

Having a Radiologically Inserted Percutaneous Gastrostomy (RIG)

Information for Patients

This leaflet tells you about having a radiologically inserted percutaneous gastrostomy (RIG) tube. It explains what is involved and what the possible risks are. It is not a substitute for informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure, please ask the doctor who has referred you, or contact a member of the radiology team who can be contacted on the number provided below.

What is a RIG tube?

A RIG tube is a plastic tube placed through your skin into your stomach.

Why do I need a RIG tube?

The purpose of a RIG tube is for feeding and nutritional support.

There may be several reasons that you may not be able to eat or drink adequately. You may have a blockage in your throat or in your gullet, you may have difficulty swallowing due to a neurological illness or other medical condition. Radiotherapy treatment to the neck can often make swallowing food difficult. RIG tubes help feeding directly into your stomach.

What are the alternatives?

The alternatives are nasogastric feeding tubes which are passed through the nose into the stomach for feeding. These are not usually for long-term use as they can cause irritation, infection or bleeding of the nose and throat. However, this alternative may/may not be suitable depending on your circumstances.

What are the risks of a RIG tube?

RIG tube insertion is a relatively safe procedure. Minor complications include pain around the tube and bleeding which almost always stop spontaneously. There may be leakage of food or fluid around the tube onto the abdominal wall. This can cause skin irritation or infection.

Life threatening complications are extremely rare and include damage to the colon, major bleeding and infection inside the abdominal cavity (peritonitis). Death associated with the procedure is exceptionally rare, with a risk of 1 in 400.

Very occasionally, the doctors are not able to get the tube into your stomach, for instance if there is a large hiatus hernia. Rarely, this may require an operation to place a feeding tube.

How do I prepare for the procedure?

You need to be an in-patient in the hospital. This will be arranged for you. The stomach must be empty so you will not have anything to eat or drink from midnight on the day before the procedure. You will be given a dose of antibiotics before and after the procedure to decrease the risk of infection. If you have any allergies, you must let your doctor know. Blood tests will be taken prior to the procedure to check that you are not at increased risk of bleeding.

If you are on any medication that thins the blood these may need to be stopped a few days prior to the procedure. If you have any questions then please contact the number below.

What does the procedure involve?

You will be transferred to the radiology department. A radiologist (specialist in inserting RIG tubes) will explain the procedure, alternatives and risks and answer any questions which arise. You will then sign a consent form.

You will lie on an X-ray table. We will monitor your heart rate, blood pressure and oxygen level throughout the procedure. You will receive

a sedative to relieve anxiety, a pain killer and medication to prevent stomach spasm.

A fine nasogastric (NG) tube will be inserted through your nose into your stomach

The appropriate site on the skin will be cleaned with antiseptic. Some local anaesthetic will be injected into the skin. Your radiologist will use the X-ray equipment to decide the most suitable point to insert the feeding tube. They will place two safety stitches into the stomach and between these the gastrostomy tube will be inserted.

Most commonly the gastrostomy is held in place by a small balloon filled with water. The NG tube will be removed at the end of the procedure.

Will it hurt?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. Later, you may feel a pushing sensation during the procedure. Please let your radiologist know if the procedure does become painful for you, as they will be able to give you more painkiller.

What will happen afterwards?

You will be transferred back to your ward. Your pulse, blood pressure and oxygen level will be checked at regular intervals. You will be on bed rest for 4-6 hours to recover. When the local anaesthetic wears off, it may be painful and you are likely to require pain-killers. The nurses are very used to dealing with this pain and it is very important you let them know if you are uncomfortable

A dietician will assess you and devise a feeding plan. A specialist nurse will train you and your family or carers about how to care for the RIG feeding tube before you go home.

How long will the RIG tube stay in?

This is a question which only the doctors and dieticians looking after you can answer and depends on why you needed the tube in the first place. The tube needs to stay in place until you can eat and drink

normally.

The tubes last 6 months and need to be changed if in place for longer. The changes can be performed by a specially trained nurse in the community or on the ward.

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with us in the radiology department. Make sure you are satisfied that you have received enough information about the procedure. If you wish to discuss anything further, please contact us.

Radiology Department, Western General Hospital, Edinburgh.
Telephone: 0131 5372052 Mon-Friday, 9am-4pm

Radiology Department, Royal Infirmary of Edinburgh
Telephone 0131 5363700 Mon-Fri 9am-5pm

Information available on line at www.bsir.org/patients/gastrostomy

Cancellation

While we make every effort to avoid this where possible, there is always a risk that your procedure may be cancelled at short notice. This is due to either emergency patients who require urgent surgery or other reasons which are beyond our control. We realise that this can cause distress and inconvenience, but in the event that your procedure is postponed, you will be offered a new date as soon as possible.

Keeping your Appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public Transport and Travel Information

Bus details available from: Lothian Buses on 0131 555 6363
www.lothianbuses.co.uk

Traveline Scotland on 08712002233 or www.travelinescotland.com
Train details available from: National Rail Enquiries on 03457 484 950 or
www.nationalrail.co.uk

Patient Transport

Patient Transport will only be made available if you have a medical/clinical need. Telephone **0300 123 1236** *calls charged at local rate up to 28 days in advance to book, making sure you have your CHI Number available. Hard of hearing or speech impaired? Use text relay: **18001-0300 123 1236*** (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and Translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in patient, staff will arrange interpreting support for you in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.