What is a Gastrostomy?

A gastrostomy is a surgical opening through the abdominal wall into the stomach. A feeding device is inserted through this opening into the stomach. This allows for the child to be fed directly into his or her stomach, bypassing the mouth and throat.

Tubes currently used at Starship

Starship predominantly uses size 14fr gastrostomy devices.

**Mic Percutaneous Endoscopic Gastrostomy (PEG) Tube**
- This is a standard length tube made from silicone
- It has a radiopaque stripe
- An internal mushroom type bolster holds it within the stomach.
- An external ring flange helps stabilise the tube and prevent excess movement.
- These are placed and removed endoscopically and can last up to two years.

**Mic Gastrostomy Tube**
- This is a standard length silicone tube
- It has a radiopaque stripe
- A small balloon filled with water holds it place within the stomach
- An external ring flange to stabilise and prevent migration of the tube through the pylorus (as tube migration can result in outlet obstruction).
- They are initially placed via laparotomy or laparoscopically.

**Mic-key Gastro-Jejunal Tube**
- This is a silicone low-profile device
- Silicone Internal Retention Balloon
- Gastric Decompression Port
- Multiple Gastric and Jejunal Exit Ports
- Radiopaque Stripe
- Tube should not be rotated
- Generally require replacement by a radiologist
Mic-Key Button

- This is a silicone low-profile device
- They come in varying lengths from 1cm - 4cm specific to each child
- A small balloon filled with water holds it place within the stomach
- They may be placed initially when the gastrostomy is formed or later once the gastrostomy tract has matured.

Initial Management (≤ 6 weeks)

Where a gastrostomy tube (g-tube) falls out during the first 6 weeks following gastrostomy formation there is a risk that the tract between the stomach and abdominal wall can be disrupted when reinserting the g-tube.

With a newly formed gastrostomy, the child should have their gastrostomy tube replaced as soon as possible as the stoma can start to narrow making it difficult to reinset the device.

Within the First 6 Weeks Post Operatively

If the g-tube falls out or is dislodged, parents are advised to cover the stoma site with gauze and tape and bring their child and their g-tube:

- To Starship Emergency Department for review by the Surgical Registrar, who will replace the tube and confirm its correct placement, i.e. contrast study, before it is used.
- To their local Emergency Department, if the family live outside of the Auckland Region. The local medical staff should contact the Paediatric Surgical Registrar for appropriate management advice.
- The Paediatric Surgical Registrar should be contacted on 021492154.
- Following replacement of the button/g-tube it should not be used until a contrast study has been done to confirm correct positioning in the stomach.
Mic-Key Button Care for First Three Weeks Post Operatively

The Mic-key button should be secured with tape to prevent dislodgement or rotation of the button within the new stoma. There should be no dressing and the feeding extension tube should only be connected to administer a feed or medication.

- This taping should continue for the first 3 weeks. (child can be bathed as normal)
- The tape can be changed as necessary
- At the end of the 3 weeks the balloon volume should be checked prior to removing the tape.
- Replace the water if needed
- Only water should be used to inflate the balloon.
- The balloon volume should then be checked once a week, replacing the water as needed, as per manufactures recommendation.
- After 3 weeks the button can be gently rotated a little each day with bathing.

Children on Continuous Feeds via Mic-Key Button / G-J Tube

- The feeding extension tube should also be secured by tape to the abdomen to prevent it catching and pulling on the button in the newly formed gastrostomy.
- Children on continuous feeds should have their g-tube and feeding extension tube flushed with water at least 3 times a day and between medication administrations to prevent blockage.
- The feeding extension tube should be disconnected and cleaned thoroughly at least once per day.
Later Management (> 6 weeks)

- Generally the gastrostomy tract has matured by around 6 weeks and tube changes can be managed in the community.
- If a child presents to the emergency department then ED personnel can replace without necessarily consulting Paediatric Surgery.
- If there is ever any concern that the gastrostomy tube has not been placed within the stomach then it should not be used until correct placement is confirmed.

References
