

Guidance: treating leakage from a gastrostomy site

SKIN	<ul style="list-style-type: none"> Remove any soaked clothing/bed clothes from patient immediately and 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 If leakage is seen within the first 72 hours following initial gastrostomy tube insertion (stoma formation) and is associated with pain stop feeding and inform medical team, CRS and enteral team immediately as this may be a sign of serious post gastrostomy placement complications
CAUSE	<p>Review possible cause of leakage:</p> <ul style="list-style-type: none"> Fixation device incorrectly positioned Constipation / Delayed gastric emptying Excessive coughing Dilation of stoma tract due to traction on tube Patient clinically unwell Buried bumper syndrome (if bumper retained)
TUBE	<ul style="list-style-type: none"> Ensure the tube is correctly tensioned with the fixation device 0.5cm from the surface of this skin. Do NOT increase size of balloon gastrostomy tube (this will dilate the tract further and actually increase the amount of leakage). Consider tube change to alternative brand with doughnut shaped balloon to better 'plug' stoma tract If tube is balloon retained, overinflate the balloon by 2mls water 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 Review management of coughing/respiratory symptoms
DRESSING	<ul style="list-style-type: none"> Clean stoma and surrounding skin regularly with Prontosan wash Protect the surrounding skin using a barrier film/cream 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
MONITOR	<ul style="list-style-type: none"> Continue to monitor the stoma site daily for signs of leakage Ensure the tube is correctly tensioned with the fixation device positioned at 0.5cm from exit site at all times (reassess following repositioning) Once leakage has stopped, ensure prescribed dressings are discontinued if no longer needed
REFER	<ul style="list-style-type: none"> If no improvement to stoma site and leakage continues, complete the enteral patient referral form on EPR