Radiologically inserted gastrostomy (RIG) tube

We've written this factsheet to give you more information about having a radiologically inserted gastrostomy (RIG) tube. It includes what you can expect at your appointment and the risks. If you have any further questions or concerns, please speak to a member of your healthcare team who will be pleased to help you.

What is a radiologically inserted gastrostomy (RIG)?

A RIG is a procedure in which a gastrostomy tube (small feeding tube) is inserted through the skin directly into the stomach under x-ray guidance. The tube is inserted so that you can have liquid food, fluid and medication without needing to swallow.

What will happen on the day of the procedure?

You may already be in hospital, but if you aren't, we will admit you to a hospital ward. The procedure will take place in the radiology department.

You must not have anything to eat for six hours before the procedure. You may drink water up to two hours beforehand. If you are currently being fed by a tube, no food must be given through this for six hours before the procedure. You may have water through the tube up to two hours beforehand.

Before the procedure:

- We will place a tube through your nose into your stomach. This is important, as the radiology doctors will need this to help them insert the gastrostomy tube. We will remove this tube after the procedure.
- We will place a small cannula (thin tube) into a vein in your arm. This will allow us to give you the necessary medications during the procedure.
- We will perform a blood test to check that the clotting levels (thickness) of your blood is safe to do the procedure.
- We will ask or assist you to have a wash using a soap that will help to protect you against infection.
- We will also ask or assist you to change into a hospital gown.

When it is time for your procedure, we will take you to the radiology department on your bed or trolley. When you arrive, the radiologist will explain the procedure and the potential risks to you. You will have an opportunity to ask questions if you wish. As long as you are happy to go ahead, the radiologist will ask you to sign a consent form. For patients who are not well enough to read and sign the consent form, the doctor will sign the form on their behalf.

We will then transfer you across to an x-ray table to begin the procedure.

During the procedure

The procedure will be carried out by a specially trained radiologist in the interventional theatre located in the radiology department. This is similar to an operating theatre, but with specialised x-ray equipment installed.

We will take your blood pressure and pulse regularly. We may give you oxygen through a small tube in your nose. If you normally use a machine to support your breathing, you should bring this with you on the day, as you may need to use it during the procedure.

We will clean the skin over your stomach area and place sterile towels over you. At this time, we may give you an injection through the cannula in your arm to relax you and reduce any discomfort you may have during the procedure.

We will insert air into your stomach through the tube in your nose. We will then place gel on the skin over your stomach area and the radiologist will use an ultrasound probe to look inside your stomach. You shouldn't feel anything other than the sensor and gel on your skin (which is often cold).

The radiologist will inject the area over your stomach with a local anaesthetic to make it numb. We will attach two or three small buttons to your stomach. These are like sutures (stitches) and will secure your stomach to the abdominal wall to try and reduce the risk of infection. We will then pass a fine wire in between these buttons. An area will be formed and we will fit the tube. The tube will usually be held in place by a balloon at the end of the tube filled with water to help prevent the tube from falling out. The buttons attached to your stomach will stay in place for up to six weeks. They will usually fall off on their own, but a nurse may come and remove them before then.

Risks

A RIG is usually a safe, straightforward procedure. However, as with all procedures, there are some risks.

Stomach position

Sometimes the radiologist may not be able to place the tube because of where your stomach is lying. If this happens, we may be able to try again a few days later.

Infection

If the area around the tube is not kept clean, your skin may become infected. If you notice any redness, pain, odour or discharge, you should contact your community nurse or GP for advice. They may take a swab of the site and prescribe antibiotics.

There is also a small risk that you could develop an infection around your stomach, or that your bowel may have been accidentally pierced. We will monitor you carefully for this after the procedure. However, if you have any of the following symptoms within 72 hours of leaving hospital, you must stop using the tube and seek immediate advice from your GP or the **111** service.

Signs of an infection include:

- severe stomach pain
- a raised temperature
- bleeding or leakage of stomach contents at the site
- increased pain when liquid food or water is passed through the tube

It is very important that you do not remove the buttons placed at the site before they fall off or are removed by a nurse. If they are removed early, the skin may separate and contents of your stomach may leak, which may cause an infection.

Tube issues

The tube may occasionally fall out or become blocked. If this happens during office hours (9am to 5pm), you should contact your community nurse or home enteral feeding team for advice. Outside of office hours (5pm to 9am), please contact your GP or the **111** service.

After the procedure

We will take your blood pressure and pulse to make sure you are stable. The nurses on your ward will be given information on how to care for the tube.

Aftercare and discharge

After four hours, we will begin using your tube. We will give you water through the tube first. Next, if you tolerate this well, we will be able to start giving you liquid food through the tube, if needed. If you need liquid food, your dietitian will advise how much you need.

During your hospital stay, we will look after your tube and dressings. We will give you and your family or carer instructions on how to care for the tube before you leave hospital.

We will also give you contact details of a community nurse who will help with looking after your tube when you go home. If you have any concerns, please contact them for advice.

Tube replacement

Your tube will need changing every three to six months. We will contact you to arrange an appointment to come to your home to do this. The replacement is very simple and is not painful. If we are unable to change the tube at home, we will ask your GP to arrange for you to have the tube changed in the radiology department.

Tube feeding

Please follow the instructions given by the dietitian with regards to your feeds and the cleaning of the pump equipment.

If you feel nauseous, vomit, have a distended (swollen) stomach, cramps or runny stools after leaving hospital, please contact your doctor and dietitian, as your liquid food may need to be changed.

Contact us

For further information or advice on aftercare, please contact your community nutrition nursing team's 24 hour helpline on telephone: **0800 093 3671**, or contact the interventional radiology department at UHS using the numbers below.

During office hours (8am to 6pm)

Radiology nurses
Telephone: **023 8120 4067**

Radiographers
Telephone: **023 8120 4331**

Clinical nurse specialists
Telephone: **023 8077 7222** then ask for **bleep 1360**
Telephone: **023 8077 7222** then ask for **bleep 2082**

Out of hours (6pm to 8am)

Medical bed manager
Telephone: **023 8077 7222** then ask for **bleep 1518**
The medical bed manager will be able to arrange your admission to hospital for an urgent review of your gastrostomy tube and site.

If you need a translation of this document, an interpreter or a version in large print, Braille or on audio tape, please telephone 023 8120 4688 for help.

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