A guide to your Radiologically Inserted Gastrostomy (RIG)

Your consultant has asked for you to have a Radiologically Inserted Gastrostomy (RIG) implanted into you. This is a soft plastic tube that is inserted into the stomach through the skin of your abdomen that can be used for feeding. A RIG is usually needed when, due to swallowing difficulties or operations, you cannot continue to eat normally. This may be temporary where recovery is expected.

What are the risks, consequences and alternatives associated with this procedure?
As with any surgical procedure there is a small chance of side-effects or complications such as:

1. Failure to insert the tube - due to anatomical reasons in about 5% patients.*
2. Blockage of the tube - in about 7% of patients usually after several weeks of use.*
3. Dislodged tube - about 5% of patients and usually accidental.*
4. Infection at the skin site - in about 4% patients and treated with antibiotics.*
5. Abdominal pain (peritonism) - can occur in 1% patients.*
6. Damage to other organs (liver and perforated bowel) - rare.

If you are concerned about any of these risks, or have further questions please speak to your consultant.

Your consultant has recommended this procedure as being the best option. The alternatives to this procedure are prolonged use of a naso-gastric tube; a gastrostomy tube inserted from within the stomach using a special camera device (endoscope) called a Percutaneous Endoscopic Gastrostomy (PEG) or, having an operation to create the connection called a Surgical Gastrostomy. If you would like more information about any of these please speak to your consultant.
Getting ready for the procedure
You are usually already in hospital as 99% of insertions are performed for inpatients. If you are not already in hospital, you will be asked to report to the ward on the day of the procedure. Your appointment letter will give details of this.

A nurse will discuss the procedure with you. You may need to undergo some routine tests before your procedure eg. blood test.

You will be asked not to eat, chew or smoke for at least 4 hours. You will be advised of the actual times. You should continue most medications but you must inform us if you are taking warfarin or clopidogrel.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the procedure involves.

You will be asked to have a bath/shower before your procedure. If you are already in hospital the nursing staff can help you if necessary.

If the area of surgery is particularly hairy, the nursing staff may clip it using specialised clippers (so as to not cut or damage the area before the procedure). Please do not shave the area yourself.

A small tube (cannula) will be inserted into an arm vein.

You will be given a theatre gown to wear. A nurse or porter will take you on a trolley to the X-Ray Department.

What sort of anaesthetic will I have?
Your procedure will be carried out using local anaesthetic. You will be offered a sedative to help you relax. This will be discussed with you.

What happens during my Radiological Gastrostomy insertion?
You will be brought to the X-Ray Department on a wheelchair or trolley. The procedure usually takes 30 - 60 minutes. A nurse will be with you all the time.

You will be lying flat during the procedure. You will be awake although drowsy throughout the procedure but your abdomen will be numbed with local anaesthetic.

If not already in place a fine tube (naso-gastric tube) will be passed internally from your nose down to your stomach. This is so that the stomach can be inflated.

The skin over your stomach will be cleaned and numbed with local anaesthetic. The stomach will be punctured and a hole created through which the tube can be passed. This is then secured in place by inflating a small balloon at the end of the tube within the stomach and 1 - 2 temporary stitches.

You will be given antibiotics to reduce the risk of infection.

A large dressing will be applied to the area on your abdomen. You will then be taken back to the ward.
What should I expect after the procedure?
You will be taken back to the ward on a trolley. A nurse will check your breathing, pulse and blood pressure for several hours. If you experience pain it is important to tell the nurses who can give you painkillers to help.

Going home
You may be able to go home after a period of observation following the procedure. Your consultant will discuss this with you.

DISCHARGE INFORMATION AND AT HOME ADVICE

Pain relief
It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer's instructions and do not exceed the stated dose.

Stitches and wound care
Your stitches will need removing after 7 - 14 days.

You should be careful not to get the wound wet until it has healed. The area can then be cleaned with soap and water as part of your normal washing routine.

Gastrostomy tube
A specialist nutrition nurse will advise you on the care and use of the gastrostomy tube. Occasionally the tube may need changing at a later date. The water in the balloon will need to be changed on a regular basis and your district nurse will be trained to undertake this.

Returning to normal activities
You should avoid strenuous exercise, lifting or driving for a couple of days.

References
* All figures taken from local audits and published research.
Laasch et al “Gastrostomy Insertion: comparing the options - PEG, RIG or PIG?” Clinical Radiology 2003:58; 398-405

If you have any queries, or require further information please contact the X-Ray Department on 01332 783215.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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