

The back to basics of G---tube feeding

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A gastrostomy tube, or G---tube, is a small tube inserted through the abdomen skin into the stomach. Liquid nutrition and medications can pass through the tube into the stomach, and air or fluids can be vented out of the stomach. G---tubes are very common for children and adults with special needs. Below, are answers to some common questions about G---tubes.

When should I consider a feeding tube for my child?

Feeding tubes should be considered in children who struggle to safely take in enough nutrition to grow well. This may include children who aspirate (get breast milk or formula into their lungs while drinking), have issues with oral eating (swallowing, coughing or gagging while eating, or lack the desire to eat) and/or who tire out before they take in enough nutrition. Sometimes children can get enough nutrition by mouth, but it takes so long that they don't have time or energy left for therapies that help them gain other developmental skills.

Can my child still eat orally with a G---tube?

Yes—if approved by your child's doctor—having a G---tube does not prevent oral feeding. In fact, having a G---tube may improve oral feeding by allowing feedings to be a quality and safe interaction for the child, without the struggles of having to swallow every last bit of formula or medicine.

How are G---tubes put in?

G---tubes are pulled through the skin of the abdomen into the stomach. A PEG tube (percutaneous endoscopic gastrostomy tube) is a common type of G---tube. A scope is placed though the mouth, down into the stomach to help pull the tube into the stomach from the exterior. The tube can be placed in a few minutes with either general anesthesia or sedation. They are usually placed by pediatric gastroenterologists or pediatric surgeons. Pediatric interventional radiologists can also place PEG tubes. The tubes they place are slightly different and are placed with guidance of X---ray rather than a scope.

G---tubes can also be put in surgically. This may be done if the child's anatomy does not allow safe placement of a tube or if the child is already having an operation.

Insertion of G---tubes for complex infants and children, like those with





CdLS, should be done in an institution with pediatric surgeons, gastroenterologists, or interventional radiologists, as well as an anesthesiologist personally experienced with complicated pediatric airways or abnormal jaws. This usually means a children's hospital.

Your child's doctor can help determine what approach is best for your child.

What is the recovery time after G---tube placement?

Children who receive PEG tubes usually start their feeding the next day and are back to their pre---procedure feeding regime in two to three days. G---tubes placed with surgery may have a slightly longer recovery time, related to how extensive their procedure was. Most children will start feedings in a day or two.

