

MIC G Feeding Tube: Care and Use Instructions

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Follow the instructions in this booklet to use and care for your feeding tube.

For more information about the MIC G Tube, visit the web site at avanosmedicaldevices.com

We have inserted the **MIC G Feeding Tube**, a type of gastrostomy tube (G-tube or PEG), into your stomach through a hole in your abdominal wall, called a **stoma**.

- There are **ports** (or openings) on one end of the tube. You will use these ports to give yourself food, water, and medicine, as well as inflate and deflate the balloon.
- On the other end is a small **balloon** filled with water to hold the tube in place.

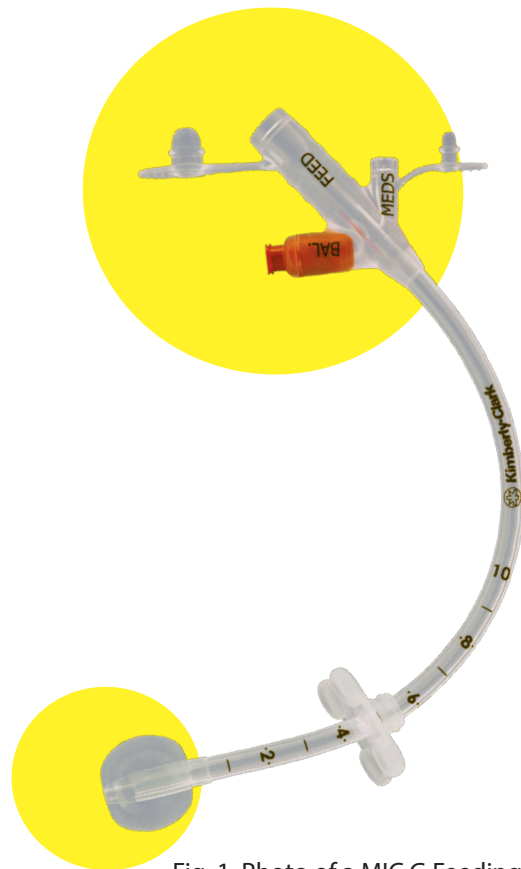


Fig. 1 Photo of a MIC G Feeding Tube with the Ports and the Balloon highlighted

MY MIC G FEEDING TUBE

About My Feeding Tube

Tube size: French Prescribed Balloon Volume: mL Date inserted: dd / mmm / yyyy

Centimetre marking (tube position): cm

Name of doctor who inserted the tube:

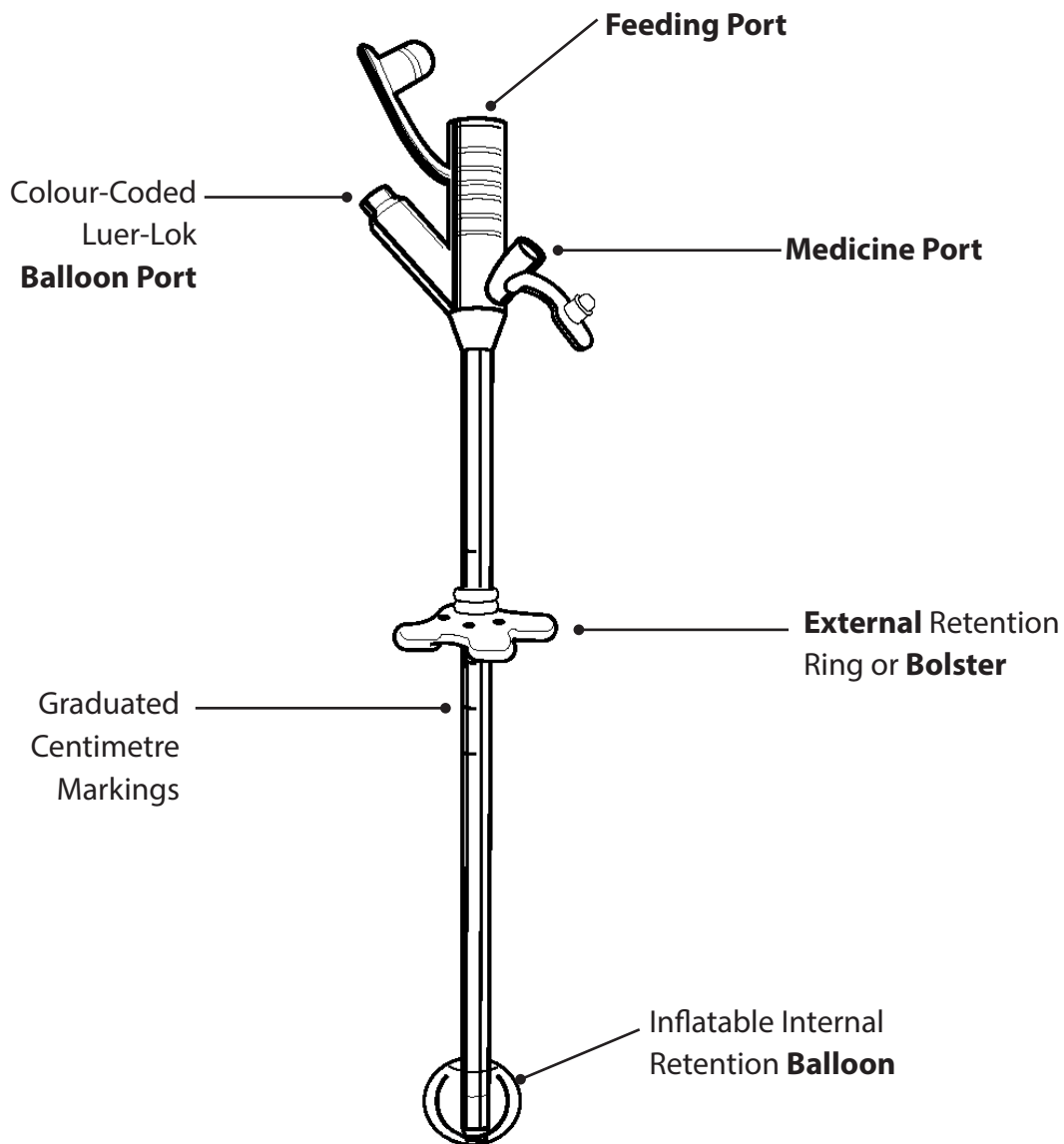


Fig. 2 Illustration of the MIC G Feeding Tube with the parts labelled

*Illustration and photo courtesy of Avanos (<https://avanosmedicaldevices.com/>)

MY CARE TEAM

Hospital Dietitian Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Doctor's Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Visiting Nurse Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Community Dietitian Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Home and Community Care Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Pharmacy Name:	<input type="text"/>	Telephone Number:	<input type="text"/>
Other:	<input type="text"/>	Telephone Number:	<input type="text"/>
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Your team will help you with any questions you may have about tube feeding at home.

For tube issues and troubleshooting:

Avanos Customer Service Nurse (quality and technical questions):

Questions for my Care Team:



MY SUPPLIES AND EQUIPMENT CHECKLISTS

Before you leave the hospital, the **Home and Community Care Manager** will visit you and talk to you and your family about equipment you will need for tube feeding. The equipment will then be sent to your home. When you are home, your visiting nurse, dietitian, or therapist can answer your questions. They will also tell you how and where to get the equipment and medical supplies you need.

To flush your feeding tube

- 30 mL or 50 mL catheter tip syringe (during feedings)
- 30 mL or 50 mL Luer Lok tip or slip tip syringe (during medicines)
- Room temperature tap water, sterile water, or distilled water

To tube feed

Feeding:

- Intravenous pole
- Feeding bag container
- Nutritional formula **at room temperature**
- Pump set with tubing
- Feeding pump
- Dressing gauze and tape

Clean up after Feeding:

- Warm water
- Mild dish soap
- Mixture of 60 ml (1/4 cup) vinegar and 250 ml (1 cup) water

To give medicines

- 30 mL or 50 mL Luer Lok tip or slip tip syringe
- Liquid medicine or solid medicine that has been crushed and mixed in 30 to 50 mL (or _____ mL) of water

Types of Syringes:



To clean the stoma site & feeding tube

- Mild soap (such as unscented baby soap)
- 2 cotton-tip swabs
- 2 soft cloths
- Clean towels

To maintain your balloon

- 10 mL Luer Lok tip or slip tip syringe
- Sterile or distilled water
- Balloon Volume Chart (page 15) and pen

To clear a clog

With water only:

- 30 mL or 50 mL catheter tip syringe
- Room temperature tap water, sterile water, or distilled water

With declogging medicine:

- 50 mL catheter tip syringe
- 1 capsule of Cotazym (pancrealipase)
- 1 - 500 mg tablet of Sodium Bicarbonate
- Sterile warm water



MY CARE AND MAINTENANCE CHECKLISTS

Care and Maintenance of your Feeding Tube and Equipment

- Flush the feeding tube via the feeding port **before and after each feeding.**
 - If you are continuous feeding, flush every 4 to 6 hours or when you interrupt feeding.
 - If you are not using the tube, flush at least every 8 hours.
- Flush the feeding tube via the medicine port **before and after each medicine.**
 - If you have more than one medicine, flush between each medicine.
- Clean the outside of the feeding tube **every day.**
- Clean your feeding bag container, tubing, and syringes **at least once a day.**
- Ask your home tube feeding team about how often you should reuse your equipment. If you clean them well every day, you can use the containers, tubing, and syringes for about 1 week before you must throw them out.

Personal Care Tips

Stoma Care:

IMPORTANT!



Check the skin around your feeding tube every day. Tell your nurse or doctor if you have redness, pain, or unusual leaking.

- Clean the stoma site **every day.**
- When you shower or bathe, use mild soap and warm water. Gently clean around the area of the feeding tube. Dry thoroughly.
- You only need to apply a dressing if there is drainage or problems around the area. Speak to your nurse if you have any concerns.

Weight:

- Weigh yourself **once a week.** If you notice any weight changes, speak with your home care dietitian.

Mouth care:

- Rinse or swab your mouth **3 times a day** using 5 mL (1 tsp) baking soda in 500 mL (2 cups) of warm water.
- Ask your nurse about mouth care and cleaning your teeth.

TUBE FEEDING BASICS

What is tube feeding?

Tube feeding is when a specialist places a tube in your stomach or small intestine (see figure 3 for a diagram of the digestive tract). You get your food and medicines through this tube. The food is in the form of a liquid nutritional formula. The medicines must be in liquid form, or finely crushed and mixed in water.

Why do I need tube feeding?

People normally get nutrients from the foods they eat. However, your condition prevents you from eating enough food. A feeding tube helps you get the daily nutrition you need.

What is a nutritional formula?

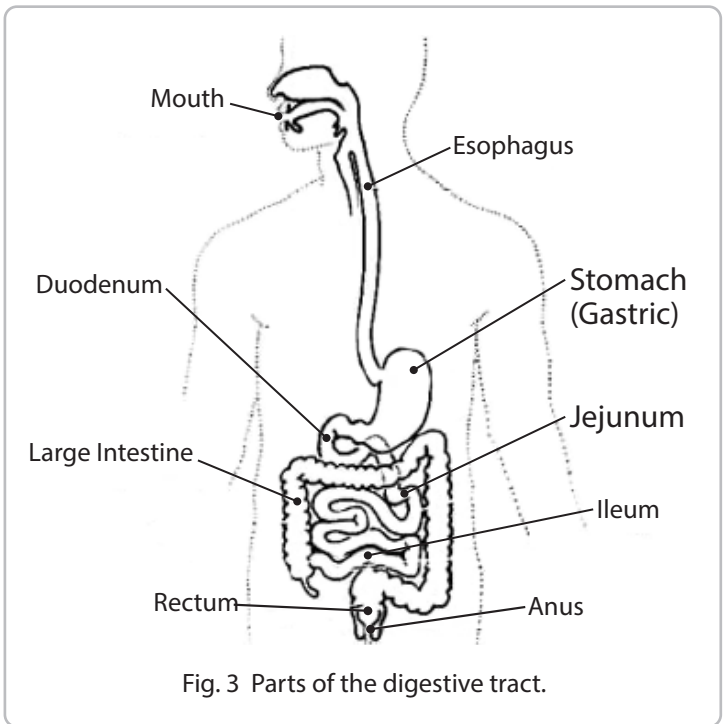
A nutritional formula is a mixture, complete with all the nutrients you need, such as protein, fat, carbohydrates, vitamins, and minerals.

Throw your formula away if it is:



- Expired.
- A powdered formula that has already been mixed with water and sitting for more than 4 hours.
- A liquid formula that has been opened, covered, and placed at room temperature for more than 8 hours.
- A liquid formula that has been opened, covered, and placed in the refrigerator for more than 24 hours.
- A closed system formula that has been open for more than 48 hours.

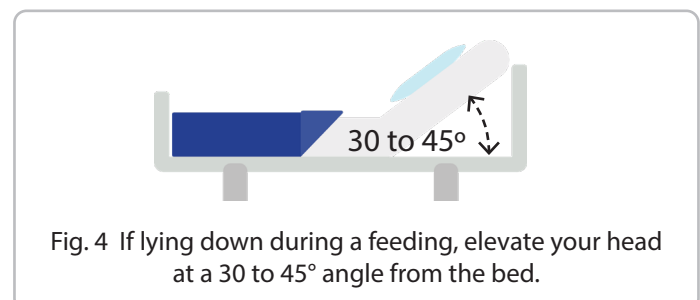
This formula is fed through your tube and into your stomach. Your body absorbs these nutrients through your digestive tract, just like if you were eating with your mouth.



What is the proper position for tube feeding?

DO NOT lie flat while tube feeding. This can cause **aspiration** (when food or liquids go into your lungs).

- You can walk or sit up in a chair while tube feeding.
- If you want to lie down during the feeding, elevate your head at a 30 to 45 degree angle from the bed (see figure 4). You can do this by propping the head of your bed 6 inches off the ground using blocks or books.
- After you finish feeding, stay in an upright position for 30 to 60 minutes.



HOW TO FLUSH YOUR FEEDING TUBE

You will need to flush the tube:



- Before and after each feeding** via the feeding port.
 - If you are continuous feeding, flush every 4 to 6 hours or when you interrupt feeding.
 - If you are not using the tube, flush at least every 8 hours.
- Before and after each medicine** via the medicine port.
 - If you have more than one medicine, flush between each medicine.



Gather the following:

- 30 mL or 50 mL catheter tip syringe (during feedings)
- 30 mL or 50 mL Luer Lok tip or slip tip syringe (during medicines)
- Room temperature tap water, sterile water, or distilled water

1 During Feedings:

Fill the **catheter tip syringe** with water by pulling the plunger. Use the amount prescribed in "My Flushing Schedule" for feedings.

Open the cap on the **feeding port**.



During Medicines:

Fill the **Luer-lok or slip tip syringe** with water by pulling the plunger. Use the amount prescribed in "My Flushing Schedule" for medicines.

Open the cap on the **medicine port**.



2 Put the syringe tip into the port and gently push the plunger down slowly. Let the water run through the tube.

3 Put the cap back onto the port and resume your feeding or medicines.

IMPORTANT! When flushing:



- **DO NOT use acidic fluids, such as cranberry juice, or cola drinks, to flush your feeding tube.** If the acidic fluid mixes with leftover formula, it can cause clogs.
- **DO NOT use excessive force.** Pressing the plunger too hard and too quickly can rupture the tube or injure your gastrointestinal tract.

HOW TO TUBE FEED



Gather the following:

- | | |
|---|--|
| <input type="checkbox"/> Feeding bag container | <input type="checkbox"/> Feeding pump |
| <input type="checkbox"/> Nutritional formula at room temperature (if refrigerated, leave it at room temperature at least 30 minutes before using it) | <input type="checkbox"/> Intravenous (IV) pole |
| <input type="checkbox"/> Pump set | <input type="checkbox"/> 30 mL or 50 mL catheter tip syringe |
| | <input type="checkbox"/> Vinegar |
| | <input type="checkbox"/> Measuring cups |

1 Clean your hands with soap and water.

2 Prepare your formula:

- Clean the tops of the formula containers **before opening** with warm, soapy water. Rinse well.
- Shake the formula well. Make sure the clamp on the tubing attached to the feeding bag container is closed.
- Open and pour _____ boxes of formula into the feeding bag container.
 - If there is formula left over, write the date and time opened on the box, seal it with plastic wrap or tin foil, and store it in the fridge.
- Hang the feeding bag container on the IV pole.
 - If you do not have an IV pole, you can use a coat rack or a clothes hanger. Just make sure that the feeding bag container is above the feeding pump.

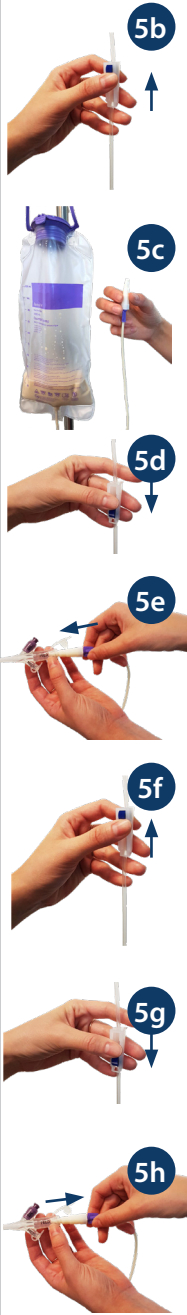
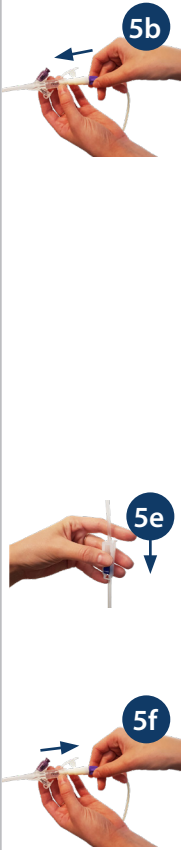


3 **Make sure that your feeding tube is in the correct position.** Look at the centimeter marking on the tube and compare it to the centimeter marking recorded on page 2. If they are different, adjust the tube. Then, adjust bolster so that it is 3 mm from the stoma.

4 **Flush your feeding tube.** See, "How to Flush your Feeding Tube" on page 8 for how to do this.

How to Tube Feed continued on page 10

How to Tube Feed continued...

5 If you are using a GRAVITY FEED:	If you are using a FEEDING PUMP:
<p>a. Hold the end of the tubing of the pump set upright to prevent spills.</p> <p>b. Open the clamp on the tubing.</p> <p>c. Let the formula to move to the end of the pump set to remove the air.</p> <p>d. Close the clamp of the pump set.</p> <p>e. On your feeding tube, open the cap on the feeding port. Connect it to the end of the pump set.</p> <p>f. Slowly open the clamp on the pump set. If feeding is too slow, open the clamp more.</p> <p>g. When the formula in your feeding bag is finished, close the clamp on the pump set.</p> <p>h. Disconnect your feeding tube from the the pump set and close the feeding port cap.</p>	<p>a. Attach the feeding bag container to the holder on the feeding pump.</p> <p>b. On your feeding tube, open the cap on the feeding port. Connect it to the end of the pump set.</p> <p>c. Set the pump to run at _____ mL/hr.</p> <p>d. Push START or RUN on the pump.</p> <p>e. When the formula in your feeding bag is finished, close the clamp on the pump set.</p> <p>f. Disconnect your feeding tube from the the pump set and close the feeding port cap.</p>
	

How to Tube Feed continued on page 11

How to Tube Feed continued...

6 Flush your feeding tube. See, "How to Flush your Feeding Tube" on page 8 for how to do this.

7 Clean the equipment:

- a. Throw away any formula left in the feeding bag container.
- b. At a sink, fill the feeding bag container, pump set, and catheter tip syringe with warm water. Rinse the container, tubing, and syringe by letting the water run through them into the sink.
- c. Wash the feeding bag container, pump set and syringe with mild dish soap and warm water. Rinse thoroughly.
- d. Mix 60 mL (1/4 cup) vinegar with 250 mL (1 cup) water. Add the mix to the feeding bag container and syringe.
- e. Let the container and syringe sit in a clean sink for 10 minutes. Empty out the mix, and rinse the feeding container and syringe thoroughly with warm water. Let air dry.

8 Clean your hands with soap and water.

HOW TO GIVE MEDICINES



Gather the following:

- 30 mL or 50 mL Luer-lok tip or slip tip syringe
- Liquid medicine or solid medicine that has been crushed and mixed in 30 to 50 mL (or ___ mL) of water

1 Clean your hands with soap and water.

2 **Flush your feeding tube.** See, "How to Flush your Feeding Tube" on page 8 for how to do this.

3 **Inject the medicine:**

- Draw up the medicine into the same syringe used for flushing.
- Open the medicine port and put the syringe tip into the port. Gently push the plunger down slowly.



I have another medicine to inject - repeat steps 2 to 3

I am finished - go to step 4

4 **Flush your feeding tube.** See, "How to Flush your Feeding Tube" on page 8 for how to do this.

5 **Clean the equipment.** Clean your hands with soap and water. Wash and rinse the syringe well. Let it air dry.



IMPORTANT! When giving yourself medicine:

- Use liquid medicine, when possible. If you have solid medicine, ask your pharmacist if it safe to crush first. If it is safe to crush, **prepare it before putting it through the medicine port:**
 - Crush the solid medicine into powder form first until it is very fine powder.
 - Dissolve the powder in 30 mL to 50 ml (or ___ mL) water.If you do not prepare the solid medicine this way, it will not fit through the syringe tip.
- Stay upright for about 30 minutes after you have the medicine.



- Never crush enteric coated medicine. This is medicine with a coating that will only dissolve in the small intestine.
- Never mix medicine with formula.
- If you have more than 1 medicine, always **flush the tube BEFORE you inject another medicine.**
- Never put medicine down the port labelled "BAL".** Injecting medicine into this port will destroy the balloon.

HOW TO CLEAN THE STOMA SITE AND FEEDING TUBE

You must clean the stoma site and outside of the feeding tube **every day to prevent** oily build up on the feeding tube and mucous build up around the stoma.



Gather the following:

- Mild soap (such as unscented baby soap)
- 2 soft cloths
- 2 cotton-tip swabs
- Clean towels

1 Clean your hands with soap and water.

2 Clean the stoma site:

- a. Using a soft cloth, clean the skin around the stoma with warm, soapy water. Use a gentle, circular motion, moving from the tube, outwards.
- b. Using a cotton-tip swab, clean any sutures (stitches) you may have with warm, soapy water. Then, clean the external retention ring (bolster).
- c. Rinse thoroughly and pat gently with a clean towel to dry.

3 Clean the feeding tube:

- a. Using a new soft cloth, clean the outside of the tube with warm, soapy water. Be careful not to pull or manipulate the tube.
- b. Using a new cotton-tip swab or clean soft cloth, clean the balloon port with warm, soapy water. Then, clean the feeding and medication ports the same way to remove any formula or medicine that may be left in the ports.
- c. Rinse thoroughly and pat gently with a clean towel to dry.

4 Rotate the **feeding tube** 360 degrees plus one-quarter turn. This is to prevent the tube from sticking to the skin.

5 Make sure the feeding tube is in the correct position. Look at the centimeter marking on the tube and compare it to the centimeter marking recorded on page 2. If they are different, adjust the tube.

6 Adjust the **external bolster**, if needed, so it is resting 2 to 3 mm (millimetres) above your skin.

7 Clean your hands with soap and water.

HOW TO MAINTAIN YOUR BALLOON

The balloon on your feeding tube can last from 1 to 8 months, depending on the medicine you take, the amount of water you use to inflate the balloon, your stomach's acidity level, and how you care for your tube.

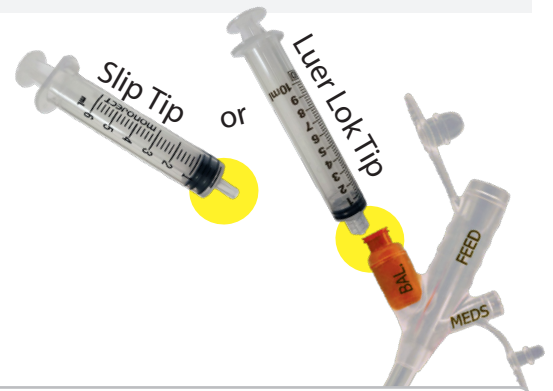
Check your balloon port for the maximum amount of water your balloon can hold. Your prescribed balloon volume is mL of water.

To make sure the balloon keeps your feeding tube in place, change the water in your balloon **once a week**.



Gather the following:

- 10 mL Luer Lok tip or slip tip syringe
- Sterile or distilled water
- Balloon Volume Chart (page 15) and pen



1 Clean your hands with soap and water.

2 Remove the water from the balloon:

- a. Insert the Luer-lok or slip tip syringe into the balloon inflation (**BAL**) port.
- b. Hold the tube in place with one hand. With the other hand, slowly pull the plunger back to take all the water out of the balloon. As the balloon deflates, some stomach contents may leak from around the tube.
- c. Record the amount of water removed. Discard the water from the syringe.

3 Add new water to the balloon:

- a. Refill the syringe with _____ mL of fresh sterile water (your prescribed balloon volume).
- b. Insert the syringe into the **BAL** port to refill the balloon with this new sterile water.

- 4**
- a. When finished, clean your hands with soap and water.
 - b. Wash and rinse the syringe well. Let it air dry.
 - c. Complete the Balloon Volume Chart on page 15.



Watch the following videos for more information on changing water in the balloon:

<https://www.youtube.com/watch?v=CZt1uSgw1ew> OR <https://www.youtube.com/watch?v=IRrnaEx3V2E>




IMPORTANT! When re-filling your balloon:

- **Only use sterile or distilled water. DO NOT USE AIR OR SALINE.**
 - Air may seep out and cause the balloon to collapse.
 - Saline can form crystals and clog parts of the balloon.
- **Always use the amount of water prescribed (Balloon Volume). DO NOT EXCEED THE MAXIMUM AMOUNT stated on the balloon port.**
 - Too much water can obstruct the opening (lumen) or reduce balloon life.
 - Too little water will not secure the tube properly and cause the tube to dislodge or move.
- **Contact your doctor if your balloon has lost half of it's volume after checking it twice.**
 - It may be leaking and should be replaced. See "When to Call a Doctor" (see page 19) for further instructions.

Balloon Volume Chart

Instructions: After changing the water, write down the date and the amount of water you removed from the balloon. Refill your balloon with your prescribed balloon volume.

Never add more than the balloon maximum volume stated on the port.



Your prescribed balloon volume is
 mL of water.

DATE	AMOUNT OF WATER REMOVED
<i>example Jul 3, 2020</i>	<i>7 mL</i>

DATE	AMOUNT OF WATER REMOVED

HOW TO CLEAR A CLOGGED TUBE

Your tube can clog if you do not flush it or give medicine correctly. It can also clog from:



- Thick and sticky medicine; medicine not crushed well
- Thick formulas (concentrated or enriched formulas)
- Formula that was leftover and clotted after mixing with medicine or acidic fluids
- Stomach or intestinal contents up the tube (reflux)



Gather the following:

- 30 mL or 50 mL catheter tip syringe
- Room temperature tap water, sterile water, or distilled water

1 Clean your hands with soap and water.

2 Straighten or unclamp any sections of the feeding tube that are bent or clamped off.

3 If the clog above the skin line, gently massage the tube between your fingers to break up the clog.

4

- a. Fill a catheter tip syringe with warm water by pulling the plunger. Place it in the **feeding port**.
- b. Gently push and pull the plunger of the syringe to loosen the clog. Once it comes loose, push it the rest of the way into your stomach.

5

- a. When finished, clean your hands with soap and water.
- b. Wash and rinse the syringe well. Let it air dry.

IMPORTANT!



Use **only water** to clear a clog:

- **DO NOT use cranberry juice, cola drinks, meat tenderizer, chymotrypsin, or other liquids suggested on the internet.** These can be harmful to patients by causing a reaction. They can also cause clogs instead of clear them.
- **DO NOT insert any objects into the tube to remove a clog.** You can puncture the tube.

If you still feel resistance when pushing the plunger or the water does not flow back out of the tube, contact your doctor. **We may need to replace your tube.**

HOW TO CLEAR A CLOGGED TUBE USING DECLOGGING MEDICINE

Your doctor may prescribe you with "declogging medicine" to help unclog your tube.



Gather the following:

- 50 mL catheter tip syringe
- 1 capsule of Cotazym (pancrealipase)
- 1 - 500 mg tablet of Sodium Bicarbonate
- Sterile warm water

1 Clean your hands with soap and water.

2 Crush 1 tablet of sodium bicarbonate. Open 1 capsule of cotazym. Dissolve them together in 5 mL of sterile warm water.

3 Fill a catheter tip syringe with the mixture by pulling the plunger. Place the tip of the syringe into the **feeding port**. Push the plunger slowly until the mixture is in the feeding tube.

4 Clamp the tube for 5 to 15 minutes (you may leave the mixture in the tube for up to 1 hour if the clog is hard to clear).

5 Refill the syringe with 20 to 30 mL of sterile warm water. Flush the tube.

- 6**
- a. When finished, clean your hands with soap and water.
 - b. Wash and rinse the syringe well. Let it air dry.

COMMON PROBLEMS AND SOLUTIONS

FEELING OR PROBLEM	WHAT YOU CAN DO
<p>Sick to your stomach (nausea) (feel like you are going to throw up)</p>	<ul style="list-style-type: none"> • Slow down your feeding rate. • Open the feeding tube port to let gas out of your stomach. • To prevent this, sit up during the feeding. DO NOT lie down for up to 1 hour after feeds. If you can, walk when you are done your feeding.
<p>Dry mouth or thirst</p>	<ul style="list-style-type: none"> • Flush the feeding tube with the recommended amount of water every day. • For quick relief, swab your mouth with moistened, sponge-tipped toothettes. • If you are still thirsty, talk to your dietitian.
<p>Diarrhea (too many bowel movements (BM), more than normal, or they are watery)</p>	<ul style="list-style-type: none"> • Slow down your feeding rate and tell your dietitian. • Give more water flushes and tell your dietitian. • If the diarrhea does not stop, call your doctor.
<p>Constipation (trouble having regular BMs, they are hard and you cannot pass them easily)</p>	<ul style="list-style-type: none"> • Give more water flushes and tell your dietitian. • If you are still constipated, call your doctor.
<p>Cramps (pain or soreness in your stomach area)</p>	<ul style="list-style-type: none"> • Use only room temperature formula. • If cramping and pain does not stop, call your doctor.
<p>Blocked tube (fluids cannot go through the tube because of buildup inside the tube) <i>Go to page 16 and 17 for detailed instructions on how to unclog a blocked tube.</i></p>	<ul style="list-style-type: none"> • Use a syringe with 15 to 30 mL of warm water to gently flush the tube. Try pulling back and forth with the syringe plunger. • DO NOT use cranberry juice, cola drinks, meat tenderizer, chymotrypsin, or other liquids suggested on the internet, to unclog the tube. • If you were prescribed an enzyme to unclog the tube, try this now. Follow the instructions provided. <p>If your tube is still blocked, call your doctor or go to the emergency room.</p>
<p>Tube falls out or is not in place</p>	<ul style="list-style-type: none"> • DO NOT flush, use, or try to replace your tube yourself. Place a clean towel over the hole and go to the nearest emergency room and call your doctor.
<p>Aspiration (food or liquids go into your lungs)</p>	<ul style="list-style-type: none"> • To prevent this, sit up while the feed is running. DO NOT lie down for up to 1 hour after feeds. • If you think you have aspirated, call your doctor right away.

WHEN TO CONTACT YOUR DOCTOR



IMPORTANT! Contact your doctor right away if any of the following occurs:

You have:

- Pain, pressure, or discomfort in your belly (it looks bloated or feels hard when gently pressed)
- Unusual fever (temperature at or above 38.5°C or 101.3°F)
- Vomiting, diarrhea (loose, watery stool), or constipation (hard stool)
- Blood around the tube or in the stool

The opening where the tube enters the skin (stoma):

- Becomes larger, red, swollen, tender, and warm
- Releases yellow or green discharge (pus) or stomach contents
- Is showing skin breakdown (skin is irritated, has rashes, is raw and red)
- Is showing skin tissue death from the pressure of the tube on the skin (pressure necrosis)
- Is raised and has moist tissue or flesh growing around the site (hypergranulation)

The tube:

- Feels loose or comes out
- Is damaged or discoloured
- Has a balloon that cannot keep the prescribed Balloon Volume of water
- Cannot be unclogged

Your doctor may have to replace your tube. If the tube is dislodged or moving, secure the tube into position with tape first, then call your doctor for instructions. If you are living in a facility, they may also have a process on how to replace the tube.

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The information provided in this booklet is for educational purposes. It does not replace the advice or specific instructions from your doctor, nurse, or other healthcare provider. Do not use this information to diagnose or treat. If you have questions about your own care, please speak with your healthcare provider.

English: This information is important! If you have trouble reading this, ask someone to help you.	Italian: Queste informazioni sono importanti! Se ha difficoltà a leggere questo, chiedi aiuto a qualcuno.	Spanish: ¡Esta información es importante! Si tiene dificultad en leer esto, pida que alguien le ayude.
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