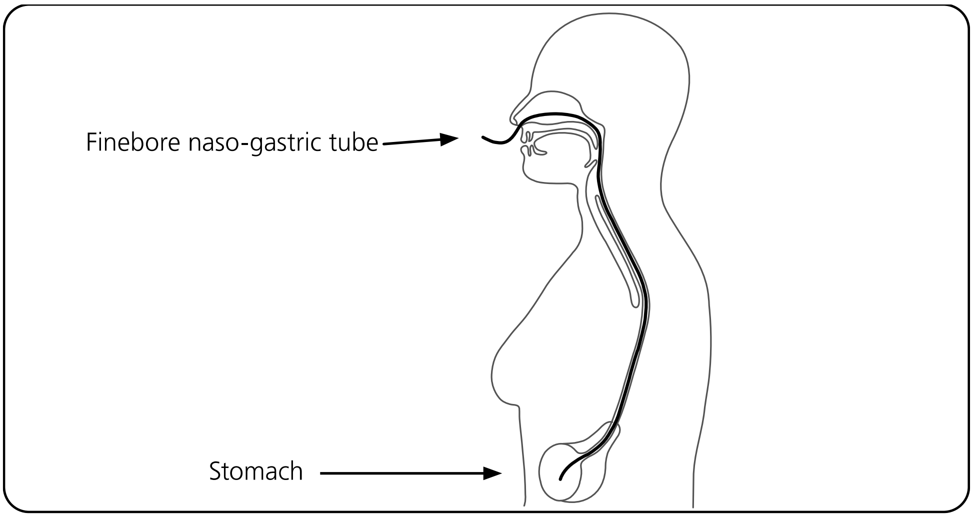
Having a fine bore nasogastric feeding tube inserted- information for adult patients and carers

What is a fine bore nasogastric tube?

A nasogastric feeding tube (sometimes called an NG tube) is a thin tube that is passed through your nose, down the back of your throat and into your stomach. One end of the tube is left on the outside of your nose, and we usually tape it to your cheek to keep it in place using a sticky dressing.

The procedure is usually carried out by a nurse, dietitian or doctor, and takes just a few minutes to put in place. Having the tube passed through your nose and throat may feel uncomfortable. Once the tube is in the right place it should be comfortable and can then be used to put liquid feed, medications and water directly into your stomach.



Why do I need one?

You may need an NG tube if you are not able to eat or drink enough to keep you well. This can happen because of illness, problems swallowing, or other medical reasons. The decision to place a nasogastric tube has been discussed, and agreed, with your medical team.

A nasogastric feeding tube can give you all the liquid nutrition and fluids you need. The dietitian will decide the amount of feed required, how quickly and how often it should be given.

Can I still eat and drink?

This will depend on your situation. If you have problems swallowing this may not be possible but your medical team will discuss this with you and any recommendations for what you can eat or drink.

How long will I need it for?

This will depend on your situation and will be decided between you and/or your next of kin, your doctors, nurses, and dietitian. Some patients may only need this for a couple of weeks, some maybe months, this will be discussed as part of your ongoing care.

Are there any risks of having a nasogastric feeding tube?

Putting in a nasogastric tube is common, and problems are not usual, but all medical procedures have some risks.

Possible risks include:

- Sore nose or throat, or pain when the tube is put in
- Feeling like gagging or being sick during the procedure
- A nosebleed
- Sometimes we are unable to insert the tube. There might be several reasons for this. If we cannot insert the tube, we will talk to you about other ways to do this.

More serious risks (uncommon) include:

- Damage to the food pipe (the tube from your mouth to your stomach)
- If the tube is not in the stomach, liquid feed or water could go into the lungs and make you very unwell. This is why we check the tube position before using it. Sometimes the tube can move after it has been put in (for example if you vomit, cough a lot, or pull the tube). We must check the tube position every time before giving any feed, water, or medicines.
- Some people may bring up (regurgitate) feed. If this happens, feed could go into the lungs and cause a chest infection. Having a feeding tube does not completely remove the risk of pneumonia (a chest infection), but careful feeding and checking the position of the tube can reduce the risk
- A collapsed lung (air leaking around the lung) – this is very rare.

Nasogastric feeding tubes and cognitive impairment

Some patients in hospital develop delirium (confusion) due to acute illness or long-term conditions including dementia. For patients who are unable to make their own decision about having a feeding tube, a family member/carer will be asked to contribute to a best interests discussion with the clinical team about whether insertion of the tube is the best decision. This decision will be based on the individual, considering the potential benefits of the nasogastric tube insertion versus the risk and quality of life.

A confused patient may not tolerate placement of the tube, and the tube may become dislodged more easily. On occasions where a nasogastric feeding tube is felt to be the best treatment for the patient, but is regularly dislodged, other measures may be required to secure it in place. The medical team, dietitian and nursing team should discuss this with you if indicated.

Are there any alternatives?

For many patients, nasogastric feeding tubes are the quickest and easiest way to provide support with nutrition and fluids through a feeding tube. They are easy to remove when they are no longer needed. There are other types of feeding tubes, but they involve a bigger procedure and have higher risks. Your medical team can discuss this with you if necessary.

How will the position of the feeding tube be checked?

Violent coughing, vomiting, or pulling on the tube accidentally can move the tube from your stomach and cause feed to go into your lungs. For this reason, it is essential that the position of the tube is checked before each use. This includes any time medicines, feed, or water need to be put down your feeding tube.

You will see staff using a syringe to suck back on your feeding tube and test the fluid. This checks if the fluid is acidic having come from the stomach, and the nasogastric tube is correctly placed. If a safe pH is not obtained, then the medical team may request a chest x-ray to confirm the tube is in the correct position following first placement. After the initial confirmation of correct position, the medical/nursing team may use the risk assessment to confirm position later if required.

What if my feeding tube comes out accidentally?

If the team feels the tube is helping you, it will usually be put back in. If the tube comes out more than once, the team may review whether the benefits still outweigh the risks. They will discuss this with you (and your family/carer if needed).

When will the tube be removed?

If you no longer need the tube or the tube is no longer of benefit to you, for example, at the end of life, the tube can be easily removed by the ward nurses.

Will I go home with the nasogastric feeding tube?

Occasionally, people are discharged with their nasogastric feeding tube and continue feeding through this at home. If you need to do this your ward team will discuss this with you and help decide who will look after the nasogastric tube at home.

Contact

If you have any questions about the information in this leaflet, please speak to the ward medical team or nurses, or ask to speak to the ward dietitian.

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