

Guidance: trouble shooting a suspected buried bumper of a bumper retained gastrostomy

If you are unable to advance and/or rotate a bumper retained tube:

Refer the patient urgently to the Enteral team (or CRS if out of hours) for review of the tube.

Additionally, consider the following:

Is the tube patent?

Check tube patency by attempting 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 as this may indicate that the tube/bumper has moved into the stoma tract. 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?

In some patients' tubes are difficult to move due to abdominal muscle contraction or 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.

If the patient is not in pain and the tube remains patent, continue to use the tube as prescribed. Inform dietitians about suspected buried bumper so that they can consider 24h feeding.

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