

The ROYAL MARSDEN

NHS Foundation Trust

Radiological insertion of a gastrostomy (RIG)

Interventional Radiology

Patient Information



NHS

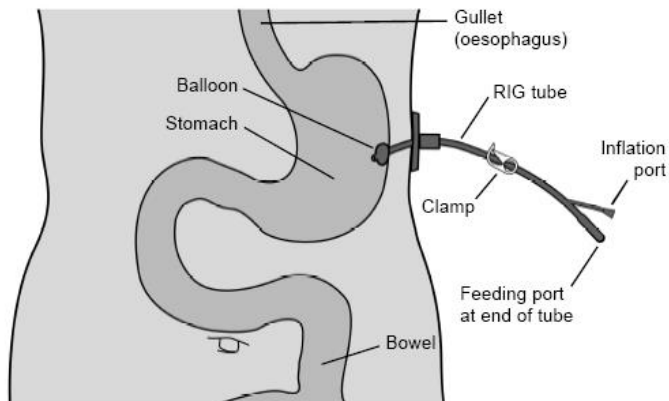
Introduction

Your doctors have recommended that you have a procedure known as a radiologically inserted gastrostomy. They will have weighed the benefits of having this procedure against the possibility of complications. Your doctor will have discussed these with you. If you are still unsure about the benefits of having the procedure, please ask.

This leaflet explains what the procedure involves, the possible risks and complications you may experience and how to care for your gastrostomy tube.

What is a radiologically inserted gastrostomy?

This procedure is carried out under local anaesthesia and involves placing a narrow plastic tube through your skin and directly into your stomach using x-ray guidance. Once inserted, the tube can be used to give you specially prepared liquid food directly into your stomach, to provide nutrition.



Why do I need gastrostomy tube?

There are several reasons why people with cancer may need a gastrostomy tube. You may have been troubled by some symptoms, which have led to your doctors advising you that you will now benefit from nutritional support.

You may be finding it difficult to swallow any solid food and you may also be finding it difficult to swallow liquids. If this is the case, your medical team may suggest that the best way to ensure you receive nutritional support is for you to have a gastrostomy tube. The decision whether to have this or not is yours.

Following the procedure, you will be able to receive nutrition through the gastrostomy tube with less disruption to your life than with a nasogastric tube (tube from your nose to your stomach).

A gastrostomy tube provides you with a more comfortable and long term solution than a nasogastric tube, with a larger tube that is unlikely to get blocked. It is unseen beneath your clothes and there is a very low risk of it coming out or being dislodged unlike a nasogastric tube.

Who has made the decision?

The consultant in charge of your care, and the doctor inserting the RIG will have discussed your situation, deciding that this is the best treatment option for you. However, your opinion will also be taken into account and if, after discussion with your doctors, you do not want the procedure carried out, you can decide against it.

Who will be inserting the RIG?

A doctor called an interventional radiologist. These doctors are able to see what they are doing by using x-rays. They will be assisted by radiology nurses and radiographers who will look after you throughout the procedure.

Where will the procedure take place?

This procedure is carried out in a room in the x-ray (radiology) department, at The Royal Marsden, Chelsea.

How do I prepare for RIG?

- If you are not already an inpatient, you will need to be admitted to the hospital as an inpatient, a day before or on the day of the procedure.
- You must not to eat or drink for **six hours** before the procedure. If you have a nasogastric tube in place, you must not to eat or feed for **12 hours**.
- You should not bring any valuables with you in case of loss or theft.

Can I bring a relative or friend?

You may bring someone with you, but for safety reasons they cannot accompany you into the x-ray room.

When you arrive at The Royal Marsden

- Please report to the day care area.
- On arrival, you will have some routine blood tests. A small tube (cannula) will be placed in a vein in your arm, so that you can be given fluids and receive medication while in the x-ray department.
- If you do not already have a nasogastric tube in place, you will have one put in on the ward or at the x-ray department (this will be removed once your gastrostomy is in place).
- You will be allocated a bed, although you may not go there until after the procedure.
- You will be asked to change into a hospital gown.
- When the time comes for your procedure, you can either walk to the x-ray department or be taken there on a trolley.
- When you arrive at the x-ray department, a nurse will greet you and the radiologist will explain the procedure and discuss it with you before you sign the consent form. If you have any questions, this is a good time to ask the radiologist.

- If you have any allergies, you must tell your doctors. If you have previously reacted to intravenous contrast medium (the dye used for kidney x-ray and CT scans) also let your doctors know.

What happens during the RIG?

- You will lie on the x-ray table on your back. If you have any difficulties with this, we will make you as comfortable as possible with pillows before the procedure begins.
- You will be given some pain relief and other medication through the small tube in the vein in your arm.
- You will have monitoring devices attached to your arm and finger, and may be given oxygen through small tubes in your nose by a nurse who will be with you throughout the procedure.
- If you do not already have a nasogastric tube in place, the interventional radiologist will put one in using the x-ray machine as a guide.
- The radiologist will first do an ultrasound of your abdomen (tummy) and mark where your liver and spleen are, then decide on the most suitable point for inserting the tube.
- The skin below your ribs will then be swabbed with antiseptic, and the rest of your body will be covered with a sterile sheet.
- Air is put into your stomach through the tube in your nose and the doctor will give you an injection of local anaesthesia into the skin of your stomach which will initially cause some stinging, then go numb.
- Using the x-ray equipment as a guide, the doctor will then insert a fine wire through the needle, and then use this wire to guide the tube into your stomach.

- Two special clips (called T-Fasteners) are inserted to hold your stomach up against your abdominal wall. These are removed on the tenth day after the procedure. This can be done in the ward if you are still in the hospital. If you are an outpatient, you will be given an appointment on about the tenth day after the RIG insertion at the outpatients department for the T-fasteners to be removed.
- The tube will then be fixed to your skin surface and an adhesive dressing placed over it. We will explain what is happening throughout the procedure.

Will it hurt?

You may feel some discomfort in the skin and deeper tissues during injection of the local anaesthetic. After this, the procedure should not be painful. There will be a nurse, or another health care professional, close by throughout the procedure. You will be awake during the procedure, and able to tell the radiologist if you feel any pain or become uncomfortable in any other way. If the procedure does become painful, the nurse will be able to arrange for you to have some painkillers through the cannula in your arm.

How long will it take?

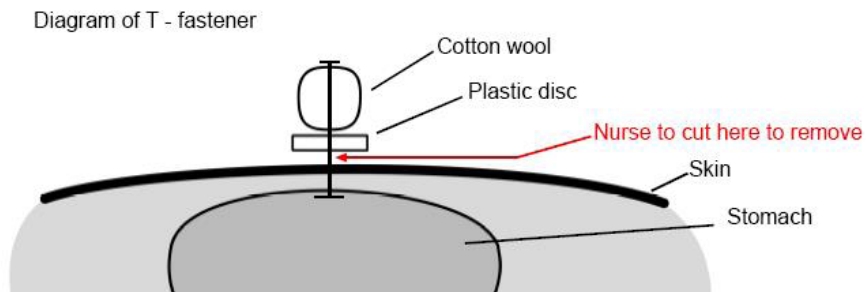
Every patient's situation is different, and it is not always easy to predict how complex or straightforward the procedure will be. Generally, the procedure will be over in about half an hour, but you may be in the x-ray department for about an hour altogether.

What happens afterwards?

- You will be taken back to the ward on a trolley or bed. Your nurse will check your pulse, blood pressure and your RIG at regular intervals.
- You will not be able to eat or drink either normally or through the tube for six hours. Your nurse will give you fluids through the small tube placed in your vein, to make sure you do not get thirsty during this time. After six hours, you will be

able to slowly start taking some clear fluids by mouth until the dietitian assesses you to decide when the RIG tube is ready to be used. The dietitian will also provide your feeding regime.

- If you are going home with your RIG, it is important to look after your feeding tube. Try not to make any sudden movement, for example, getting up out of a chair or out of bed forgetting the tube. However, you will be able to live a normal life with the tube in place.
- The nurses on the ward will teach you how to clean the insertion site, how to administer your feed and medication and how to flush the tube regularly with water to stop it from blocking.
- The special clips (called T-Fasteners) that were inserted during the procedure must be removed on the tenth day after the procedure. This can be done in the ward or in the outpatients department.
- You will also need five days of oral antibiotics which your ward doctor will prescribe for you to take. This is to continue to prevent infection to the site of the gastrostomy insertion.



Are there any risks or complications?

- The main risk of radiologically inserted gastrostomies is bleeding, though this is rare (less than five in 100 cases).
- There is a small risk of bowel injury or perforation (less than one in 100 cases).
- Infection of the stomach cavity (peritonitis) can occur particularly if the T-fasteners become detached.
- Occasionally, there is a leak around the tube which causes the skin in that area to become very red and sore. This is usually treatable, but sometimes the tube will need to be removed while the skin heals.

All the benefits and risks will be discussed with you in detail before your procedure.

Contact details

If you have any questions or concerns about your procedure, or you are unable to attend for this appointment, please call the Radiology Department on **020 7808 2571**.

Further information

For general information about the procedure, you can visit The Royal College of Radiologists website.

www.rcr.ac.uk

Alternatively, please call:

The Royal Marsden Macmillan Hotline:

020 8915 6899 (available 24 hours a day, 7 days a week)

Should you require information in an alternative format, please contact The Royal Marsden Help Centre.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: patientcentre@rmh.nhs.uk

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