

Guidance: trouble shooting a suspected buried bumper

v1 November 2022

If you are unable to advance and/or rotate a bumper retained tube then consider the following:

Is the tube patent?

If not, this may indicate that tube/bumper has moved into the stoma tract. Attempt to flush the tube with water, do not use excessive force.

Tube patent: continue to use the tube as prescribed

Tube not patent: do not use the tube. Secure it to the abdomen and transfer the patient urgently to acute for review of tube positioning

Is the patient in pain?

If the patient is in pain when the tube is handled, this may indicate that the tube/bumper has moved into the stoma tract.

Do not use the tube. Secure it to the abdomen and transfer the patient urgently to acute for review of tube positioning

Is the tube issue due to patient position?

Some tubes are difficult to move due to abdominal muscle contraction or according to patient positioning

Ensure the patient is in bed. Attempt to move the tube with the patient repositioned on their right and left side.

If possible, encourage the patient to relax their abdominal muscles. It may be possible to time the advance/rotation of the tube with a patient's inhalation breath, when the abdomen is most relaxed.

In all cases, as long as the patient is not in pain and the tube remains patent, continue to use the tube as prescribed.

Attempt daily bumper checks until a buried bumper has been confirmed by CT scan. Document findings after each attempt.

Refer the patient urgently to the Enteral CNS/team for review of the tube.