

Should I have a RIG? (feeding tube to my stomach)

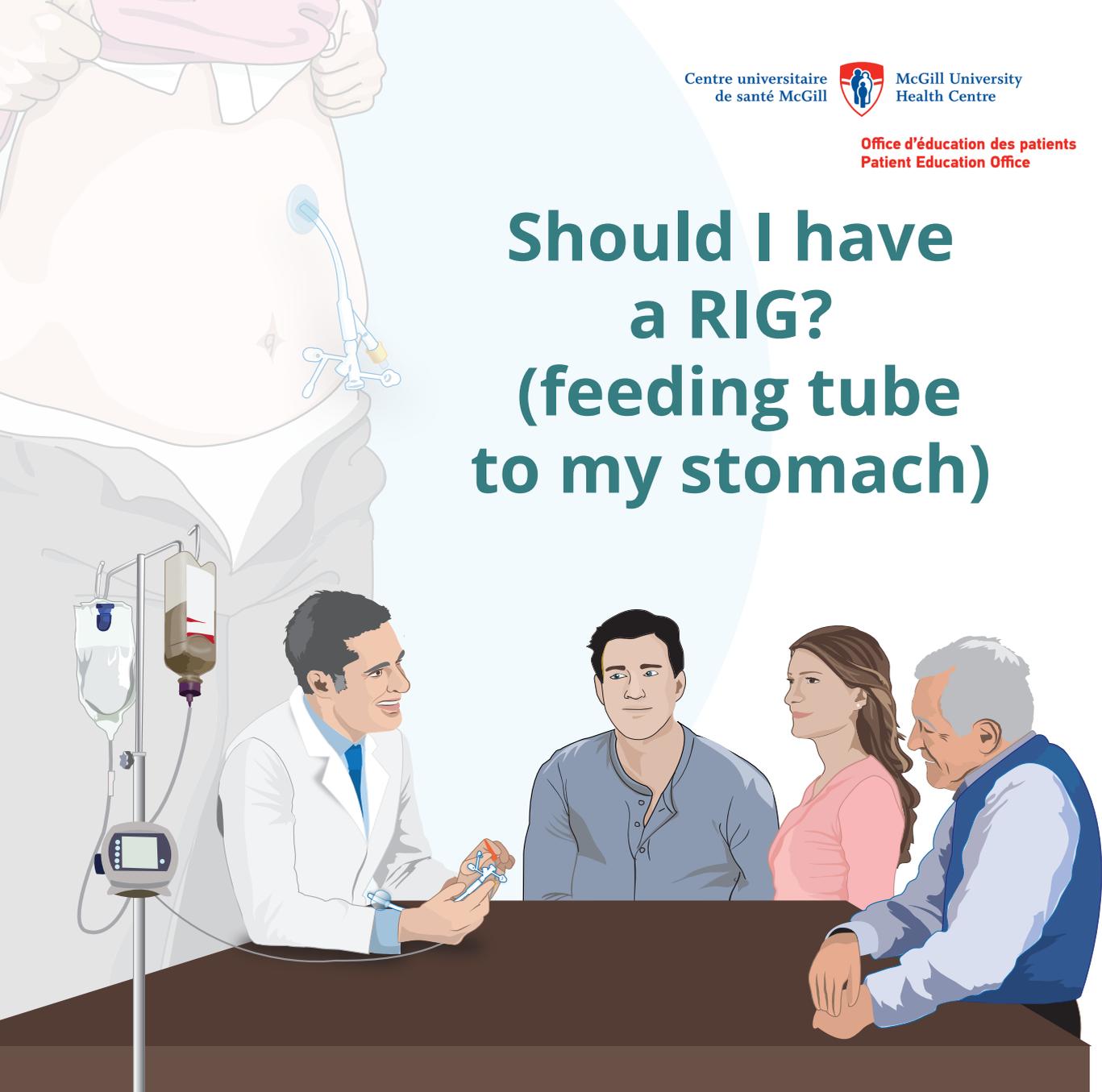


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Introduction

This booklet will cover what you need to know about the RIG procedure, how it works, its limits, benefits, as well as other options. Your treatment team will review this with you closely. They will help you decide the best treatment option for you.

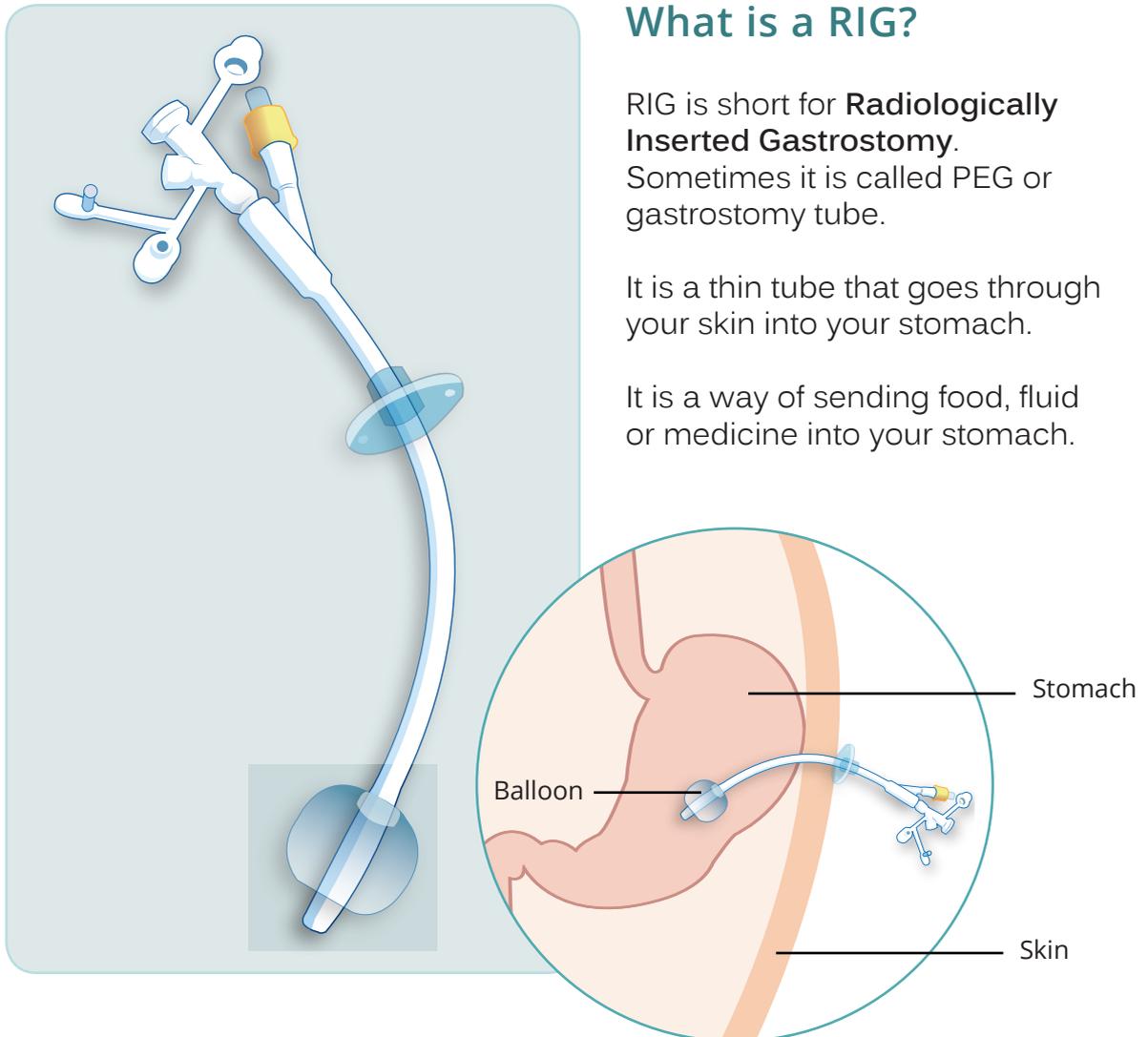
What is a RIG?

RIG is short for **Radiologically Inserted Gastrostomy**.

Sometimes it is called PEG or gastrostomy tube.

It is a thin tube that goes through your skin into your stomach.

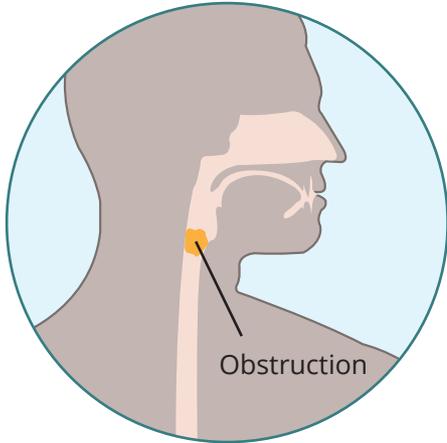
It is a way of sending food, fluid or medicine into your stomach.



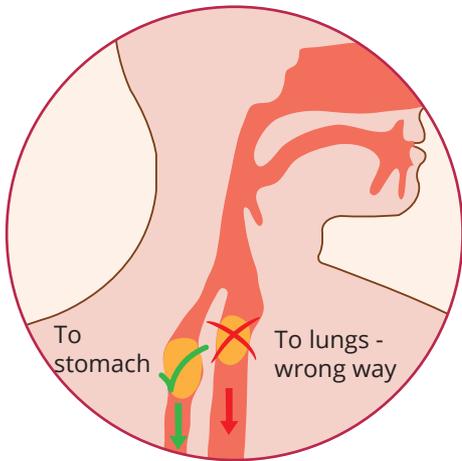
Why do I need it?

A RIG can help:

If you have trouble swallowing



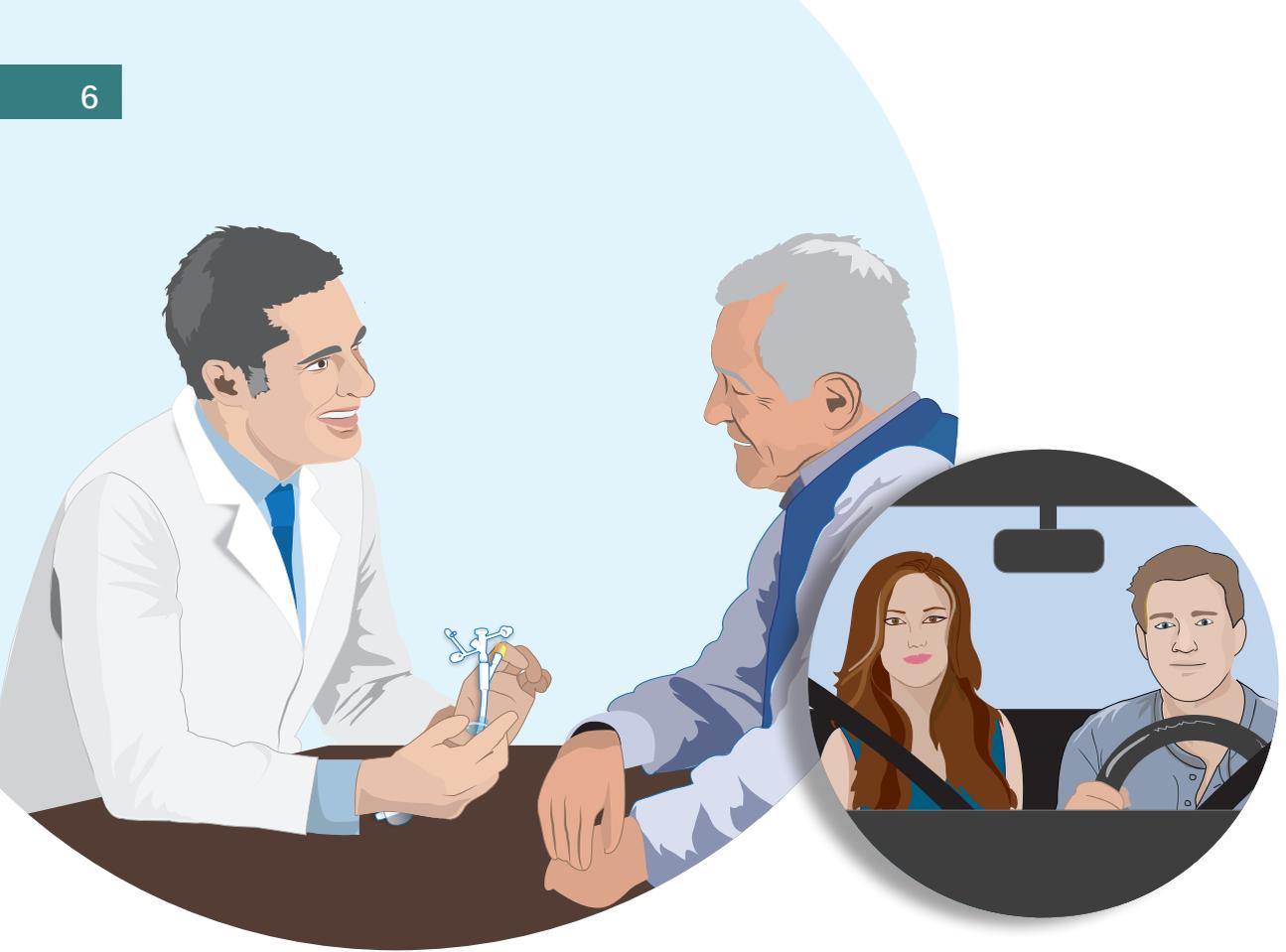
If you have a blockage at the back of your throat, in your mouth or in your esophagus, which prevents food from getting into your stomach



If there is a risk of food and drink going the wrong way into your lungs.

If you have a naso-gastric tube, this tube can only stay for a short time.





What do I need to know before I decide?

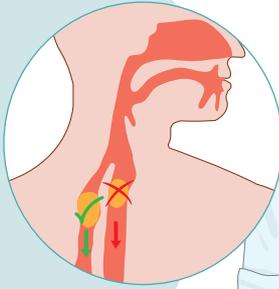
Before you decide if you want to have the tube put in, a doctor will tell you about the procedure and talk to you about the risks and benefits. Please do not be afraid to ask questions. This is your chance to make sure you understand and agree with what will happen.

If you decide to go ahead, you will be given a date and time for the tube to be put in. If you are going home after the procedure, you will need to arrange for someone to drive you.

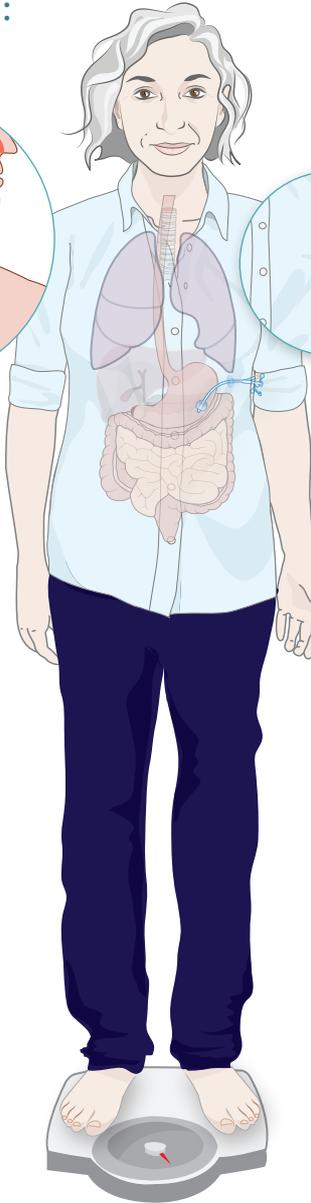
What are the benefits?

Getting a RIG can help you:

- Lower the risk of food and drink 'going the wrong way' into your lungs



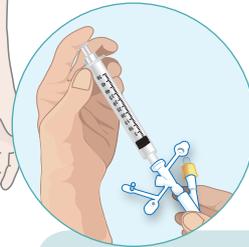
- RIG tubes can be tucked away under your clothes - no one will know you have one unless you choose to tell them



- Keep you well hydrated when it is unsafe for you to drink

- Get the calories and nutrients that you need

- Safer and more comfortable than a tube in your nose.



- Take your medications (they are given through your RIG tube). Consult your pharmacist about which medications can be given through your tube

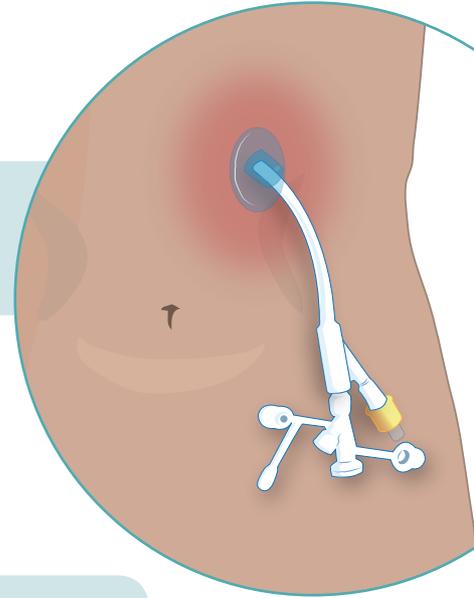
- Keep your weight stable

What are the risks and problems?

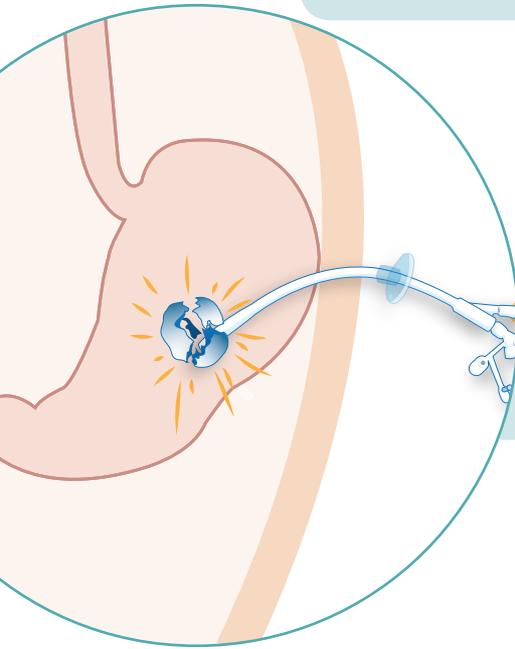
Although the procedure is quite safe and major problems are rare, there are risks involved. If you have a major problem you need to talk to your doctor or nurse.

Minor problems

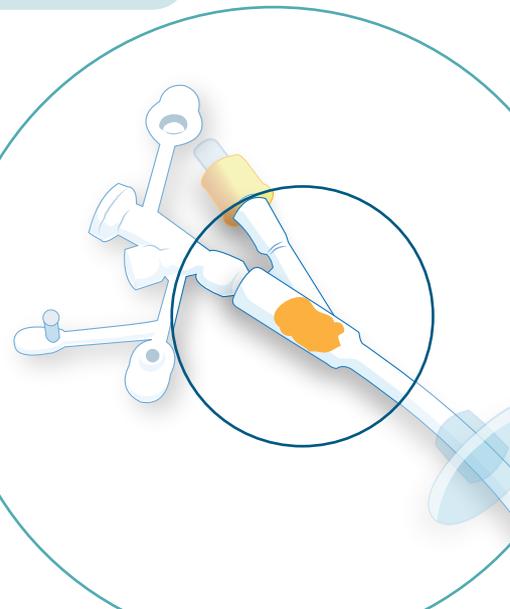
Leakage or infection around the tube. This can lead to red and sore skin.



Risk that the balloon holding the tube in place can deflate and the tube may fall out.

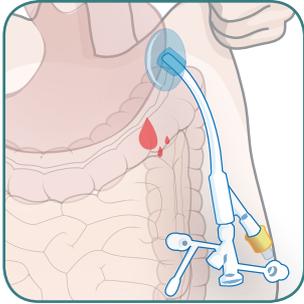


The tube may become blocked.



Larger problems

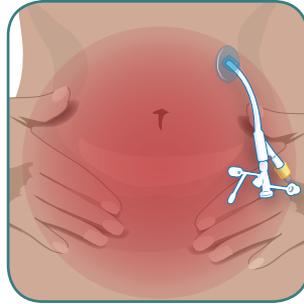
Some people (6 out of 100) develop one of these problems.



Bleeding



A hole in your
intestines



Swelling or infection
in your abdomen



Pain

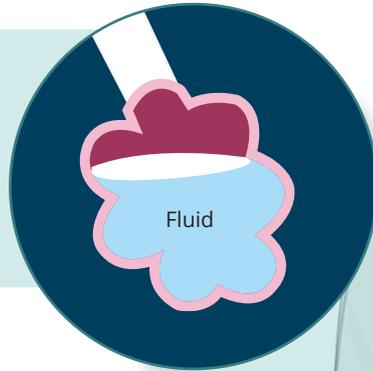
Less than 1 in 100 people die from having a RIG placed. If the tube cannot be placed safely in your stomach, a member of your healthcare team will talk about other options with you.

It is important that you are aware of and understand these risks and benefits before you agree to have a RIG tube put in. Your healthcare team will talk about this with you.

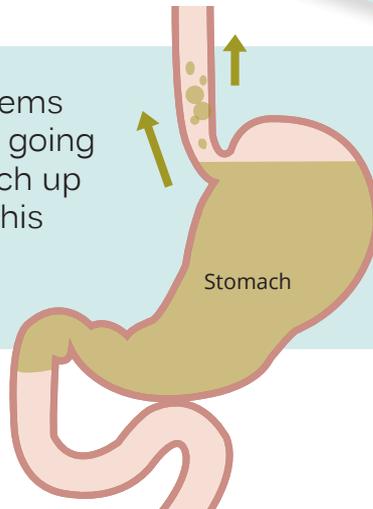


What are the limits?

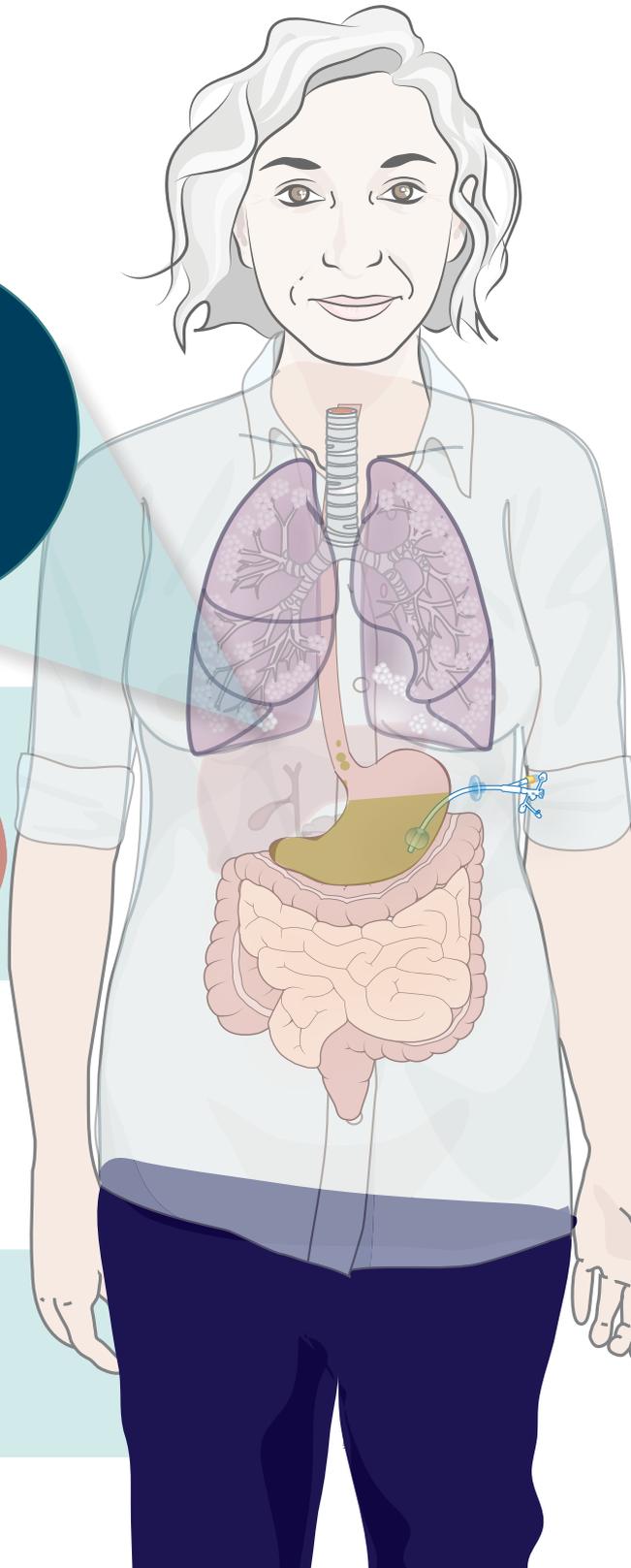
You may still swallow some fluids into your lungs such as your saliva. This can lead to pneumonia.



If you have problems with food or acid going from your stomach up into your throat, this will not be fixed by having a RIG.

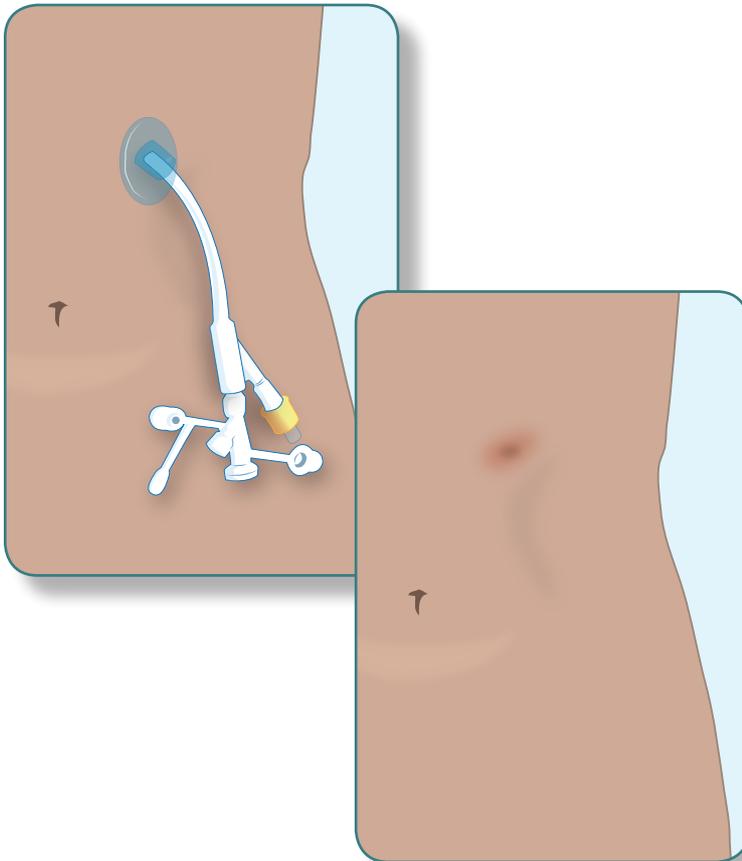


RIG feeding will not change the outcome of your disease or condition.



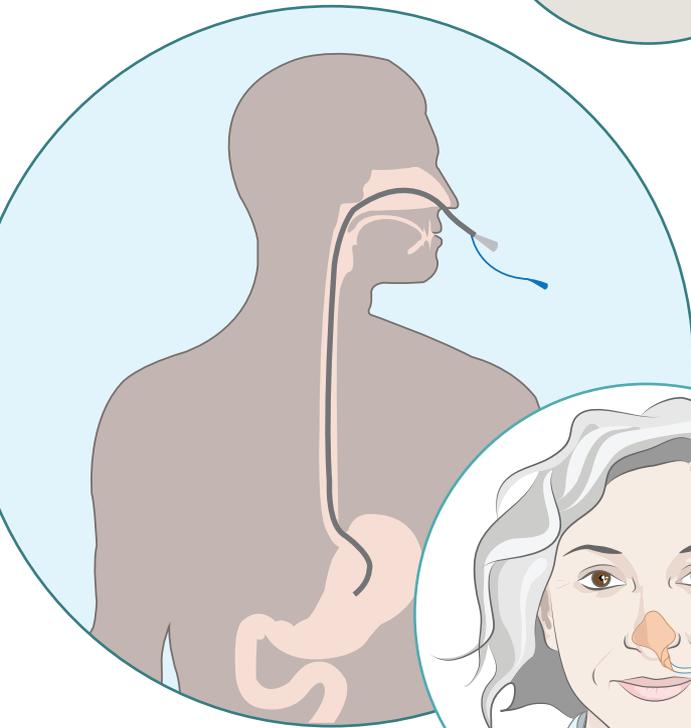
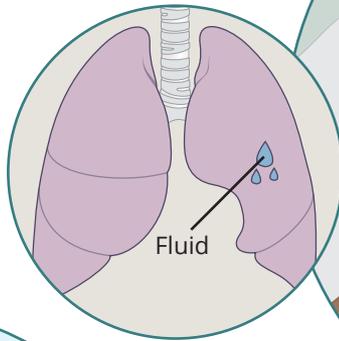
How long will I have it?

Sometimes a RIG can be removed if your ability to swallow returns. Sometimes the RIG will stay in for good.



What are my other options?

You can continue eating by mouth, with the risk of food and fluids going into your lungs. However, when liquids or food go into your lungs it may cause you to get pneumonia and may require antibiotics.



A thin tube that goes through your nose and into your stomach can be used.

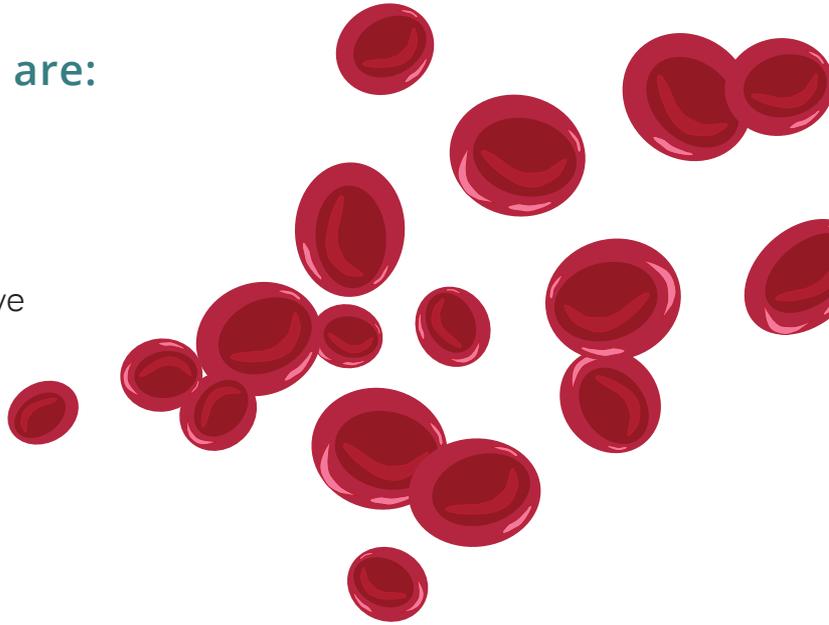
This is called a nasogastric tube.

This can only be used for a short time.

Alerting my Healthcare Team

Tell your team if you are:

- Diabetic
- Pregnant
- Allergic to any medications
- Have had any reaction to dye used in X-ray
- Taking any blood thinners



Have a list of all medications you are taking

This should be reviewed in case any need to be stopped before the procedure. For example, blood thinners need to be stopped a few days before the procedure.

You can ask your pharmacist to print you a list of any medications you are taking.



The RIG Procedure

How to prepare:

- Bring a list of medications you are taking
- On the day of the procedure take the medication your doctor approved with a bit of water.



- Do not eat or drink for **12 hours** before the procedure
- Stop tube-feeding **12 hours** before the procedure
- Stop blood thinners as instructed by your healthcare team



Stop blood thinners

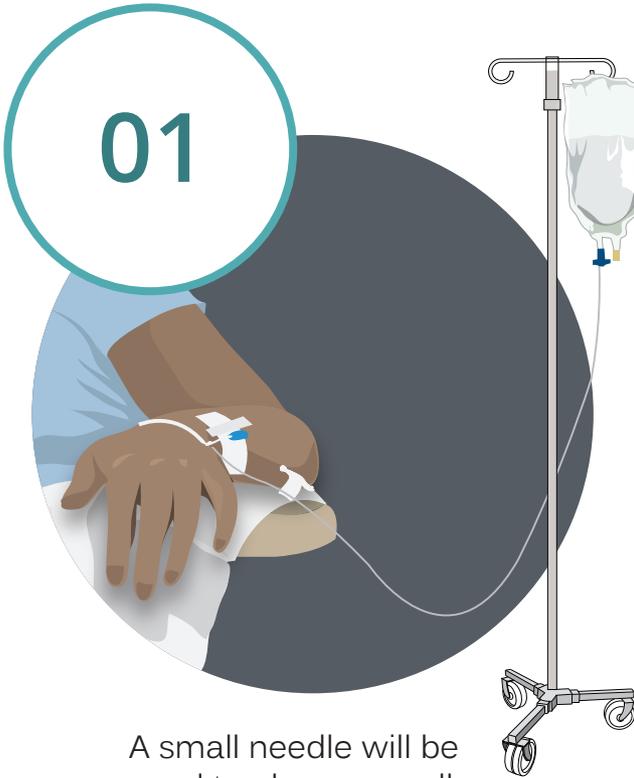


21:00

12 hours before procedure



What will happen?



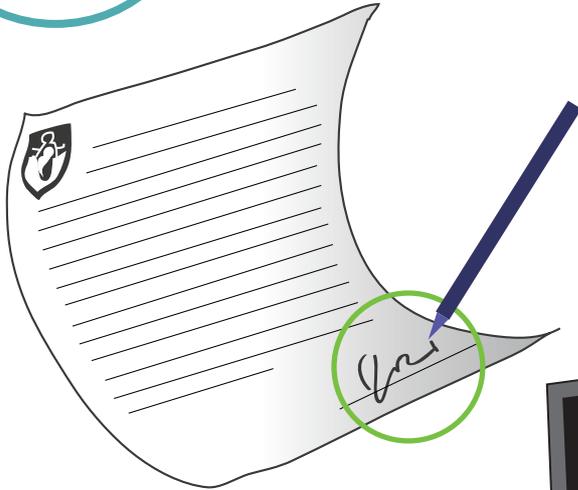
A small needle will be used to place a small tube in your vein for medicine and fluid.



A long thin tube will be placed through your nose into your stomach.

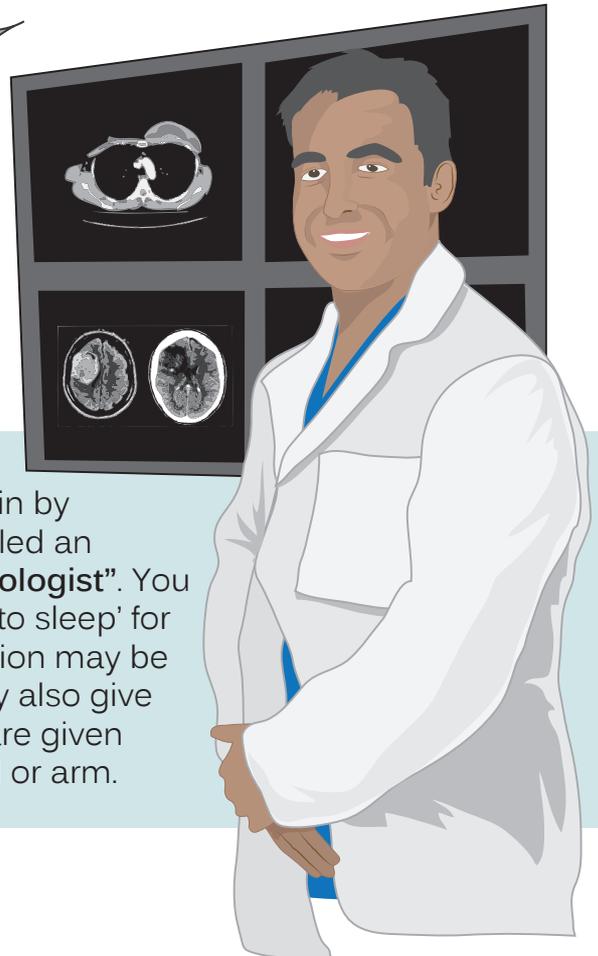
03

You will go to the X-ray department. Once in the X-ray department you may be asked again if you fully understand the procedure. You will be asked to sign a consent form.

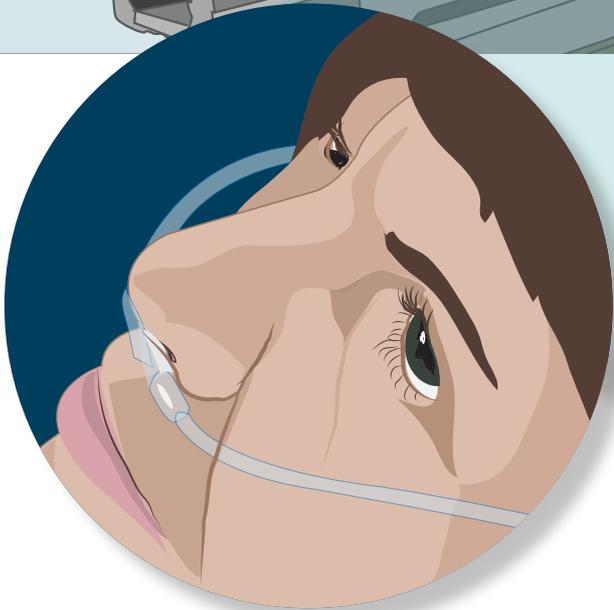


04

The RIG will be put in by a special doctor called an “**Interventional Radiologist**”. You do not need to be ‘put to sleep’ for this procedure. A medication may be used to help you relax and they may also give you some pain medication. These are given through the small tube in your hand or arm.



05



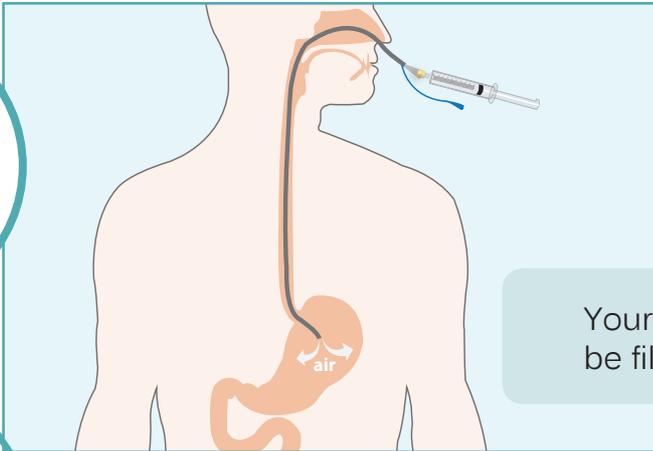
You have to lie flat on your back on the X-ray table. The staff will be checking your breathing. You might get oxygen through a small tube in your nose.

06



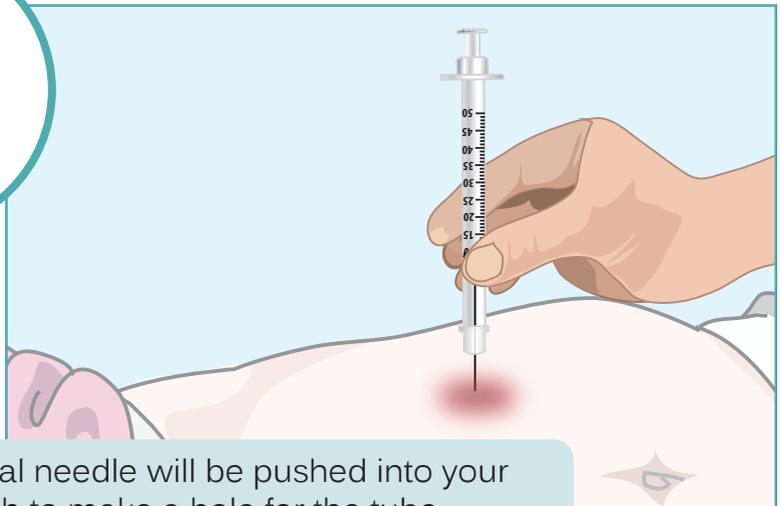
Your doctor will clean your skin, then freeze it with an injection.

07

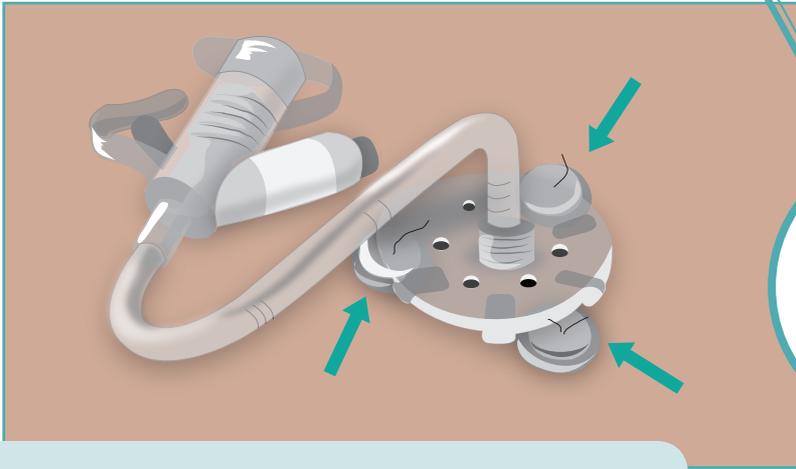


Your stomach will be filled with air.

08



A special needle will be pushed into your stomach to make a hole for the tube.



09

2 or 3 anchors are stitched into place.

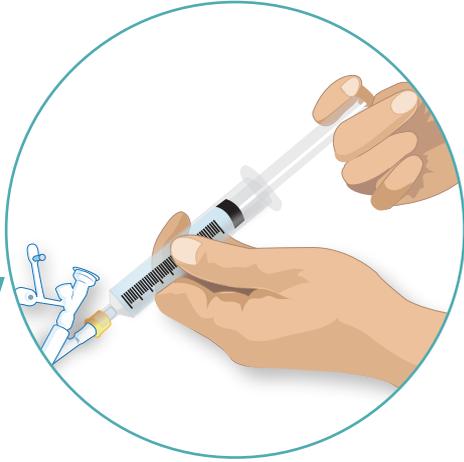


You might feel a pressure or pain, which will improve over time.

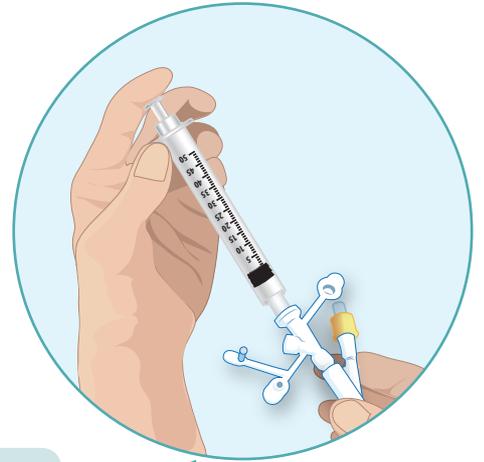
When the tube is first placed you may feel some mild pain around the area. This gets better with time and you can be given pain medication until it gets better.

The following days

Over the next few days you and your family will be shown how to care for your RIG tube by your healthcare team. The main things you will need to be shown are:

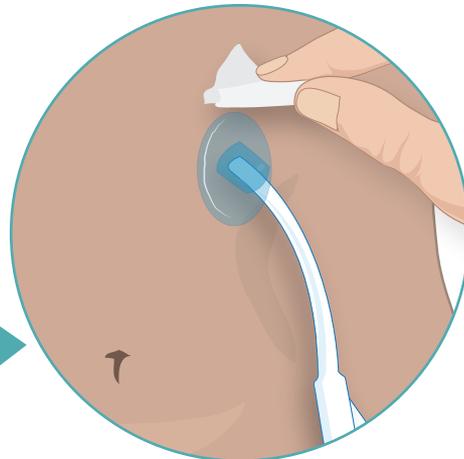


How to change the water in the balloon on your tube.



How to put liquids and medications through your tube.

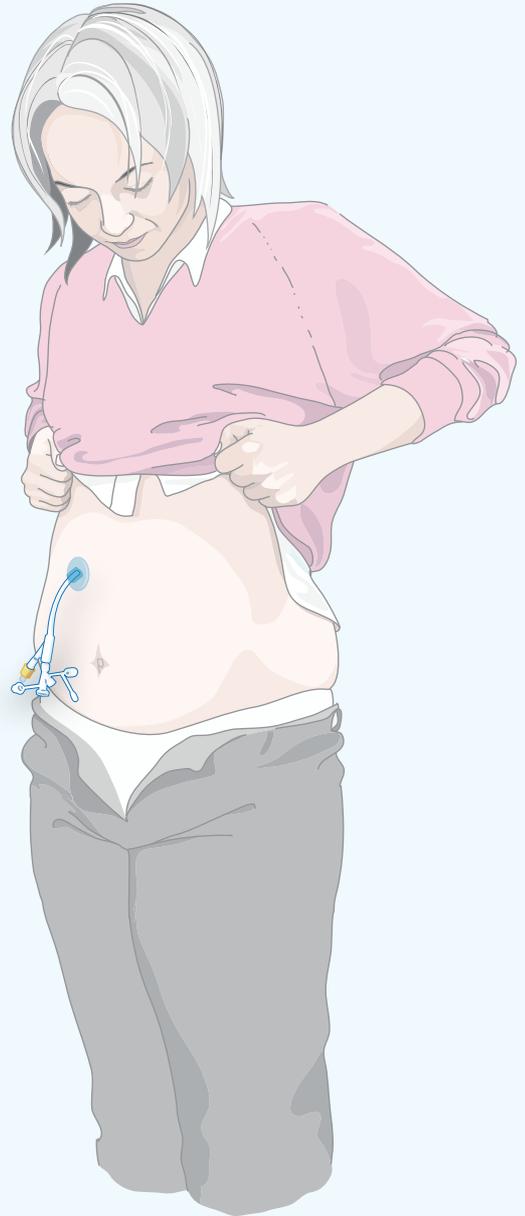
How to keep the skin around your tube clean.



NOVEMBER 2020							NOVEMBER 2021							
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27	28	29	30				26	27	28	29	30			

The tube will need to be changed 6 months to 1 year after it is put in.

If you are going home after the procedure, your dietician will contact you to go over the home feeding guide.



Acknowledgements

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IMPORTANT: PLEASE READ

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.

This pamphlet has been inspired by “Having a RIG tube inserted: Information for patients and carers”, by the Queen Elizabeth Hospital Birmingham, NHS Foundation Trust

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