

Gastrostomy Button Replacement

PROCEDURAL GUIDANCE

1. Verify student orders are current. Note the size (Fr) and length (cm) of the gastrostomy button (herein after referred to as GT) and the amount of water (mL) to inflate the GT balloon.
2. Explain procedure using developmentally appropriate teaching strategies. Consider self-management goals and encourage participation as appropriate.
3. Perform hand hygiene. Place the supplies on a clean surface. Open packages and maintain standard precautions.
 - a. New GT kit (GT, syringes, extension tubes, and lubricant)
 - b. Sterile water or distilled water (per manufacturer guidelines)
 - c. Gloves
4. Assess the GT site. Deflate the old balloon completely with a syringe and pull the tube out steadily. In the event of trauma at stoma site, assess for a ruptured balloon or damaged parts. If pieces are visible within the stoma, stop and cover the site with gauze. Contact parent/guardian.
5. Position the student for comfort and visibility of the GT site. The semi-Fowler's position with bent knees may help relax abdominal muscles. Clean area surrounding stoma.
6. Draw water into syringe. Attach to the balloon port of the new GT to inflate balloon to check for leaks. If any discrepancies with the size, shape, or function of the balloon, stop. Contact parent/guardian.
7. Deflate the balloon by withdrawing water. It is recommended to leave the syringe attached to the balloon port of the new GT.
8. Lubricate the tip of the GT balloon tip with a water-soluble lubricant.
9. Hold the GT perpendicular to the abdominal wall and aim it in the direction of the stoma tract. Gently insert GT into the stoma, with steady, firm pressure, advance it in the direction of the stomach. Inflate the balloon with water. Never use force to advance the GT. If steady, firm pressure doesn't advance the GT follow your emergency plan.
10. Assess the position of GT and verify placement by attaching the extension tube and gently aspirating stomach contents.

OTHER CONSIDERATIONS FOR CARE

- If a newly placed surgical GT (less than 30 days old) is accidentally dislodged, it must be replaced and placement verified by the referring provider or surgeon.
- GT reinsertion by the school nurse is determined by local school system (LSS) policy. A healthcare provider order for replacement will be required as well as a new GT kit.
- If the student is crying, wait until the crying stops and the student relaxes to promote comfort and ease insertion. Report abnormalities in stoma size, color, bleeding, and integrity of skin surrounding stoma. Repeated leakage may indicate the need for a different size GT.
- Gastrostomy button replacement may be indicated if the device becomes dislodged or occluded. The balloon may have also ruptured, or the GT may have been traumatically dislodged.
- Only sterile or distilled water should be used for balloon inflation (per manufacturer's guidelines); never use saline.