

*From appetite to rear-end,
and everything in between!*

"Practical"
Gastroenterology
SEM INAR

17 CE Hours
ETVMA approved

February 7 & 8, 2015 - Lufkin, TX

Dr. Wendy Blount

GASTROSTOMY TUBE PLACEMENT

- 1. Prepare your patient for esophagostomy tube:**
 - a. Fast for 12 hours
 - b. General anesthesia and intubated

- 2. Gather supplies:**
 - a. 18-24Fr mushroom tip Pezzar tube – latex or silicone
 - b. 0 Vetafil type suture – an arm's length, sterile, 2 pieces
 - c. White tape
 - d. Cast padding and Vetrap or elastikon
 - e. ELD Device, sharp tip autoclaved – small, we don't recommend using the large device for large dogs
 - f. Christmas tree adapter
 - g. Surgical blade -- #11 or #15 preferred
 - h. Needle holders
 - i. Thumb forceps
 - j. Cutting needles
 - k. Sterile gloves and drape
 - l. Latex canine AV material for inner bumper
 - m. 18g needles
 - n. 18g polypropylene IV or Tomcat catheters
 - o. hemostat

- 3. Prepare the tube using sterile material and maintaining asepsis.**
 - a. Trim two inches off the feeding end of the tube to make an exterior bumper.
 - b. Cut a one inch circle of AV material for an inner bumper.

- c. Trim the feeding end of the feeding tube into a point.
- d. Cut a small hole in the center of the inner bumper disc, place a hemostat through, and grab the point tip of the feeding tube with the hemostats.
- e. Pull the tube through the hole in the inner bumper and snug the bumper against the mushroom tip.
- f. Trim the tomcat catheter or polypropylene catheter at an angle where the catheter becomes thinnest.

4. Place the guide suture

- a. Place patient in right lateral recumbency
- b. Shave and prep a 4x4-inch area centered just caudal to the last rib, and half way between dorsal and ventral. Drape the gastrostomy site.
- c. Confirm that the plastic safety guard is on the ELD device to prevent premature deployment.
- d. Introduce the lubricated ELD device into the esophagus. Tip ventral when passing from the oral cavity to the esophagus, then dorsal when passing through the thoracic inlet, then ventral again when passing over the base of the heart, and then up when in the stomach.
- e. Have your assistant hold the ELD device in place while you don sterile gloves.
- f. With sterile glove, palpate the end of the ELD device to ensure that it is sufficiently caudal to the costal arch to avoid pneumothorax, not so far caudal as to put traction on the stomach caudally and to ensure that no viscera are entrapped between the stomach and the abdominal wall.
- g. Place one finger on each side of the end of the ELD device.
- h. When ready, tell assistant to remove the safety guard and deploy the ELD device, taking care not to release until instructed.
- i. Pass the long end of the second piece of Vetafil through the eye on the ELD device, and clamp the ends together with a hemostat.
- j. Instruct assistant to release the ELD device and replace the plastic safety guide to prevent deployment.
- k. Pull the ELD device out through the mouth.
- l. Release one end of the Vetafil suture from the hemostat and replace the hemostat on the other end.
- m. Pull the free end of the Vetafil out through the oral cavity.

5. Attach the feeding tube to the Vetafil protruding from the oral cavity, and placer the tube in the stomach.

- a. Pass the free end of the Vetafil into the trimmed catheter from the tiny end.

- b. Using an 18 gauge needle as a suture passer, make 2-4 passes through the pointed tip of the feeding tube using the end of the Vetafil that is coming out the fat end of the trimmed catheter, from the untrimmed tube to the point. Leaving one end 4 inches long, tie the two ends in a square knot.
- c. Pass the short end of the Vetafil back through the trimmed catheter from the fat end to the skinny end, and pull the point of the feeding tube snug into the fat end of the catheter.
- d. Thread a safety suture through the holes in the mushroom tip and clamp the two ends together with a hemostat.
- e. Using the clamped end of the Vetafil protruding from the abdominal wall, pull the gastrostomy tube into the stomach, until you see the trimmed catheter emerge from the stoma site.
- f. As soon as you see it, grab the polypropylene catheter and sutures with the hemostat to pull through the skin. Enlarge the stoma as needed with a surgical blade, just large enough to allow the feeding tube to pass through the skin.
- g. As soon as the feeding tube protrudes, grab that with the hemostats, clamp, and pull the tube into the stomach until you can palpate the mushroom tip below the skin.

6. Secure the tube.

- a. Place a purse string suture in the skin around the stoma site, leaving both ends long. Tie the ends in a square knot on the tube as it enters the stoma.
- b. Place a stab incision in the center of the exterior bumper, pass the tips of a hemostat through that hole, grab the pointed tip of the feeding tube, clamp the hemostat, pull the tube through the bumper and snug the bumper down against the body wall, not so tight as to cause tissue necrosis.
- c. Secure the tube in place with a Chinese finger cot.
- d. Add a tape butterfly over the finger cot if desired, for extra security, and suture the butterfly to the skin if desired.
- e. Place a small piece of gauze with antibiotic ointment on the stoma.
- f. Recover patient from anesthesia.
- g. Bandage as desired.