Having a RIG tube inserted
Information for patients and carers

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Introduction
This booklet has been written for people who are having a RIG tube inserted. We hope it will help you understand the procedure and how it is performed. If there is any part of the booklet you do not understand, please ask your doctor, nutrition nurse or dietitian.

What is a RIG?
A Radiologically Inserted Gastrostomy (RIG) is a way of introducing food, fluids and medicines directly into the stomach by inserting a thin tube through the skin and into the stomach.

What does RIG stand for?
Radiologically this is the term used for a procedure carried out in the X-ray department, using X-ray and scanning equipment.

Inserted the tube is inserted through the skin. You may also hear the term ‘percutaneous’ used to describe this part of the procedure.

Gastrostomy an opening into the stomach.
Why do I need a RIG?

A RIG tube bypasses the throat and gullet. It can be used for people who have difficulty with swallowing or if there is a possible risk of food and drink ‘going the wrong way’ 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 gullet, which prevents food from getting into the stomach.

If you suffer from reflux or regurgitation of 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.

Are there any alternatives?

Although feeding can sometimes be achieved by passing a thin tube through the nose and into the stomach called a nasogastric tube, this method of feeding is more visible and generally suited to short-term use. For patients who need tube-feeding for longer periods of time, a RIG is more comfortable and easier to manage at home. RIG tubes are also more discreet as they can be tucked away under your clothes - no one will know you have one unless you choose to tell them. If you would like to discuss the options available to you, please speak to your medical team or nutrition nurses.

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 to you about the risks and benefits. Please do not be afraid to ask questions as this is your opportunity to ensure you are completely comfortable with what will happen and that you understand the process.
If you decide to go ahead, a date and an approximate time will be arranged for the tube to be inserted. It does not matter if you cannot decide straight away, please take as long as you need to make your decision.

Should you decide not to go ahead with the RIG, your doctors or nurses will discuss other options with you.

Risks and complications

Although 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 about 6% this includes:
- bleeding
- breathing problems
- bowel perforation
- inflammation/infection in the abdomen

There is a 1% mortality directly related to RIG placement.

Occasionally it may not be possible to place the tube safely in to your stomach. Under these circumstances your doctors or nurses will discuss other options with you.

Minor complications include leakage/infection around the tube resulting in red and sore skin. There is also a small risk that the balloon holding the tube in position can burst and the tube may fall out. It is important that you are aware of and understand the risks before you agree to have a RIG tube inserted. A member of your medical or nursing team will discuss this with you.

The day of the procedure

You will not be allowed to eat or drink for up to six hours prior to the procedure. If you are having another kind of tube-feeding this also needs to be switched off six hours before.
A small needle or cannula will be placed into a vein in your hand or your arm before you leave the ward. This will be used to give you sedation.

If you do not already have one, a naso-gastric tube will be inserted into your stomach. This is a long thin tube that is inserted through your nose and then down 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 you must let you doctor know. If you have ever had a reaction to the dye used in X-ray departments you must also tell your doctor about this as dye will be injected into your new tube to confirm the position.

If you are diabetic, pregnant or taking any blood thinning medication e.g. Warfarin, Aspirin, Apixaban or Clopidrogrel it is very important that you inform your doctor as soon as possible as these medicines will need to be stopped some days before the procedure.

**RIG insertion**

This is carried out in the X-ray department by a specially trained doctor called an ‘Interventional Radiologist’.

Once in the X-ray department you maybe 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 this procedure; however, a sedative injection may be used to help you relax and they may also give you some pain killers. These are given through the cannula which is put in your hand or arm.

You will be asked to lie on the X-ray table, flat on your back. If you think you might have problems with this please inform the doctors or nurses. You may have a monitoring device attached to your finger and chest and receive oxygen through a small tube in your nose.
The skin below your ribs will be cleaned with antiseptic 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 for inserting the feeding tube. This will generally be below your ribs on the left hand side. A local anaesthetic will be used to numb the area where the RIG tube is to be inserted. This may sting initially. Air will be pushed into your stomach through the nasogastric tube you have in place to aid the placement of the tube. The radiologist will then put three small stitches through your skin and into your stomach to hold it in position. These are called gastropexy stitches. These stitches are held by small plastic buttons which you will see on your skin (see the picture below).

The radiologist will then insert a thin hollow needle through your skin and into your stomach. They will gradually make the hole wider until the feeding tube can be inserted.

Once in your stomach the end of the tube has a balloon on the end that is filled with water. This water filled balloon stops the tube from falling out. This type of tube is called a ‘balloon retained gastrostomy tube’. A dressing is then placed over the tube. Occasionally the radiologist may insert a different type of tube that has a plastic disc instead of a balloon to stop it falling out.

You can expect to be in the X-ray department for up to 1½ hours.

**After the procedure**

Once you have recovered from any sedation you may have had, you will be able to return to the ward.

When the tube is first placed you may experience some discomfort around the area. This generally settles and painkillers can be given in the meantime. Because of discomfort you may be reluctant to take deep breaths; however, it is important that you do to help prevent chest infections developing.

In most cases feed and medicines can be given via the RIG about four hours after insertion. If you are able to eat and drink you will be able to do this in most cases, as soon as you are awake.
The naso-gastric tube which was used during the insertion procedure can be removed once the RIG is inserted and working properly.

**The following days**

Over the next few days you and your family will be shown how to care for your RIG tube either by a Nutrition nurse, Homecare Company Nurse or the Ward Nurses if you are an in-patient. The main things you will need to be shown are how to change the water in the balloon on your tube, how to put liquids through your tube and how to keep the skin around your tube clean. You can take as long as you need to learn this.

The three stitches inserted to hold your stomach in place will dissolve over 3–6 weeks. As they do the plastic buttons that you will see on your skin will fall off. The tube will need to be changed approximately 3 months after it was inserted. You should be given an appointment with the Nutrition nurses to do this. If you have any queries regarding this please speak to the nursing staff.

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People involved in your care

During your stay you are likely to come into contact with the following healthcare professionals:

• Medical staff
• Radiology Department staff
• Dietitians
• Ward nurses
• Nutrition nurses
• Homecare Company Nurses

Contact telephone numbers

If you have any queries or concerns regarding the information in this leaflet or the procedure, please contact us for advice on:

**Nutrition nurses**: 0121 371 4561

**Community nutrition nurses (Birmingham only)**: 0121 683 2300

**Patient Support Group**

PINNT – a support group for patients receiving parenteral or enteral nutrition therapy.

**Address**: PINNT

    PO Box 3126
    Christchurch
    Dorset, BH23 2XS

**Website**: www.PINNT.com

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The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm or call 0121 371 4323.

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**Nutrition Nurses**

Rooms 4-59, 4th Floor East Block

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