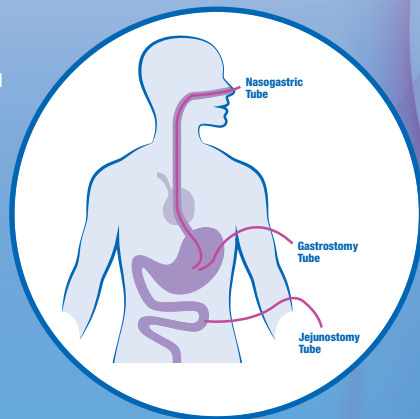


Enteral tube feeding

your questions answered

This leaflet has been put together to try and answer some of the questions that you may have if your healthcare professional has advised you or the person you care for would benefit from enteral tube feeding.



What is enteral tube feeding?

Enteral tube feeding is a means of administering all or part of a person's nutritional needs when they are no longer able to take adequate amounts orally.

An enteral feeding tube is a tube that is specially designed to give you nutrition (food) and fluid in a liquid form. Enteral feeding tubes may be recommended to provide:

- All of your nutritional needs/requirements
- Nutrition additional to what you can manage orally
- Water only.

Why do I need an enteral feeding tube?

There are several reasons why your healthcare professional may have suggested an enteral feeding tube.

You may not be able to swallow your food and drinks safely because of swallowing problems. Continuing to eat and drink may risk food and/or fluid going down the wrong way and instead of being swallowed and entering the stomach it may enter your lungs. This may result in you developing a chest infection, which will make you unwell.

Or it may be that you have a medical condition which prevents you from eating or digesting your food. Some conditions also result in a loss of appetite or the inability to absorb the goodness from the food and drink, so you may not be able to eat and drink enough every day to give your body what it needs. In these situations tube feeding is a safe way to supplement your diet.

What may the benefits be for me?

The reasons for having a tube for feeding will be different for each individual. Some of the more common reasons include:

- Taking food orally may have become increasingly difficult making meal times stressful. Having a feeding tube allows you to eat what you feel comfortable taking, whilst the rest of your nutritional needs can be provided as a 'top up' via the tube.
- Help to prevent weight loss and optimising your energy levels, allowing you to continue with your normal daily activities.

- Supporting you through a period of time when you are not able to take food and fluids orally (via your mouth) as a result of a medical treatment you have had.

Having a feeding tube may not change your medical condition or the course of your disease, but it can help make sure that you keep in the best possible health particularly if eating and drinking becomes difficult.

Will I have it forever?

The period of time you have a tube in place varies and will depend on the reason why you need a feeding tube and the medical condition that you have. Some people have their feeding tube removed after a period of treatment, whilst others live with it for many years. A member of your healthcare team who understands your condition such as your hospital consultant, GP, nurse or dietitian, can discuss this with you further.

Will I still be able to eat and drink?

This depends on the reason why you need tube feeding, including whether you can safely swallow. The feeding tube in itself will not stop you being able to eat and drink. Your medical condition may be the reason your swallow is no longer safe. If you have swallowing difficulties, your speech and language therapist can give you individual advice about what food and drinks you can swallow most safely.

What type of tube will I have?

There are several different feeding tubes. The choice of tube will depend on the reason you require the tube and the likely length of time you require feeding via the tube. The most common tubes used are described below:

Nasogastric tube – this is a long thin tube that is passed through your nose, along the back of your throat and in to your stomach. This is used mainly for short term feeding (up to 6 weeks). The tubes are made of a soft flexible material so that they are comfortable once in place.

Naso-jejunal tube – this looks similar to the nasogastric tube, but is slightly longer so that it can be passed into your intestine.

Gastrostomy tube – this is a short tube that goes directly into the stomach through your abdomen. The placement of the tube involves a short procedure that takes place under sedation in hospital (usually in the endoscopy or radiology departments). Gastrostomy tubes are used mainly for longer term feeding. This type of tube may also be known as a PEG/RIG/PRG or PIGG. The tubes differ slightly in how they are placed and how they are secured in place.

Jejunostomy tube – this is a short tube that goes directly into the intestine through your abdomen, if your stomach is not able to be used for feeding. This also requires a short operation or may be placed at the same time as another surgical procedure.

Gastro-jejunostomy tube – this tube is like the gastrostomy tube mentioned above but has an additional length of tubing that extends beyond your stomach on the inside, further down into your intestine.

Your healthcare professional can provide you with more information about each type of tube and they will explain which one is most appropriate for your individual needs.

What stops the tube from falling out?

This will depend on the type of tube you have placed. A tube placed via your nose is usually secured at your nose with some tape. A tube that is placed through the abdomen into your stomach is usually secured by an internal bumper (or occasionally stitches). On the outside of the stomach on the surface of your abdomen there is usually a 'fixation plate' which keeps the tube securely in place. This prevents the tube from repeatedly moving which could irritate the skin. You will be given advice about what to do if the tube becomes displaced by your healthcare professionals.

How is the tube used to feed me?

Specially prepared liquid feeds that contain the nutrients your body needs will be given through your feeding tube, using either a syringe or an electronic feeding pump. Feeding a set amount

of feed over a short period of time is often called 'bolus feeding'. Running the feed through a feeding pump (pump assisted feeding) allows the feed to be given at a set rate over a number of hours, this is sometimes referred to as 'continuous feeding'. The means by which the feed is administered – bolus, pump assisted or a combination should be determined by yourself following discussion with the healthcare professionals who have a good understanding of your lifestyle, family, work commitments, activity, sleep and rest patterns and time outside of the home.

In addition to the special liquid feed which is chosen based on your nutritional needs, you will also administer water and, if necessary, your medications through the feeding tube. The amount of feed and water you have via the tube will depend on how much you are able to eat and drink. A dietitian will work closely with you to design a feeding plan that best suits your needs and fits in with your life at home, also taking into account how well your gut (digestive system) works and any medical conditions.

How will it affect my life?

When you first have a feeding tube, you will need some time to get used to how it feels and how the tube, feed and equipment needs to be looked after. Your dietitian will work with you to understand normal routines at home and how feeding can be introduced with as little disruption as possible.

You will need to have supplies of feed and feeding equipment delivered to your home. As the feed and equipment needed can be heavy to handle and bulky, a feed company usually delivers these each month. If you prefer, your supply of feed can come direct from your local pharmacy.

Who will look after my tube?

It is useful to consider who will be giving the feed via the feeding tube once you are home, as early as possible; this helps ensure there is a clear plan in place and all the training is provided in a timely manner. Giving the feed and medications through the tube, and care of the

tube requires daily attention. Basic care involves inspecting and cleaning around the area of the skin where the tube enters your body. Full training should be given to you (if you are able) or to your family/partner/parents/carer to allow you to look after the tube, making sure you/they are fully familiar with administering the feed and handling the equipment before returning home. It is crucial that on-going support and written information is also provided.

Community healthcare professionals, such as community dietitians, nutrition nurses, and district nurses, can also provide or arrange support at home. If you are being cared for somewhere other than your own home, such as a care home or residential home, you can talk to someone about the different options of care provision in the community.

In the UK you should be reviewed regularly by a dietitian, who will ensure that you are having the correct feed for your needs. You may also be reviewed by a nurse who will check your tube and may replace it. If you have swallowing and speech difficulties you may also see a speech and language therapist.

What can go wrong with a feeding tube?

Whilst serious complications are rare, you may experience some problems with the tube such as a blocked tube or an infection at the tube site. Your tolerance to the feed may change or you may experience a change in bowel habit, e.g. diarrhoea. Many problems can be avoided by taking good care of the tube and equipment and seeking advice at the first sign of a problem.

You should expect good care from your healthcare team and be given a point of contact should you need any assistance.

How long will my tube last?

The period of time that the tube remains in place without the need to change it will depend on the type of tube you have and how well it is functioning. The period a tube can remain in place without changing can vary from 1 month to 4 years. Some tubes have removable parts which can be replaced if they break or block. Your dietitian or nurse can give you more advice on this.

What if I don't want a tube?

The decision to have a feeding tube can only be made by you and you should be given all the information you need to help you make a decision that is right for you. Please ask your medical team as many questions as you need to. There is a separate sheet available titled 'Having an enteral feeding tube – further questions to ask' available on the PINNT website: www.pinnt.com

If you decide not to have a feeding tube, you will continue to be supported and given advice on how to maximise your nutritional intake with the safest consistencies of food and fluid.

Similarly, if you change your mind about being fed via a tube after you have a tube placed, your GP and community team will be able to advise and support you to ensure your decisions are understood and followed.



This patient information leaflet has been produced jointly by PINNT and PENG with the support of the NNNG and the BDA

Further questions, please contact: Name:

Job title: Tel/email:

Further information leaflets are available on the PINNT website: www.pinnt.com