

Imaging department

Radiologically Inserted Gastrostomy (RIG)

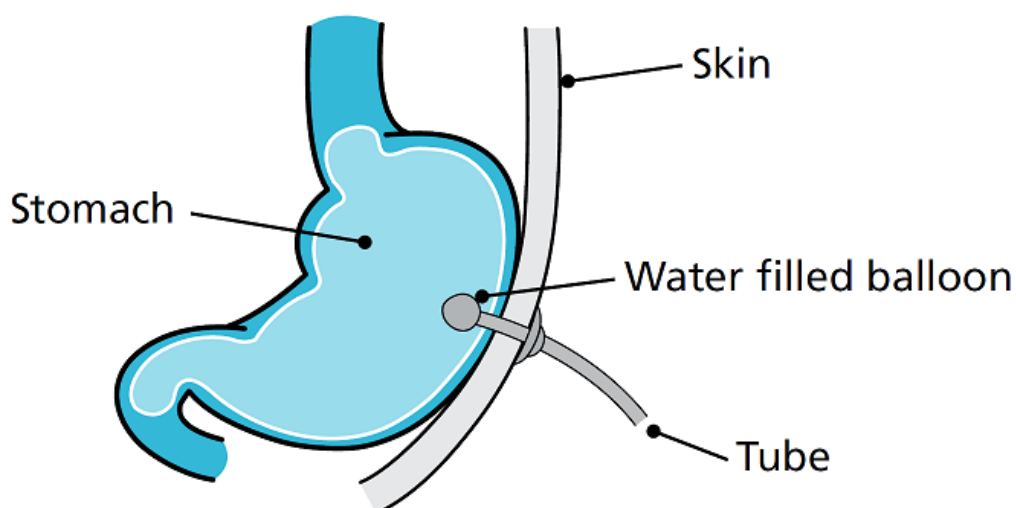
Information for patients, relatives and carers

Introduction

This leaflet has been provided to help answer some of the questions you or those who care for you may have. It is not meant to replace the consultation between you and your medical team, but aims to help you understand more about what you discussed together.

What is a radiologically inserted gastrostomy?

A radiologically inserted gastrostomy (RIG) is a procedure which is carried out under x-ray guidance to safely locate your stomach. Once identified a narrow plastic tube is placed through your skin and directly into your stomach so that you can receive feed, fluid and medication without needing to swallow it.



A balloon retained gastrostomy in the stomach

Why do I need a radiologically inserted gastrostomy?

Your doctor has recommended that you have this procedure for the following reasons.

- You are not able to eat and drink due to a risk of food going into your lungs.
- You need extra energy and protein alongside what you are able to eat and drink.
- You are not or may not be able to eat and drink enough due to the side effects of your treatment
- You have been assessed by the nutrition team that you require ongoing artificial nutrition and this is the tube of choice to help meet your nutritional requirements.

Your doctor or dietitian will be able to provide you with more information regarding this. If after discussion with your doctors you decide not to have the procedure, we will respect your wishes. Please note that it will not affect your treatment in any way.

How will a radiologically inserted gastrostomy help me?

To maintain or improve your nutritional status to help promote recovery and ensure adequate nutrition and hydration.

What are the risks of a radiologically inserted gastrostomy?

A radiologically inserted gastrostomy tube is a quick and safe procedure, but any medical procedure can be associated with a few complications.

Minor complications include:

- Leakage of feed or fluid around the tube onto your abdomen
- Pain or infection at the incision site.

Major complications are rare but can occur and include:

- Major bleeding, peritonitis (an infection inside the abdominal cavity)
- Damage to the colon.

Mortality from the procedure is about 1 in 400.

Unusually, the gastrostomy cannot be inserted (approximately 5 to 10 in 100)

Longer term, the balloon inside the stomach that holds your tube in place may burst and your tube may fall out. This is a very small risk and your tube can usually be re-inserted if this happens, providing help is sought quickly.

The specialist doctor inserting the gastrostomy (interventional radiologist) will discuss the risk factors with you again before starting the procedure and will be happy to answer any questions you may have.

Are there any alternatives to this procedure?

The alternatives to this procedure are endoscopic or surgical gastrostomy placement. Your doctor will explain these options in more detail.

Preparing for your radiologically inserted gastrostomy

If you are taking any medication that can affect the way your blood clots, sometimes referred to as anti-coagulation or anti-platelet medication please let your referring clinician know as you may need to stop taking these before your procedure. Medicines include:

- Warfarin,
- Clopidogrel
- Heparin

This **excludes** aspirin, which you can continue to take as normal

Ensure that you are not constipated. If you are constipated, please inform your doctor, dietitian or clinical nurse specialist, as this can be easily resolved with some laxatives.

Ensure that you have had a bath or shower the night before your procedure.

If you are able to eat and drink, you will be given a milky drink (Barium) the night before your tube insertion which outlines the bowel during the procedure. If you have a nasogastric feeding tube in place, the milky drink will be given via this tube.

On the day of your procedure, you must not eat and drink for 6 hours before the procedure. This would include tube feeding, which also needs to stop 6 hours before.

You will have a nasogastric tube inserted through your nose and into your stomach if you do not already have one in place, as the tube is used to inflate your stomach during the procedure. The back of the throat will be numbed with local anaesthetic spray prior to this tube placement. The tube will be removed after the procedure.

You will also have an intravenous cannula inserted into a vein in your arm. This cannula is used to administer pain relief. Procedural sedation may be given, meaning you will be given a sedative alongside the pain relief, should you require it.

What happens during your gastrostomy insertion?

The procedure will take place in the interventional radiology department. An interventional radiologist (a specialist doctor trained in procedures using X-rays) will insert your tube.

We will discuss the procedure with you in detail and ask you to sign a consent form. This is to make sure that you understand the risks and benefits of having the test.

You will lie on the X-ray table, generally flat on your back. You will have monitoring devices attached to your arm, finger and chest and oxygen may be given through a small tube in your nose. Air will be placed into your stomach via the nasogastric tube so that it is clearly outlined on the x-ray pictures

Your abdomen will be cleaned with an antiseptic solution and a sterile drape to cover the area. You will be given local anaesthetic to numb the area where your tube will be placed. You will be given painkillers and sedatives (if required)

Several sutures (stitches) will be inserted to keep the stomach in position. A small incision will then be made into the skin and a hollow needle and guidewire will be inserted into your stomach. Several small tubes will be passed over the wire to enlarge the pathway from the skin to the stomach and then the gastrostomy (feeding tube) will be inserted. The balloon at the end of your tube will be inflated with water to hold your tube in place.

A small dressing will be placed around your tube site. This will need to remain in place for 48 hours after your tube has been inserted.

The procedure usually takes around 30 minutes. As a guide, you are expected to be in the X-ray department for around 90 minutes.

The nursing staff will support and monitor you closely and give you pain relief during the procedure. If you do have any discomfort or pain, please tell them and they can give you more painkillers.

What happens after your radiologically inserted gastrostomy has been inserted?

You will be taken back to the ward. Nursing staff will monitor and check your heart rate and blood pressure and your tube regularly. You will need to rest in bed for a few hours until you have recovered.

You will be nil by mouth (NBM) and nil by your new tube for 6 hours post procedure. If there have been no complications the nurse will then start to use your tube carefully.

You will remain in hospital overnight after the RIG procedure, so that you can be monitored and adequate pain relief can be given.

The following day after your tube insertion, if you are able, you will be encouraged to practice using your tube and you and or your family will receive training on how to use and care for your feeding tube.

How long will the tube stay in?

This depends on your individual situation and doctors will discuss that with you. Usually, the tube will need to stay in place until you can eat and drink normally, or until you have finished your course of treatment.

What do I need to do after I go home?

Please refer to the 'At Home with your gastrostomy tube' booklet for more information.

How do I get to the hospital?

Please visit the Trust's website for more information about travelling to our hospitals:
www.imperial.nhs.uk/our-locations

Contact details

Please do not hesitate to contact us if you have any queries or concerns:

Imaging Department

- **Hammersmith Hospital:** Du Cane Road, London W12 0HS
Telephone: **020 3313 0770**
- **Charing Cross Hospital:** Fulham Palace Road, London W6 8RF
Telephone: **020 3313 0770**
- **St Mary's Hospital:** Praed Street, London W2 1NY
Telephone: **020 3312 6418**

Nutrition and Dietetics Department

- **Charing Cross Hospital:** Fulham Palace Road, London, W6 8RF
Telephone: **020 3311 1445**
- **Hammersmith Hospital:** Du Cane Road, London, W12 0HS
Telephone: **020 3313 3048**
- **St Mary's Hospital:** Praed Street, London, W2 1NY
Telephone: **020 3312 6398**

Clinical Nurse Specialist for Nutrition

Telephone: **020 311 0115**

Bleep: **1069**

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at imperial.pals@nhs.net. The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY

Email: ICHC-tr.Complaints@nhs.net

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

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