

PATIENT INFORMATION

RADIOLOGICAL INSERTED GASTROSTOMY (RIG)



This leaflet tells you about having a radiological-inserted gastrostomy (RIG). It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such discussions. If you have any questions about the procedure please ask the doctor who has referred you or the department which is going to perform it.

WHAT IS GASTROSTOMY?

Gastrostomy is a technique where a narrow plastic tube is placed through the skin into your stomach. Once in place, the tube can be used to give you liquid food directly into your stomach to provide nutrition. Gastrostomy tubes can be placed endoscopically (PEG) or percutaneously (RIG). RIGs are placed by specially trained doctors called interventional radiologists.

WHY DO YOU NEED A GASTROSTOMY?

You may be unable to eat or drink sufficient amounts to satisfy your nutritional needs or there may be a problem with swallowing that makes it unsafe for you to eat or drink. There are several reasons for this.

You may have had a small plastic tube inserted through your nose, down into your stomach, to help with your feeding. This can only be left in place for a relatively short period of time. Obviously, if you do not receive enough nutrition, you will become very ill.

ARE THERE ANY RISKS?

RIG is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise.

Occasionally, it is not possible to place the tube into your stomach. This may require a different method of placement or occasionally you may need an operation to place the tube.

Sometimes there is a leak around the tube. This is less likely to happen if the stomach has been attached to the muscles beneath the skin, but it can still sometimes occur.

This can lead to the skin around the tube becoming very red, sore and painful (localised peritonitis). An attempt will be made to treat this but it may become necessary to remove the tube to allow healing to occur or an operation may be needed to sew up the hole in your stomach. Very rarely, a blood vessel can be punctured accidentally when passing the needle into the stomach. This can result in bleeding. This may stop by itself, or if not, you may need a blood transfusion. Occasionally it may require another procedure to block the bleeding artery or an operation to stop the bleeding. However, this is extremely rare.

WHO HAS MADE THE DECISION?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option. However, you will also have the opportunity for your opinion to be considered and if, after discussion with your doctors, you no longer want the procedure, you can decide against it.

ARE YOU REQUIRED TO MAKE ANY SPECIAL PREPARATIONS?

A RIG is usually carried out as a day case procedure under local anaesthetic. You may be asked not to eat for four hours before the procedure, although you may still drink clear fluids such as water. You may be asked to take a special shower and have antibiotics beforehand to reduce the chances of infection. If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the radiology staff before you have the test.

WHO WILL YOU SEE?

A specially trained team led by an interventional radiologist within the radiology department. Interventional radiologists have special expertise in reading the images and using imaging to guide catheters and wires to aid diagnosis and treatment.

WHERE WILL THE PROCEDURE TAKE PLACE?

In the angiography suite or theatre; this is usually located within the radiology department. This is similar to an operating theatre into which specialised X-ray equipment has been installed.

WHAT HAPPENS DURING THE PROCEDURE?

You will be asked to get undressed and put on a hospital gown. A small cannula (thin tube) will be placed into a vein in your arm. You will lie flat on your back. You may have monitoring devices attached to your chest and finger and may be given oxygen. If you do not already have one inserted, a small tube will be placed through your nose into your stomach. The procedure is performed under sterile conditions and the interventional radiologist will wear a sterile gown and gloves to carry out the procedure.

The skin below your ribs will be swabbed with antiseptic and you will be covered with sterile drapes. The interventional radiologist will use an ultrasound probe and X-rays once your stomach is filled with air to decide the best site for the RIG. Local anaesthetic will be injected into the skin to numb the area and you will probably be given sedation. A small needle is placed into the stomach through which a special feeding tube is placed. There are many different types of feeding tube available – some initially need stitches to keep them in place, others do not. Your interventional radiologist will discuss this with you.

WILL IT HURT?

When the local anaesthetic is injected, it will sting for a short while, but this soon wears off. There may be a little discomfort during the procedure, but any pain that you have will be controlled with painkillers. You may be aware of the tubes being passed into your stomach, but this should just be a feeling of pressure and not of pain.

HOW LONG WILL IT TAKE?

Every patient is different, and it is not always easy to predict; however, expect to be in the radiology department for about an hour.

WHAT HAPPENS AFTERWARDS?

You will be taken back to your ward. Nursing staff will carry out routine observations including pulse and blood pressure and will also check the treatment site. You will stay in bed for a couple of hours. The tube in your nose can be removed and the RIG can generally be used after a few hours.

Your stomach may feel a little sore for a few days. If necessary, this can be controlled with painkillers.

HOW LONG WILL THE TUBE STAY IN?

This is a question that can only be answered by the doctors looking after you. It all depends on why you need the tube in the first place. You will need to discuss this with your consultant. The tube needs to stay in place until you can eat and drink safely and normally. In some cases, this might not be for a very long time. You will have a specially trained dietitian looking after you who will show you how to look after the tube properly. If your tube has stitches holding it in place, these will be removed after about ten days. The tube should stay in by itself although it is best covered with a light dressing, which the nurse looking after you can apply. Other tubes are kept in place by a small balloon. The nurse or dietitian caring for you will show you how to care for this balloon.

FINALLY

Some of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

CONTACT

British Society of Interventional Radiology
www.bsir.org

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This leaflet has been prepared by the British Society of Interventional Radiology (BSIR) and the Clinical Radiology Patients' Liaison Group (CRPLG) of The Royal College of Radiologists. Approved by the Board of the Faculty of Clinical Radiology: 25 February 2020

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