

# Surgery G-Tube Consult and Pre/Post Op Information

## G-Tube Consult, Questions to Consider:

- Why does patient need a G tube?
  - Depending on indication, are appropriate consultants involved? E.g. speech therapy, dietitian
- How is the patient currently fed? If anything other than **gastric bolus** feeds (i.e. continuous and/or post-pyloric), why?
- What other comorbidities, surgeries, or devices does the patient have?
- Have other feeding alternatives (PO, NG/NJ) been discussed with the family?
  - When to consider: Anticipated need <4-8 weeks, Size < 2 kg
- Have parents consented to the procedure?
- Are there any social barriers to G tube care once at home?
- Who will be managing the gtube and feeds? Pediatric Surgery does not do this outside of the perioperative period.

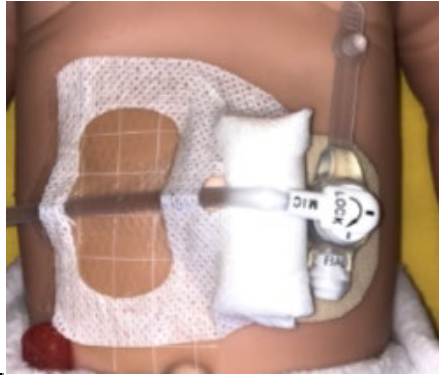
## Pre-Op Checklist:

- NG/ND feeding trial to establish G tube feeding tolerance
  - Inpatients: required
  - Outpatients: ideal but not required
- Upper GI contrast study only required for:
  - other anatomic abnormalities: heterotaxy, major congenital anomalies (TEF, ARM, biliary atresia, etc) chromosomal abnormalities
  - Intolerance of bolus NGT feeds

- Consider reflux workup for
  - Clinical evidence of reflux causing Brief Resolved Unexplained Events
  - Patients with poorly controlled reflux on antireflux medications
  - Patients with multisystem disorders/ multiple comorbid pulmonary and/or neurologic diseases conditions (seizures, spastic CP, chronic lung disease, severe HIE – high aspiration risk)
  - Patients with rare metabolic/neurologic conditions (leukodystrophy, holoprosencephaly, mitochondrial cytopathy) – severity of neuropathology may progress
  - Patients with vocal cord paralysis (can't protect airway well)
  - Patients with subglottic stenosis (reflux can affect airway reconstruction surgery)
- Other studies that are not needed except in select circumstances:
  - Upper endoscopy: suspicion for eosinophilic esophagitis, hiatal hernia
  - Gastric emptying study: workup for gastric feed intolerance
- **Nutrition/tube feeding plan established (goals and timelines)**
- Home health care company identified

### **Intra-Op/Peri- Op:**

- Dressing:
  - Leave tube capped
  - Cavilon + Mepilex Lite under the tube as illustrated
- Op note: document size, length, type of button and volume of water in balloon
- Admit to
  - If inpatient, patient returns to their primary service
  - If outpatient and with multiple comorbidities can be admitted to gen peds if discussed preop.
  - If doesn't meet above criteria, admit to pediatric surgery



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### **Post-op Gastrostomy Tube Feeding Protocol:**

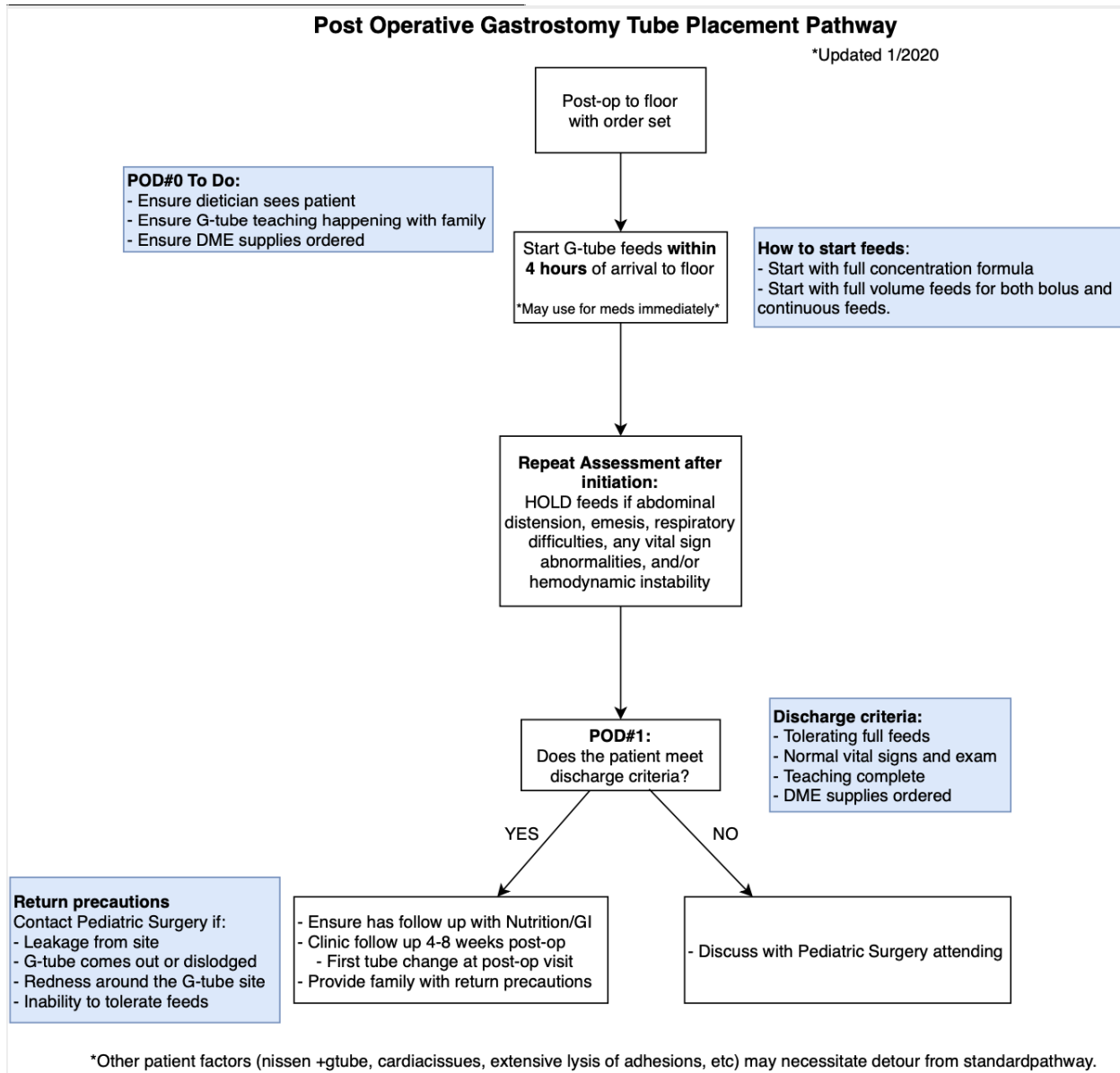
If on oral feeds preoperatively, ok to resume immediately

#### **References**

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2. Gonzalez KW, Dalton BG, Boda S, et al. Utility of Preoperative Upper Gastrointestinal Series in Laparoscopic Gastrostomy Tube Placement. *J Laparoendosc Adv Surg Tech A.* 2015;25(12):1040-3. [\[PMID:26258954\]](#)
3. Cuenca AG, Reddy SV, Dickie B, et al. The usefulness of the upper gastrointestinal series in the pediatric patient before anti-reflux procedure or gastrostomy tube placement. *J Surg Res.* 2011;170(2):247-52. [\[PMID:21550057\]](#)

## Post Operative Gastrostomy Tube Placement Pathway

\*Updated 1/2020



- Acker SN, Trinh BB, Partrick DA, et al. Is Routine Upper Gastrointestinal Contrast Study Necessary prior to Laparoscopic Gastrostomy Tube Placement in Children? *Eur J Pediatr Surg.* 2015. [PMID:26382658]
- Abbas PI, Naik-Mathuria BJ, Akinkuotu AC, et al. Routine gastrostomy tube placement in children: Does preoperative screening upper gastrointestinal contrast study alter the operative plan? *J Pediatr Surg.* 2015;50(5):715-7. [PMID:25783382]
- Novotny NM, Jester AL, Ladd AP. Preoperative prediction of need for fundoplication before gastrostomy tube placement in children. *J Pediatr Surg.* 2009;44(1):173-6; discussion 176-7. [PMID:19159739]
- Berman L, Baird R, Goldin A, Olivere M, Wakeman D. Enteral Access systematic review. American Pediatric Surgical Association 2020 Virtual Meeting.

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