17. SKIN CARE – GASTROSTOMY SITE

Ensure the patient has been given the NPSA Alert Advice (2010) regarding the first 72 hours post gastrostomy guidance.

Due to variations in manufacturers guidance, always check specific manufacturer's guidance for maintenance care of tube. The Nursing Service Team will be responsible for highlighting and confirming whether manufacturer guidance should be used or MDT care plan instructions following discussion with the managing healthcare professional.

When a gastrostomy tube is placed radiologically or has locking fasteners or sutures, the patient should be provided with an individual patient care plan with instructions on maintenance care of the tube for the first 28 days post insertion.

When local policy indicates stoma site dressings are applied during the first seven days of placement, follow local policy on type and care of the dressing for the stoma.

The Nursing Service Team will advise not to move the external fixation device for the first 10 days. (NNNG 2013)

When a Pigtail RIG is placed, the patient should be provided with an individual patient care plan with instructions on maintenance care of the tube and sutures. Manufacturer's guidance recommends this type of tube must not be advanced or rotated.

The Nursing Service Team will advise to:

Immediate post placement care (first 10 days post gastrostomy tube insertion)

- Wash hands before and after any intervention (ref: policy no. 5). All healthcare workers must adhere to local infection control policies, including the use of PPE. (NICE 2012)
- The exit site must be monitored daily for signs of bleeding, inflammation, over granulation, infection, leakage & excoriation and pressure damage. Any of these symptoms must be reported to the managing healthcare professional immediately. **Ensure the patient has been given the NPSA Alert Advice (2010) regarding the first 72 hours post gastrostomy guidance.**
- Do not move the external fixation device for the first 10 days or as recommended by manufacturer instructions or agreed local NHS Policy. If the external fixation device appears too tight or too loose, refer to discharging managing healthcare professional for immediate review.
- Clean the skin daily around the stoma site and under the external fixation device with sterile water, cooled boiled water or normal saline, using sterile gauze (that does not shed fibres) to remove secretions following the insertion procedure. This should continue daily for the first seven days post initial insertion. From day 7 onwards clean stoma site, gastrostomy tube and surrounding skin with non-perfumed soap and fresh tap water using a clean cloth for this purpose only. (NNNG 2013)
- Advice the patient/carer to avoid using creams and talcum powder on the site as these can irritate the skin and give rise to infection.
- Refrain from bathing or swimming during this period.

From 10 days onwards post placement:

- Wash hands before and after any intervention (ref: policy no. 5). All healthcare workers must adhere to local infection control policies, including the use of PPE. (NICE 2012)
- Check the external fixation device is positioned as per manufacturers guidance, ensuring it is not too loose or restrictive (2-5mm from the skin surface)

- Clean the stoma site, the gastrostomy tube and surrounding skin daily, using a non-perfumed hypoallergenic, mild soap and fresh tap water using a clean cloth for this purpose only, rinse and dry thoroughly, but gently. NB: Where the patient is at high risk of infection or the quality of the tap water is of concern it may be worth considering using cool boiled water for cleansing (NNNG 2013)
- Note the tube external cm graduation marking where the tube exits the body
- After 10 days (or as directed by manufacturer's instructions), at least once a week, but no more frequently than once a day, advance the gastrostomy tube into the stoma tract, a minimum of 2- 3 cms. Gently pull the tube back to its original position. Always replace the external fixation device so that it lies 2-5 mm from the skin surface. The patient/carer will be advised that the external fixation device may need to be loosened or tightened as the patient loses or gains weight. **Important note – when anchoring sutures are in situ advancing of the gastrostomy tube may need to be delayed until after the sutures have been removed and must follow instructions on the care plan. If tube has a jejunal extension or the tube is a gastrojejunostomy tube, only advance if instructed on the care plan**
- After 10 days (or as directed by manufacturer's instructions), at least once a week, but no more frequently than once a day, rotate the gastrostomy tube 360°, if the tube's tip sits in the stomach. **Important Note – the device must not be rotated if the tube has a jejunal extension or the tube is a gastrojejunostomy tube**
- Advise to avoid using creams and talcum powder on the site, as it can irritate the skin and give rise to infection
- Only apply a dressing if advised and it is clinically indicated
- Continue to monitor the exit site reporting any stoma site inflammation, gastric leakage, bleeding, pressure damage or signs of infection. Any of these symptoms must be reported to the managing healthcare professional immediately
- If advised by the managing healthcare professional, confirm the position of the feeding tube by pH measurement before commencing tube feeding
- The patient can shower, bath and swim when the stoma site has been fully formed. As healing is dependent on the patient`s medical condition, they must be advised to check with a healthcare professional. Always dry the stoma site thoroughly after these activities. Ensure the tube end is closed and any clamp on the tube is closed during bathing and swimming
- Advice regarding the closure of tube clamps, as directed by manufacturer's guidance.

It is important to highlight the risk of the tube becoming buried within the gastric wall and that any problems with the advancing or rotation of the tube must be reported immediately to prevent a buried bumper.

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