



## Permanent Removal of a Gastrostomy Button Device

### Information for parents and carers

#### Introduction

When a gastrostomy button device is no longer needed, it can usually be removed and the site will slowly close on its own over a period of about 2 weeks. All that is needed is a dressing to catch any initial leakage. Barrier cream can be used around the site to protect the skin from any leakage.

But, sometimes the stoma takes longer to heal, or does not close on its own. This is more likely to occur when a child has had a gastrostomy button device for a long time, if there has been a history of problems with the site, or if a child has a medical condition that makes healing more difficult.

If the stoma doesn't heal, surgery will be needed to close it. This will require a general anaesthetic and an admission to hospital for a minimum of 2-3 days. Scar tissue around the stoma site needs to be removed so that healthy skin can be stitched together. The stomach lining also needs to be repaired. A nasogastric tube will be required for up to 48 hours after surgery.

It is important that you are fully informed and discuss the risks and benefits of removing the gastrostomy button device before making a decision about what is best for you/your child. You will be asked to sign your consent before permanent removal of the gastrostomy button device.

#### Planning for Gastrostomy Button Removal

The decision to remove a gastrostomy button device will be made by the relevant clinicians and therapists involved in your child's care, in discussion with you / your child, your Community Nursing Team and / or Stoma Nurse Specialist, as appropriate.

Your child must be taking all of their nutrition, fluids and medications by mouth for at least 3 months before the gastrostomy button device is removed.

If your child has any planned procedures or surgery that may affect their ability to take nutrition, fluids or medication by mouth, removal of the gastrostomy button device may be delayed.

If you decide to go ahead with the removal of the gastrostomy button device, this will be removed by your Community Nursing Team, the Stoma Nurse Specialist or by yourself after having undergone the appropriate training. Your Community Nursing Team or Stoma Nurse Specialist will provide information, explain the risks and benefits and get your written consent before removal of the gastrostomy button device, even if you remove the tube yourself.

## Preparing for the Procedure

If your child is not already taking antacid medication, they should start to take it one week before the gastrostomy button device is removed. If your child is not already taking antacid, your Community Nursing Team or Stoma Nurse Specialist will ensure that it has been prescribed by your lead clinician or GP.

The gastrostomy button device can be removed while your child is awake, and may be done at home.

Your child should have only light diet for 6 hours prior to the removal of their gastrostomy button device.

Your child may feel some pressure at the stoma site as the gastrostomy button device is being removed, but should not experience any lasting pain or discomfort.

## Advice on Managing the Stoma Site after Removal of gastrostomy button

- Continue light diet such as toast / jelly / yoghurt / small portions of regular meals for at least 48 hours after the procedure.
- Sip drinks rather than gulping large volumes.
- Do not give fizzy drinks for at least 48 hours to avoid the feeling of fullness.
- Avoid constipation and straining as this can put pressure on the stoma site and may cause more leakage of stomach contents.
- Expect that anything they eat or drink may leak from the opening at first.
- If bleeding occurs, apply gentle pressure to the stoma site for approximately 15 minutes. If bleeding persists, seek urgent medical attention at the nearest Emergency Department.

It may be helpful to apply barrier cream to the stoma site. Cover with a dressing and change the dressing daily if leakage occurs. Some leakage is normal for the first 3-5 days.

As the wound heals it will form a scab. Once the scab is formed the wound can be left open to the air. The stoma may look like a dimple or closed earring hole once healed.

Showering is allowed, but do not swim, soak in water or take a bath until the wound has healed.

Remove the dressing before showering. Allow soap, shampoo and water to gently wash over the site. Do not rub the area. After showering, gently pat the area dry. Cover with a new dry dressing after showering.

Your child may return to school / normal daily activities when they are comfortable.

## When to Seek Further Help

Redness, swelling, pain and fever may be signs of infection. Please seek advice from your Community Nursing Team, GP Practice or Stoma Nurse Specialist at Alder Hey (0151 293 3683).

If your child needs more than 2 dressing changes a day and stomach contents are leaking onto clothes and bedding, they may become dehydrated / unwell. If leakage of stomach contents is present on the dressing, this can irritate the skin. Oral antacid should be continued to reduce

the acidity of stomach contents until the site has healed. Barrier cream can also be used to protect the skin.

If you are concerned about leakage from the wound after 7 days, you should seek advice from your Community Nursing Team, GP Practice or the Stoma Nurse Specialist at Alder Hey (0151 293 3683).

If there is any leakage from the stoma site after 6 weeks, inform the Stoma Nurse Specialist at Alder Hey and they will make a referral to the surgeons to discuss surgical closure. This will be organised at the earliest opportunity, depending on your child's individual requirements.

### **What to Expect after Surgery**

If your child needs surgery to close the stoma site, this will require a general anaesthetic and your child will need to stay in hospital for at least 2-3 days. They will have a nasogastric tube in place for at least 48 hours after surgery. They will be left with a small scar (approximately 4-5 cm long) after the surgical wound has healed.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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