**Tube Feeding for Children**

Good nutrition maintains health, as well as normal growth and development. Many children with different medical problems receive treatment with a nasogastric tube (NG) or gastrostomy tube (GT). Children may need these tubes for several reasons. The child may not be able to eat at all, or may not eat enough to meet their nutritional requirements, or they may not be able to swallow safely. Tube feedings are a way to give fluids, calories and medications to a child.

**Possible reasons for tube feedings:**
- Prematurity
- Burns
- Head trauma
- After surgery
- Failure to thrive
- Severe food allergy
- Disorders of the esophagus
- Severe cleft lip/cleft palate
- Central nervous system problems
- Severe cerebral palsy
- Inherited metabolic disorders
- Gastrointestinal diseases
- Severe gastroesophageal reflux
- Severe refusal to eat food
- Abnormalities of the anatomy of the gastrointestinal tract
- Cancer

**Methods of tube feedings:**

Nasogastric (NG) feeding

Nasoduodenal feeding

Nasojejunal feeding

Jejunostomy (JT) feeding

Gastrostomy (GT) feeding

**What is a gastrostomy (GT)?**

Usually a surgeon makes an opening through the skin, abdominal wall and stomach wall, then puts into the opening a tube, or a small porthole-like device that has an opening at skin level (gastrostomy button or GB). Gastrostomy is the name of the opening into the stomach through the abdomen.
What are the advantages of a gastrostomy (GT)?
- The ability to provide additional food and calories.
- No nasogastric tubes are needed—no more tape!
- Less time spent giving feedings.
- Feedings can be done at night when child is asleep.
- Does not interfere with daily activities.
- Less chance of child spitting up.
- Less chance of tube coming out.
- Tube is easy to replace.

What are the disadvantages of a gastrostomy (GT)?
- Gastrostomy site can become infected, leak, become irritated or malfunction.

How long will my child have the GT?
It is not always possible to tell how long your child will have the GT. It will depend how well the child is able to take enough food (calories) by mouth and how the child can gain weight without GT feedings.

Will my child have activity restrictions?
For one week following the surgery, your child should avoid swimming or soaking in a bathtub. Your child may participate in all normal activities including on his/her stomach as long as the tube is secure so that it will not come out.

What types of food or medicines can be given through the GT?
The only fluids that can be given through the GT are milk, formula and water. Liquid medications or crushed pills diluted with liquid may also be given. Always flush the tube with water following feedings or medications.

When can a G-button (GB) be placed to replace the tube?
Since there are no stitches to secure the stomach to the abdominal wall, it may be necessary to wait four to six weeks before the tube is exchanged for a button. GBs are skin level devices that can be attached to a feeding tube. Your pediatric surgeon will discuss the different options with you.

Gastrostomy Tube (GT):
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How is a GT placed?

Open gastrostomy
What are the different GBs that could be placed?

BARD gastrostomy button
General guidelines for GT/GB Feeds

**Management of feeds:** Your child will be on a schedule for tube feedings while he or she is in the hospital. After discharge, your child’s primary care physician can manage tube feedings.

**Learning how to feed:** You will be taught how to feed your child through the tube or button, care for the tube/button insertion site, and troubleshoot any problems that may occur. We are always here to support you and welcome any questions. We will be happy to provide feeding instructions to your child’s day care or school nurse.

**Supplies and Equipment:** You will be given your supplies in the hospital, clinic or by your home health company. If you need more equipment and are having trouble locating it, please call the clinic.

**Feeding by mouth:** Some children use tube feedings to supplement what they eat by mouth. Sometimes the child receives supplemental feedings only during the night while sleeping. Sometimes the child only gets tube feedings only on the days when the child has eaten too little by mouth. The prescribing physician will provide the details about feedings by mouth and by tube for you.

**Oral Stimulation:** The mouth is a very sensitive part of the body. For most infants, sucking is comforting. Babies on tube feedings benefit from use of a pacifier during feedings to stimulate the lips, gums and tongue. As the child grows, the child should have other opportunities to chew or suck. Oral stimulation will promote normal growth and development.

**Growth and Development:** Children who are tube fed have the same needs for growth and development as other children. You may discuss with the child’s specialist or pediatrician which physical activities are safe for the child who is tube fed.

**Eating and Socialization:** If the prescribing physician approves, caregivers should encourage the child to touch and taste food. Participation with other people at the table during mealtime is important, even though the child receives nourishment through the tube or button.