

Please assess every time you access the tube and at least once a day and report any of the following:

- Red/inflamed areas
- Any leakage
- Pain or discomfort
- Check the length of the tube externally and document. If you can see the cuff at the skin surface (cream looking foam ring highlighted on the picture on the left), the device has moved and you should contact the nutrition nurse.
- Before the administration of any feed, or medication, ensure the jejunostomy is flushed with 50ml of cool boiled water. If the patient experiences any pain during this flush do not use the tube and seek urgent medical advice.

If the jejunostomy tube falls out, cover the hole with a sterile dressing and contact the nutrition nurse urgently or out of hours attend your nearest A&E. The hole will start to close over and heal very quickly and should be treated urgently.

For non urgent enquires you can contact the Nutrition Nurse: Phone 0151 290 4389

Whiston Hospital
Warrington Road,
Prescot, Merseyside, L35 5DR
Telephone: 0151 426 1600

St Helens Hospital
Marshall Cross Road,
St Helens, Merseyside, WA9 3DA
Telephone: 01744 26633

www.MerseyWestLancs.nhs.uk

Caring for my Surgical Jejunostomy tube

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

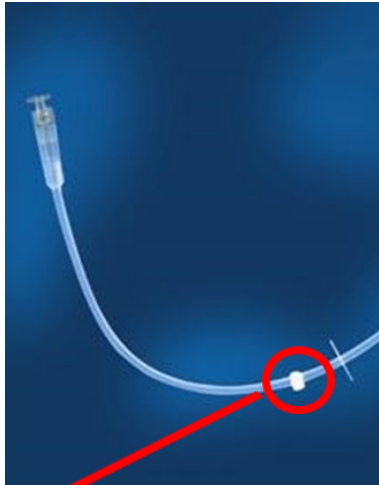
如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتيسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is a surgical jejunostomy feeding tube?

A jejunostomy feeding tube is a tube which is inserted into the jejunum (part of the small bowel) usually to give nutrition for a longer period of time (more than 6 weeks). It creates a tunnel between the small bowel and the abdominal wall. This way of feeding is suitable for patients who have poor stomach movement/and or risk of aspiration (food coming back up and going into the lungs).



Cuff

Feeding through the jejunostomy tube

Feeding through a jejunostomy tube is always done using a feeding pump so that feed is delivered with constant slow pressure rather than bolus feeding (syringed in over a short period of time). Flushes of water and medication can be given using a slow push using a purple syringe.

Giving medication through the jejunostomy tube

- Flush the tube before and after medications with at least 50mls of cool boiled water or sterile water.
- Give one medicine at a time and give 10-20mls of water between each medicine.
- Your medicines should ideally be dissolvable or in liquid form. Finely crushed tablets can block the tube and alternatives should be given where possible. Medication in syrup/liquid form should be diluted with at least the same amount of water.

This jejunostomy tube should not be turned or advanced in and out. It should remain in a fixed position. This jejunostomy tube is kept in place using internal sutures (stitches). Please ensure you contact your nutrition nurse if you have external sutures that are still in place after 3 weeks.

Within the first three weeks of having your jejunostomy tube placed, you are at increased risk of developing peritonitis (an infection in the sack that your stomach and small bowel sits within). Therefore, if your tube has moved you should be seen immediately, particularly those who complain of abdominal pain. This can be an emergency if there has been any leakage into the lining of your abdomen (peritoneum) and needs to be assessed and managed quickly.