

Radiologically inserted gastrostomy (RIG)

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What is a RIG?

A radiologically inserted gastrostomy (RIG) is a way of introducing feed, fluids and medicines directly into the stomach by inserting a thin tube through the skin and into the stomach.

Why do I need a RIG?

A RIG tube bypasses the throat and food pipe. It can be used for people who have difficulty eating and drinking or if there is a risk of food and drink going into the lungs. A RIG may also be used for people who have a blockage at the back of the throat in the mouth or in the food pipe which prevents food from getting into the stomach. If you suffer from reflux or bringing up food or acid, it is important that you understand that this problem will not be improved by having a RIG. RIG feeding will not alter the outcome of your underlying disease or condition, although you may have separate treatments to help with this.

Are there any alternatives?

Although feeding can sometimes be achieved by passing a thin tube through the nose into the stomach, this method of feeding is more visible and generally suited to shorter term use. For patients that need tube feeding for longer periods, a RIG is more comfortable and easy to manage at home. RIG tubes are more discreet as they can be tucked away under clothes. No one will know you have one unless you tell them.

What happens before the procedure?

Before you make a decision on whether or not to have the tube inserted, a member of the nursing or medical team will discuss the procedure and talk you through the risks and benefits.

Where can I get medical help and attention?

If there are leaks of fluid around the RIG in the first 72 hours or you have pain during feeding, flushing or administration of medications, stop using the tube immediately and contact the hospital where your tube was placed.

If your tube falls out, this is an emergency.

For non-urgent enquiries or for assistance between Monday and Friday 8:30-4:30pm, contact the Nutrition Specialist Nurses on 0151 290 4389.

For urgent assistance out of hours, attend your local Accident and Emergency department.

Notes/questions to ask your doctor or specialist nurse

How should I care for my RIG?

For the first two weeks after insertion, you should clean around the tube with gauze and saline. After this, you can use normal soap and water, ensuring that the site is dry afterwards.

We advise that you do not have a bath or go swimming in the first two weeks after the RIG has been inserted.

You should notice once the tube is placed that there are three small buttons on your skin, around the tube – these are stitches. These should fall off within the first 2-3 weeks.

If they do not, they may be removed by your district nurse or specialist nurse.

Your tube will need to be flushed with cool boiled water at least once a day, and flushed before and after any food, fluids or medications.

A small amount of cool boiled water should be given in between each medication and a large flush afterwards.

All medications should be dispersible or liquids.

This may need to be reviewed by your doctor or pharmacist before you are sent home.

Your first tube change should be done in hospital approximately 3 months after it is initially placed.

After this, your tube will be replaced 3-6 monthly.

Risks and complications

The procedure is relatively safe and major complications are rare. There are risks involved as with any medical treatment.

Should there be any major complications, it may be necessary to carry out an operation.

There is a major complication rate of approximately 6 in every 100. This includes:

- Bleeding
- Breathing problems
- Making a hole in the bowel
- Liver injury
- Inflammation/infection in the belly
- 1 in every 100 is at risk of death directly related to RIG placement

It may not be possible to place the RIG safely into your stomach. Under these circumstances your doctor or nutrition nurse will discuss other options with you.

Minor complications include:

- Leakage/skin infection
- Balloon bursting and tube may fall out

On the day of procedure

You will not be allowed to eat or drink up to 6 hours prior to the procedure.

If you have another type of feeding tube before the procedure, feed through this tube also needs to be stopped for up to 6 hours prior to the procedure.

If you do not already have one, a thin tube will be placed up your nose and into your stomach. This is used to inflate your stomach with air to make it easily visible on x-ray during the procedure.

If you have any allergies or you have ever had a reaction to the dye used in the X-ray Department **you must** let the doctor know.

Ensure you let the doctor know if you are diabetic or may be pregnant.

It is very important that you inform your doctor as soon as possible if you are taking any blood thinning medication e.g. warfarin, aspirin, apixaban, clopidogrel, as these medicines will need to be stopped days before the procedure.

RIG insertion

This is carried out in the X-ray Department by specially trained doctors called interventional radiologists. Once in the x-ray department, you may be asked again if you fully understand the procedure.

Before the procedure is carried out you will be asked to sign a consent form. A general anaesthetic is not required for the procedure. You will be asked to lie on an x-ray table flat on your back. If you think you may have a problem with this, please inform your medical team prior to the procedure.

You will be monitored throughout the procedure. The skin below your ribs will be cleaned and the rest of your body covered with a sterile towel.

The radiologist will use the x-ray equipment to choose the most suitable place to insert the tube. This will generally be below the ribs on the left hand side. A local anaesthetic will be used to numb the area before the RIG is then inserted.

After the RIG has been inserted

Once the anaesthetic has worn off, you may experience some pain around the tube.

You will need to take painkillers for the first few days after insertion to help with this. You or your carer will be given training on how to look after the RIG, including how to clean around it, and how to check the internal balloon.

It is likely that you will need to stay in hospital for at least one night to ensure that your pain is controlled and to start your feeding.

Will I be able to eat after RIG insertion?

If you are able to swallow safely then the RIG tube itself does not stop you from eating. Some people have a combination of food and drink by mouth and feeding via the RIG tube.

If you are not able to swallow safely due to your medical condition, you can receive all your nutrition and fluids via your tube.

Your speech and language therapist will assess this for you if there is any doubt.