

Guidance: treating leakage from a gastrostomy site

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SKIN	<ul style="list-style-type: none">• Remove any soaked clothing/bed clothes from patient immediately• Wash affected skin with soap and water
CHECK	<ul style="list-style-type: none">• Check pH of leaking fluid to confirm it is gastric (acidic)• Document volume, appearance and pH of leaking fluid
CAUSE	<ul style="list-style-type: none">• Review possible cause of leakage:<ul style="list-style-type: none">• buried bumper (if bumper retained tube)• dilation of stoma tract due to traction on tube• patient clinically unwell• constipation• excessive coughing• gastric stasis
TUBE	<ul style="list-style-type: none">• Do NOT increase size of balloon gastrostomy tube (this will dilate the tract further and actually increase the amount of leakage)• If tube is balloon retained, overinflate the balloon by 2mls water• Consider tube change to AMT brand with doughnut shaped balloon to better 'plug' stoma tract• Ensure tube is secured to abdomen at all times
CONSIDER	<ul style="list-style-type: none">• PPI medication to reduce gastric acidity• Laxative medication to treat constipation• Prokinetic medication to promote gastric emptying• Cough suppressant if excessive coughing noted
DRESSING	<ul style="list-style-type: none">• Clean stoma and surrounding skin regularly with Prontosan wash• Apply dry gauze keyhole dressing to absorb leaking fluid• Ensure dressing checked and changed hourly or as appropriate• Use of absorbent dressings may be appropriate, but care should be taken to check and change these regularly
HEALED	<ul style="list-style-type: none">• Once leakage has stopped, ensure prescribed dressings are discontinued if no longer needed
MONITOR	<ul style="list-style-type: none">• Continue to monitor the stoma site daily for signs of leakage and ensure that the tube is secured firmly to the abdomen at all times
REFER	<ul style="list-style-type: none">• If no improvement to stoma site and leakage continues, complete the enteral referral form on EPR