

Having a RIG feeding tube inserted (radiologically inserted gastrostomy)

Department of Radiology

Information for Patients

Last reviewed: November 2024

Next review: November 2027

Leaflet number: 77 Version: 6

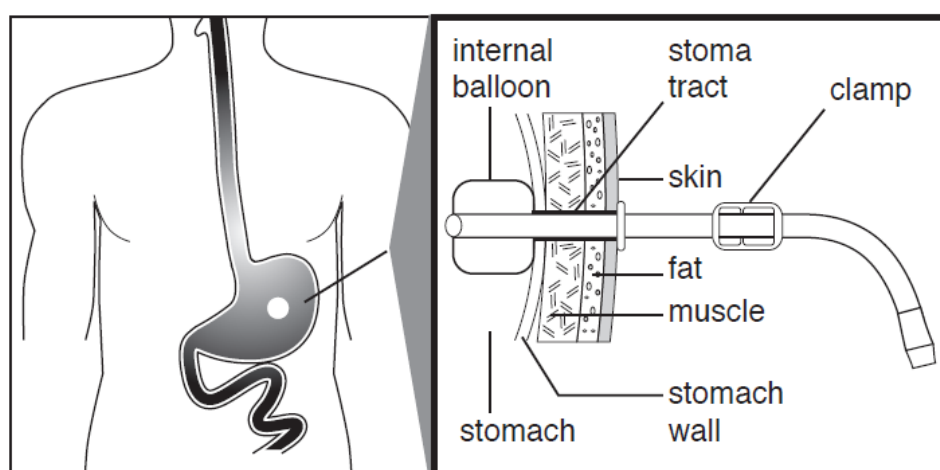
Introduction

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 tells you what is involved and what the possible risks are. Please read it carefully as it has important information and instructions. This will help you decide if you want this procedure.

What is a radiologically inserted gastrostomy (RIG)?

A RIG is a narrow plastic feeding tube. We put it through your skin into your stomach. It has a small balloon on the end to hold it in place. Please see the picture below.



The feeding tube can be used to give you liquid food, fluids and medicine directly into your stomach. A RIG tube is used if you are not able to take enough food or fluids by mouth. It may be used as either a temporary or longer term way 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

Important information about blood thinning medicines

If you are taking medicine 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 as soon as possible. Please call the phone number on your appointment letter or at the end of this leaflet. We will ask you what blood thinning medicine 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), edoxaban (Lixiana), rivaroxaban (Xarelto), ticagrelor (Brilinta), dalteparin, enoxaparin 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 and pain relief. They will check if you have the right 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 before to an intravenous contrast liquid. This is the dye used for kidney X-rays, CT scanning and X-rays of your heart and blood vessels.
- you take any blood thinning medicines, also called anticoagulation or antiplatelet medicines.
- you have diabetes. Please tell us what medicines you take for diabetes.
- there is any chance that you may be pregnant.

How long will I be in the hospital?

- most patients having a RIG procedure will stay in hospital overnight. This is so we can check your health and give you pain relief. You will be able to go home the next day if you are OK.
- some patients may be able to have their RIG as a day case procedure. This means they go home the same day. The doctor who wants you to have (referred you for) a RIG can tell you if you are able to have the procedure as a day case. It depends on your health and how you are after the procedure.

How do I get ready for the procedure?

- Please bring an overnight bag and your usual medicines with you.
- **Do not eat or drink for 6 hours before the procedure.**

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 doctor who specialises in imaging and X-ray treatments (a radiologist) for this procedure. They will confirm that you understand why the procedure is being done, the potential risks and the chances of success

You will 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 ask for the doctor who wanted you to have the procedure to talk to you and review your condition.

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.

What happens first?

- **We may give you some medicine to make you feel calm or less anxious (sedation).** It will not put you to sleep. **This will be** either before or during the procedure. The consultant will talk to you about this. We will only give it if it is right for you. On rare occasions sedation can cause some problems with breathing or low blood pressure. **If you have sedation, a responsible adult must stay with you for 12 hours.**
- **We will need to put a feeding tube in your nose** (nasogastric tube) if you do not have one already.

We will ask you to lie on your side on the X-ray table. The radiologist will spray local anaesthetic to the back of your throat and nose to help numb it. 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, we will check your details. We will go through a pre-procedure checklist. We ask you to lie flat on the X-ray table.
- We put a blood pressure cuff (strap) on your arm. We also put a small peg on your finger. These will all be attached to a monitoring machine. This is to check your blood pressure, your heart rate and your heart health.
- Everything will be kept clean (sterile). We clean the skin on your tummy with antiseptic. This may feel cold. We cover some of your body with sterile sheets.

- We may give you a medicine to make you feel calm (sedation) and some painkillers.
- We put air down the tube in your nose (nasogastric tube). This is to inflate your stomach. We may give you an injection of Buscopan (Hyoscine). This makes your stomach relax so that it can hold air in better. This helps the doctor to see your stomach on X-ray pictures during the procedure.
- The doctor will use the X-ray equipment or an ultrasound machine to decide the best place for the RIG tube. We will numb the skin with local anaesthetic. This can sting a little to start with. It soon wears off. The skin then feels numb.
- We put in some stitches (or anchors). They look like little buttons. They hold the stomach close to the wall of the tummy under the skin. They sit on the surface of your skin. They may fall off on their own within a few weeks. Or, they can be removed by the home nutrition team after 2 to 3 weeks.
- We make a tunnel for the RIG tube to go into your stomach.
- We then put the RIG tube in. We inflate a small balloon at the end of the RIG inside the stomach. This is to stop the tube falling out.
- We then put a dressing on your skin. This dressing can be removed after 24 hours.

Who will be doing the procedure?

- A doctor who specialises in imaging and X-ray treatments (an interventional radiologist) will do the procedure.
- A radiographer who will move and control the special X-ray equipment.
- A nurse and maybe a healthcare assistant to work with the radiologist and care for you.
- As we are a teaching hospital a student may also be in the room. If you do not want this, you can ask that a student is not in the room when you have your procedure.

How long will the procedure take?

Every patient's situation is different. It is not always easy to predict how complex or how straight forward 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 we will give an injection of Buscopan. This helps to relax the muscles of the bowel and helps the procedure to be done.

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 your nearest Eye Casualty straight away.** Tell the doctor that you have had an injection of Buscopan (Hyoscine) and show them this leaflet. In Leicester, the Eye Casualty Department is at Leicester Royal Infirmary.

- **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 do routine checks such as taking your pulse and blood pressure. This is to make sure that there are no problems.
- The RIG tube can feel a bit painful for a while. This usually settles quite quickly. You can have painkillers 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. We will give you information on how to care for the RIG tube and extra equipment you will need. A responsible adult will need to be at home with you overnight.
- If you are staying in the hospital you will be taken back to your ward.

If you have been up and about before having the RIG put in, 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 a responsible adult with you.

For 24 hours:

- do not drive a car, ride a bicycle or climb ladders.
- do not drink alcohol.
- do not operate any machinery or do anything needing skill or judgement.
- do not make important decisions or sign any documents.
- do not return to work until after 24 hours or until you are well enough.
- do not do any strenuous exercise or heavy lifting

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 start to get bad (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 keep track of 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 get 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 some food and drink by mouth as well as 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 right away (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 dietician. These symptoms mean your liquid food may need to be changed.

The tube may 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 NHS helpline on **111**.

When can I take a bath?

For the first week you should not immerse the tube site in water. It is better to have showers or shallow baths.

In about 2 weeks the area around the RIG tube should have healed fully. You should then be able to have a bath if you want to 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 it needs to be replaced.

What happens when I need my RIG tube replaced?

The home enteral nutrition team (HENS) will contact you to arrange an appointment to come to your home to do this. Replacing the tube is very simple. It is not usually painful. If we are not able 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

- If you have **plastic buttons**, the stitches will dissolve and the button will drop off. This usually happens within a few weeks after the procedure. If these are still in place 14 days after the procedure they should be removed by the GP or home nutrition team. (see below).
- 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) please talk to your home enteral nutrition team (HENS) or 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 lets you have liquid feed, fluids and medications directly into your stomach if you have difficulty swallowing or if food goes the 'wrong way' (into the lungs) when you swallow.
- A RIG is placed from the outside under X-ray guidance. This is an different option for people who cannot have a feeding tube fitted by an endoscopy procedure. This might happen if the throat or food pipe (oesophagus) is blocked.
- There may be other reasons you need this type of feeding tube. Your nutrition nurse or specialist dietitian will talk to you about this.
- After 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 put in place and used if you expect to have swallowing problems in the near future.
- If suitable, you can eat and drink with a RIG in place.
- A RIG can be hidden under your clothes so other people cannot see it.

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. They are different for each person. We will talk to you about your risks before you sign the consent form.

- **Infection where the RIG went in (the gastrostomy site).** Symptoms include pain (soreness) and pus at the gastrostomy site. This can happen in more than 5 in 100 patients (5%). It may need treatment with antibiotics if it is not getting better by itself. If you have signs of infection, contact your GP practice or talk to your home enteral nutrition team (HENS). If the redness and soreness spreads around the gastrostomy, you could have a wider skin infection. If this happens, you should make an urgent appointment with your GP or contact NHS 111.

- **Blocked tube.** There is a risk that the RIG tube could become blocked or move out of place. This can happen in more than 5 in 100 patients (more than 5%).
- **A hole (perforation) of the bowel or damage to the other organs in the tummy** during the procedure. This could happen to your gut, liver or spleen. This can happen whilst the feeding tube is being put into place. This happens to less than 1 in 100 patients (less than 1%).
- **Bleeding.** Bleeding from your skin or inside the tunnel we made to your stomach.
- **Leakage of air or stomach (gastric) contents into your tummy (peritoneum).** Bowel contents can leak into your tummy. This can cause pain in the tummy near the gastrostomy site. This can happen in more than 5 in 100 patients (more than 5%). This usually get better (settles) by itself. In a small number of patients this could lead to infection in the tummy.
- **Infection inside the tummy (peritonitis).** If an infection develops inside the tummy (abdomen) this may make you feel unwell with pain and high temperature (fever). This would need treatment with antibiotics, usually in hospital. This happens in less than 2 in 100 patients (less than 2%).
- A RIG is seen as a safe procedure. Patients who need a RIG may have underlying problems such as cancer, stroke or other medical conditions. When the RIG is done as a planned procedure as an out-patient, the risk of dying of any cause within 30 days after the procedure, is up to 1 in 100 patients (1% or less). **The doctor doing your procedure will talk with you if you have specific problems that may make this risk any higher.**

Important

If after your tube insertion you get the symptoms below, you must stop feeding right away 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 exposure to X-rays is a higher 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, the food we eat, and the ground. Each test that uses X-rays gives a dose on top of this natural background radiation.

The risks of radiation are slightly higher for an unborn child. We must ask all patients age 10 to 15 years registered female and all patients aged 16 to 55 years about their periods and/or possibility of being pregnant.

The benefits of having this test are likely to outweigh any possible risks. The risks of not having the test could be greater. We try to keep your exposure to X-rays as low as possible.

What if I need to talk to someone?



If you have any questions or concerns, or cannot make the appointment please call the radiology department on **0116 258 8765** and select option 7. Monday to Friday 9am to 5pm, but not on bank holidays.

Other 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: 0116 258 6988

Specialist Dietitian: 0116 258 5400

Outside normal working hours:

Contact your GP practice. If your GP practice is closed, call the practice and listen to the answer machine. The answer machine will give you another phone number to call.

Or, you can call the NHS helpline on 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۔
على هذه المعلومات بلغة أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

જે તુમીં ઇંચ જાહવારી કિમે હેર ડામ્મા હિંચ ચાહુંદે હે, ડાં વિરખા વરહે હેઠાં હિંચે ગદે નંબર 'હે ટેલીફોન વરે।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

Previous reference:

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email equality@uhl-tr.nhs.uk