging department on the numbers provided below.

We will need to know why you are taking this medication and discuss this with you. You will need to stop taking these prior to your procedure, but this should only be done after discussion with the referring clinician.

Warfarin, Dabigatran, Rivaroxaban, Edoxaban, Apixaban

If you are taking any of the above, it may need to be stopped prior to the procedure and alternative medication should be arranged with your referring Clinician. Please ring the Imaging department on numbers provided below. We will need to know why you are taking this and what your target INR is.

If you don't feel well and have a cough, a cold or any other illness when you are due to come into hospital for your investigation, we will need to know. Depending on your illness and how urgent your investigation is, your procedure may need to be delayed.

Please ring the booking coordinator on 01527 503030 asking for extension 44603 for questions.

WHO WILL YOU SEE?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

WHERE WILL THE PROCEDURE TAKE PLACE?

In the angiography suite or theatre; this is usually located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

WHAT HAPPENS DURING THE PROCEDURE?

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm. You will lie flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen. If you do not already have one inserted, a small tube will be placed through your nose into your stomach. The procedure is performed under sterile conditions and the interventional radiologist will wear a sterile gown and gloves to carry out the procedure. The skin below your ribs will be swabbed with antiseptic and you will be covered with sterile drapes. The interventional radiologist will use an ultrasound probe and X-rays once your stomach is filled with air to decide the best site for the RIG. Local anaesthetic will be injected into the skin to numb the area and you will probably be given sedation. A small needle is placed into the stomach through which a special feeding tube is placed. There are many different types of feeding tube available – some initially need stitches to keep them in place, others do not. Your interventional radiologist will discuss this with you.

WILL IT HURT?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. There may be a little discomfort during the procedure, but any pain that you have will be controlled with painkillers. You may be aware of the tubes being passed into your stomach, but this should just be a feeling of pressure and not of pain. You might be sedated and have strong pain killers during the procedure based on your blood pressure.

HOW LONG WILL IT TAKE?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about an hour.

WHAT HAPPENS AFTERWARDS?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will stay in bed for a couple of hours. The tube in your nose can be removed and the RIG can generally be used after a few hours. Your stomach may feel a little sore for a few days. If necessary, this can be controlled with painkillers.

HOW LONG WILL THE TUBE STAY IN?

This is a question that can only be answered by the doctors looking after you. It all depends on why you need the tube in the first place. You will need to discuss this with your consultant. The tube needs to stay in place until you can eat and drink safely and normally. In some cases, this might not be for a very long time. You will have a specially trained dietitian looking after you who will show you how to look after the tube properly. If your tube has stitches holding it in place, these will be removed after about ten days. The tube should stay in by itself although it is best covered with a light dressing, which the nurse looking after you can apply. Other tubes are kept in place by a small balloon. The nurse or dietitian caring for you will show you how to care for this balloon.

FINALLY

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Other information

The following internet websites contain information that you may find useful.

- www.worcsacute.nhs.uk
Worcestershire Acute Hospitals NHS Trust
- www.patient.info
Information fact sheets on health and disease
- www.rcoa.ac.uk
Information leaflets by the Royal College of Anaesthetists about 'Having an anaesthetic'
- www.nhs.uk
On-line health encyclopaedia

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.