

Having a RIG feeding tube inserted (radiologically inserted gastrostomy)

Department of Radiology

Information for Patients

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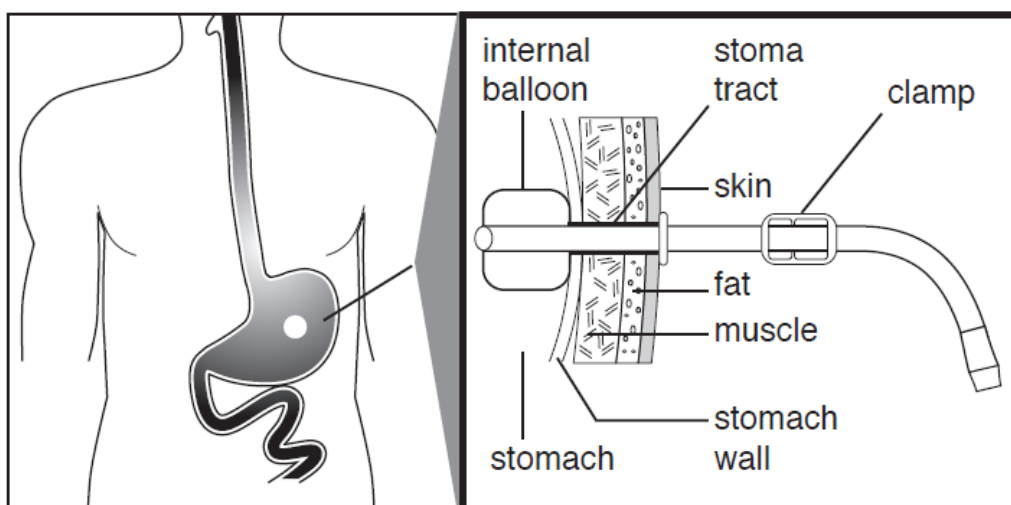
Introduction

If you are an outpatient please read your appointment letter carefully to check which hospital your appointment is at.

This leaflet tells you about a procedure called a radiologically inserted gastrostomy (RIG). It explains how you decide whether to have the procedure, what is involved and what the possible risks are. Please read it carefully as it contains important information and instructions.

What is a radiologically inserted gastrostomy (RIG)?

A RIG is a narrow plastic feeding tube is placed through the skin, directly into your stomach. Once in place the feeding tube can be used to give you liquid food, fluids and medication directly into your stomach. A RIG tube is used if you are unable to take enough food or fluids by mouth (see picture). It may be used as either a temporary or longer term method of feeding.



**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals
To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

Asking for your permission (consent)

The doctor who referred you should have talked to you about the reasons for this procedure and any other options.

You have been referred to a radiologist for this procedure. Radiologists are doctors who have specialised in imaging and X-ray treatments. They will confirm that you understand why the procedure is being done, its potential risks and what the chances of success are. You will then be asked to sign a consent form to confirm this. **You should feel that you have had enough explanation before you sign the consent form.**

If after talking to the hospital doctor or Radiologist you do not want to have the procedure then you can decide against it at any time.

If the Radiologist feels that your condition has changed they will talk to you about whether the procedure is still needed. They may then ask you to return to your referring doctor for review.

If you feel during the procedure that you do not want it to continue we will explain the implications of not doing so to help you fully decide.

Important information about blood thinning medication

If you are taking medication that thins the blood (anticoagulants or antiplatelets) it may need to be stopped or replaced with a different one for a few days.

Please call the radiology department for advice by phoning the number on your appointment letter as soon as possible. You will be asked what blood thinning medication you are taking, how much you take (the dose), and what you are taking it for.

Common examples of these drugs include aspirin, warfarin, clopidogrel (Plavix®), apixiban (Eliquis), rivaroxaban (Xarelto), ticagrelor (Brilinta), Dalteparin and Heparin.

Pre-assessment before the day of the RIG procedure:

- You will have a pre-assessment appointment with the specialist nurse or dietitian before the day of procedure. This will be arranged for you.
- The nurse or dietitian will talk to you about your medical history, health, pain relief and ensure you have the correct painkillers to take at home after the procedure.
- You will need to have a blood test within 10 days before the procedure. This may be at the hospital or at your GP practice.

Please tell the staff at your pre-assessment appointment or when you arrive if:

- you are allergic to iodine or rubber (latex), have any other allergies or have asthma.
- you have reacted previously to an intravenous contrast liquid, the dye used for kidney X-rays and CT scanning and X-rays of your heart and blood vessels.
- you have diabetes.
- there is any possibility that you may be pregnant.

How long will I be in the hospital?

- Some patients may be able to have their RIG as a day case procedure where they are sent home the same day. Your referring doctor will be able to tell you whether you are able to have the procedure as a day case.
- Depending on your condition you may need to stay in hospital overnight.

Who will be doing the procedure?

A doctor who specialises in imaging and X-ray treatments (an interventional radiologist) will do the procedure.

There will also be a nurse and a radiographer in the room. There may also be a healthcare assistant.

As we are a teaching hospital a student may also be present. If you wish, you can ask that a student is not present during your examination.

How to get ready for the procedure

- Please bring an overnight bag and your usual medications with you.
- **Do not eat or drink for 6 hours before the procedure.**
- In some cases you may be given antibiotics before the procedure.
- **You may be given a sedative to relieve anxiety.** Sedation will help you relax for the procedure, it will not put you to sleep. The consultant will talk to you about this and it will only be given, either before or during the procedure, if suitable for you. On rare occasions sedation can cause some problems with breathing. **If you have sedation, a responsible adult must stay with you for 12 hours.**

What happens first?

If you have not got a feeding tube in your nose in place already (nasogastric tube) then we will need to put one of these in place first.

To do this you will be asked to lie on your side on the X-ray table. The radiologist will spray a local anaesthetic up your nose to numb. This will make it more comfortable.

The radiologist will then place a thin tube and wire (the thickness of a piece of spaghetti) up your nose and down your food pipe into your stomach.

This tube will stay in your stomach during the RIG procedure and will be taken out at the end.

What happens during the RIG procedure?

- In the X-ray room you will be asked to lie flat on the table.
- Air is put down the tube in your nose (nasogastric tube) to inflate your stomach so it can be seen on X-ray during the procedure. You may be given an injection of Buscopan to make your stomach relax so that it can hold air in better.
- You will be attached to some monitoring equipment. This is so we can check your blood pressure and heart rate as the radiologist may give you some sedative medication and some painkillers.
- The skin on your tummy will be cleaned with antiseptic and everything will be kept sterile.
- The radiologist will use the X-ray equipment or an ultrasound machine to decide on the best place for the feeding tube. The skin in this area will then be numbed with local anaesthetic. This can sting a little to start with, but this sensation rapidly wears off leaving the area numb.
- A number of stitches (or anchors), which look like little buttons, will be inserted into the skin to fix the stomach to the muscles under the skin. These sit on the surface of your skin and will fall off on their own after about 3 months.
- The radiologist will then create a pathway for the feeding tube into your stomach. A small balloon is inflated inside the stomach to stop the tube falling out.
- A dressing will then be put on your skin.

How long will the procedure take?

Every patient's situation is different and it is not always easy to predict how complex or how straightforward the procedure will be. It may be all over in 20 minutes but it can take up to 1 hour.

Care after your Buscopan injection

As part of your RIG procedure you will be given an injection of Buscopan. This helps to relax the muscles of the bowel and helps the procedure to be performed.

The possible side effects of having this injection and what to do if you have any of these effects are given below:

- **Eye pain** - rarely, patients who have had Buscopan may get pain in their eyes. If you have any pain in your eyes in the next 24 hours please go to Eye Casualty at the Leicester Royal Infirmary immediately. Tell the doctor that you have had an injection of Buscopan and show them this leaflet.
- **Blurred vision** - Buscopan can cause the muscles of your eyes to become relaxed as well as the muscles of your bowel. This may cause blurred vision in some patients. If your vision is blurred this usually only lasts for a short time. We advise that you do not drive until your eyesight returns to normal.
- **Dry mouth** - Buscopan may cause you to have a dry mouth. This will not last long.

What happens after the procedure?

The first few hours:

- Do not eat or drink anything (nil by mouth) for 6 hours after the procedure.
- Do not have anything through your RIG tube (nil by RIG) for 4 hours after the procedure.
- After 4 hours we will begin giving you small amounts of water through your RIG tube.
- Nursing staff will carry out routine observations, such as taking your pulse and blood pressure, to make sure that there are no problems.
- The RIG tube can feel a bit painful for a while. This generally settles quite quickly. Painkillers can be given if needed.
- If you are being transferred to another unit you will stay in the recovery area of the radiology department until transport comes to collect you.
- If you are going home after the procedure, the nutrition nurses will visit you in the radiology day case area before you go home. You will be given information on how to care for the RIG tube and extra equipment you will need.
- If you are staying in the hospital you will be taken back to your ward.

If you have been up and about previously, then you will need to stay in bed for a few hours afterwards, until you have recovered.

If you had sedation please follow the advice below:

For 12 hours: you must have another adult with you.

For 24 hours - do not:

- drive a car or ride a bicycle.
- drink alcohol.
- operate any machinery or do anything needing skill or judgement.
- make important decisions or sign any documents.
- climb ladders.
- return to work until after this period of time.

Before you go home:

If you need liquid food when you go home, your dietitian will tell you how much you need.

We will give you and your family or carer instructions on how to care for the RIG 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.

The first few days at home:

For the first few days it is important to remind yourself that you have a RIG tube in place until you get used to it. This is to stop any damage to the RIG tube and yourself. Have plenty of rest.

The Home Enteral Nutrition Service (HENS) will arrange to come and see you once you are at home. They are responsible for any training needed and supplying you with feed and equipment as needed.

Pain - The RIG tube can feel a bit painful for a while. We advise you take paracetamol for the first 24 to 48 hours after the procedure.

If you develop severe pain within 48 hours of the procedure you should go to your nearest Emergency Department (A&E).

Frequently asked questions

What happens when I go home with the RIG?

- The dietitian from your local Home Enteral Nutrition Service (HENS) will assess your nutritional needs, discuss your feeding plan with you and monitor your progress.
- The feed will be adapted to suit your lifestyle.
- The dietitian will talk to you about feeding, caring for your RIG tube and cleaning the pump.
- The dietitian will make sure you are confident to manage your feed at home. Arrangements will be made for you to receive regular supplies of the feed and equipment you need.

Will I be able to eat after the RIG is inserted?

- If you are able to swallow safely then the RIG tube itself does not stop you from eating. Many people have a combination of food and drink by mouth and feeding by the RIG tube.
- If you are not able to swallow safely due to your medical condition, you can have all your nutrition and fluids via your tube. Your speech and language therapist will assess this for you if there is any doubt.

What if I feel ill or have problems?

- If you get:
 - severe pain within 48 hours of the procedure
 - or leaks of fluid around the tube,
 - or pain when using the RIG for feeding,
 - or new bleeding,
 - stop the feed immediately and go to the emergency department for urgent review.
- If you are feeling sick or being sick (vomiting), have a swollen (distended) tummy, cramping

pain or runny poo after leaving hospital, please contact your doctor and dietitian, as your liquid food may need to be changed.

- 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.

When can I take a bath?

For the first week you should not immerse the tube site in water and it may be sensible to have showers or shallow baths.

In about 2 weeks the area around the RIG tube should have healed fully and you should be able to bathe as normal without any problems.

Can I go swimming?

If you want to go swimming ask your district nurse or GP surgery for waterproof dressings.

How long will my RIG tube last?

The RIG tube usually lasts for 3 to 6 months before needing to be replaced.

What happens when I need my RIG tube replaced?

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.

Removal of your stitches - please read carefully

There are 2 ways to secure the RIG tube in place which may also use stitches:

- If you have **plastic buttons** these will dissolve and drop out and do not need removal. However if these are still in place 14 days after the procedure they should be removed (see below).
- If you have **small round bolsters of cotton padding with a metal clip** holding the thread then these should be removed around 14 days after the tube has been inserted.
- If you are an inpatient the ward nurse will arrange for a district nurse to take out the stitches.
- If you are a day patient (day case) contact your GP to arrange for your stitches to be taken out after day 14, by a district nurse or practice nurse.

What are the benefits of a RIG?

- A RIG bypasses the throat allowing you to have liquid feed, fluids and medications if there is difficulty swallowing or if food goes the 'wrong way' (into the lungs).
- A RIG is placed from the outside under X-ray guidance, so this is an alternative option for people who cannot have a feeding tube fitted by an endoscopy procedure e.g. because the throat or food pipe is blocked.
- There may be other reasons you need this type of feeding tube and your nutrition nurse or specialist dietitian will talk to you about this.
- Once the RIG is placed you can carry on with most of your daily activities as normal.
- If needed, RIG feeding can be used long term. The tube can easily be replaced as needed. This can be done at home 6 months after the RIG has been put in, or in hospital within the first 6 months.
- RIG tubes and feeding are easy to manage at home for most people.
- A RIG can be used in advance if you expect to have swallowing problems in the near future.
- If appropriate, you can eat and drink with a RIG in place.
- A RIG is discreet and can be hidden under your clothes.

Are there any risks?

As with any procedure or operation, complications are possible. We have included the most common risks and complications in this leaflet, although they are different for each person. Your risks will be discussed with you before you sign the consent form.

- **Infection at the gastrostomy site** - where germs get into the new hole in your stomach and cause soreness and pus.
- **Infection inside the tummy (peritonitis)** - antibiotics are given before the procedure to help prevent this.
- **Perforation of the bowel / damage to the other intra-abdominal organs** during the procedure - this is a hole in your gut, liver or spleen, that can happen whilst the feeding tube is being put into place.
- **Bleeding** - bleeding from your skin or inside the tunnel we made to your stomach.
- **Leakage of air or stomach (gastric) contents into your abdomen (peritoneum)** - bowel contents can leak into your abdomen.
- **Gastrocolic fistula formation** - this is an abnormal connection between your stomach and your large bowel. This can affect how your body absorbs nutrients and fluid from your food and drink. This may need an operation to repair it.

Important

If after your tube insertion you get the symptoms below, you must stop feeding immediately and go to your nearest Emergency Department (A&E) for urgent review:

- severe pain within 48 hours of the procedure
- leaks of fluid around the tube,
- pain when using the RIG for feeding
- Any new bleeding.



What are the risks from radiation in this procedure?

The main risk from having X-rays is an increase in the risk of getting a cancer in the future. This risk is thought to be very small. We are all exposed to natural background radiation every day of our lives. This comes from the sun, food we eat, and the ground. Each examination gives a dose on top of this natural background radiation. The risks of radiation are slightly higher for an unborn child so we must ask female patients aged 10 to 55 years about their periods and possibility of being pregnant.

The benefits of this examination are likely to outweigh any potential risk and the risk from not having the examination could be greater. We will take all safeguards to minimise the amount of X-rays you receive.

Contact details

Home Enteral Nutrition Service (HENS): 0116 222 7161 (Monday to Friday, 8am to 4pm).

If HENS are unable to offer advice they may suggest you contact the nutrition nurse or your specialist dietitian.

Nutrition Nurse (Leicester Royal Infirmary): 0116 258 6988

Nutrition Nurse (Leicester General Hospital): 0116 258 4713

Specialist Dietitian: 0116 258 5400



Outside normal working hours:

Contact your GP. If your surgery is closed there will be a number to contact on the answer machine of the surgery. Otherwise you can call 111 for advice from NHS specialist advisers.

Further information

- <http://www.pinnt.com> - for all nutrition patients and their carers as well as healthcare professionals, the general public and PINNT members (both adults and children).
- www.lnds.nhs.uk - The Leicestershire Nutrition and Dietetic Service website provides further information about the Home Enteral Nutrition Service.

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

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