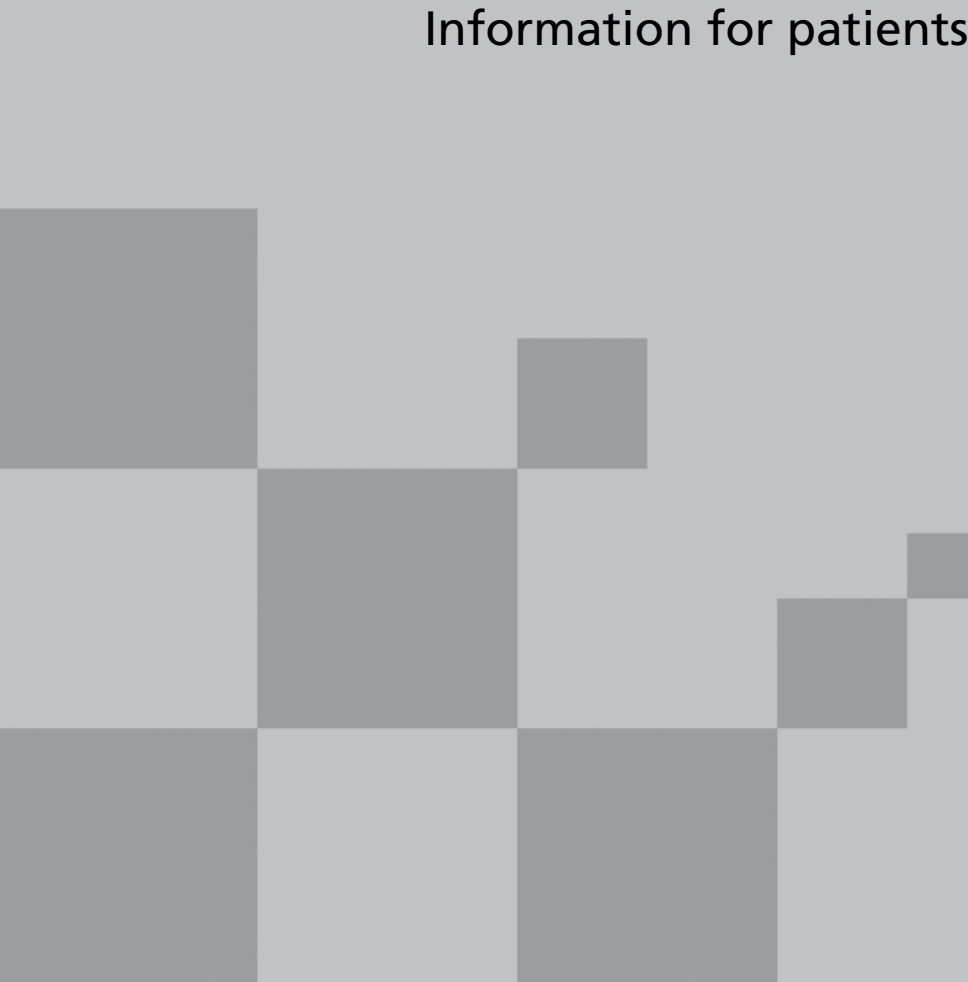


Radiology Department  
**Radiologically  
Inserted Percutaneous  
Gastrostomy (RIG)**

Information for patients



## What is a Radiologically Inserted Percutaneous Gastrostomy (RIG)?

A percutaneous gastrostomy is a procedure to insert a small tube through the skin directly into your stomach. The procedure is carried out radiology doctors who use X-rays to guide the tube into the correct position. The tube will be used to give you liquid food. Percutaneous means through the skin and gastrostomy means making an opening into your stomach.

## Why do I need a percutaneous gastrostomy?

There may be several reasons you may not be able to eat normally, such as a blockage in your throat or in your food tube or you may have difficulty swallowing due to a neurological illness or other medical condition. These problems prevent food from passing safely into your stomach. In order to get the nutrition that you need your doctor has recommended that you are fed directly through a tube into your stomach.

## Who has made the decision?

The doctors caring for you and the radiologists have discussed your situation and feel this is a good option for you. They will discuss this with you and listen to your opinion. If you would rather not have a tube placed, they will accept your decision. It is important that family members have been involved in these discussions as they may be involved in providing your long-term care.

## How do I prepare for this procedure?

You will be an inpatient in hospital. The stomach must be empty and so you will not have anything to eat or drink from midnight on the day before the procedure. You will have a cannula in your arm so that we can give you pain relief and possibly sedation to make you feel relaxed and sleepy, and also antibiotics. You will change into a hospital gown. A tube will be placed through your nose into your stomach. 1-2 days before the procedure you will be given a milky drink to drink to outline

the bowel during the procedure. This is so your radiologist can clearly see the bowel which can overly the stomach and ensure the tube is correctly sited into the stomach avoiding the nearby bowel.

## What happens during the procedure?

Nurses will attach a blood pressure cuff to your arm and monitor your vital signs during the procedure. They will give you some pain relief and sedation and may put an oxygen mask on you. They will then fill your stomach with air so that is clearly outlined on the X-ray pictures.

The doctors will paint a small part of your abdomen with antiseptic, drape the area with sterile towelling and place some local anaesthetic into your skin. This will sting for a short time. The doctors will then place a needle into your stomach, then a small guide wire and then the gastrostomy (feeding) tube. Once they are happy they are in the correct position they will stitch the tube in place and dress the wound. You can then be transferred back to the ward. The procedure may take 30 - 90 minutes to perform.

## What happens afterwards?

The nurses on the ward will monitor your recovery. You will be on bed rest for 2-4 hours to recover immediately after the procedure. The nurses on the ward will flush the tube with sterile water at 2 hour intervals for 12 hours. You will not be able to have anything to eat or drink ('Nil By Mouth') during this time. They will then give you water via the tube for 12 hours before feeding you liquid food.

## How long will the tube stay in?

This depends on why you needed the tube in the first place. Sometimes this can be a short time or sometimes it can be for a very long time. You and / or your carer will be trained on how to care for the tube before leaving hospital. A dietician will also become involved with your care and can provide essential support in managing the tube.

## What are the risks?

- Sometimes the doctors are not able to get the tube into your stomach, for instance if you have a large hiatus hernia. This may then require an operation to place a feeding tube.
- A leak around the tube is uncommon but can cause skin irritation, local infection. Peritonitis is a recognised early major complication from a leak, although is uncommon. It is important to keep the surrounding skin clean and dry.
- There may be some bleeding at the puncture site, although it is rare for this to be of major concern.

## How to contact us

If you have any questions or concerns, you may telephone the radiology nursing team on **(01865) 220800**.

## Further information

[www.rcr.ac.uk](http://www.rcr.ac.uk) – Royal College of Radiologists

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Sister Anne Miles

Dr Mark Bratby, Consultant Vascular and Interventional Radiologist

Adapted from Royal College of Radiologists Patient Information Leaflet, March 2008

Version 1, April 2010, Review, April 2013

Oxford Radcliffe Hospitals NHS Trust

Oxford OX3 9DU

[www.oxfordradcliffe.nhs.uk](http://www.oxfordradcliffe.nhs.uk)

OMI 1745