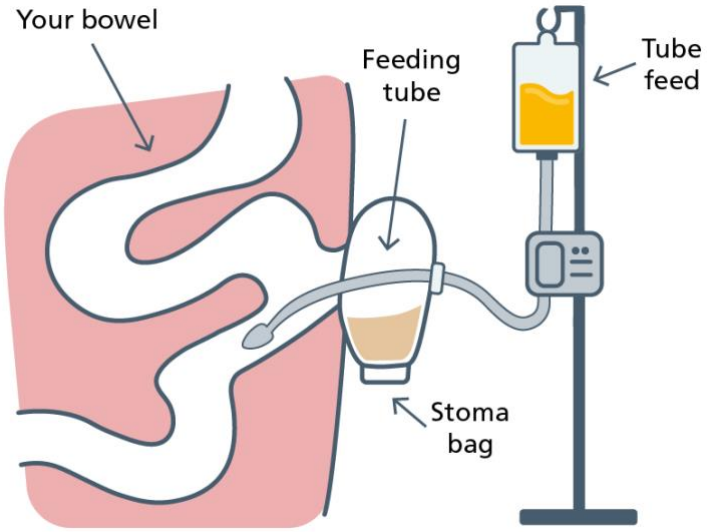
# Distal Tube Feeding and Chyme Replacement Therapy - Information for Patients and Carers

This information sheet provides you with more detail about your treatment. Please note it does not replace the discussion you will have with your healthcare team.

This treatment may be given using a stoma or a fistula, but for the purposes of this information sheet we will use the term “stoma”.

## What is distal tube feeding and chyme replacement therapy (CRT)?

### Distal Tube Feeding




Distal feeding involves putting a feeding tube into your stoma/fistula and running water or liquid feed into the bowel. A stoma bag is then placed over the feeding tube so the feed can be given whilst the stoma contents are collected.

### CRT/ Chyme recycling

Chyme is a mixture of digestive juices, enzymes and digested food. It is produced by the stomach and small intestine and passes through the bowel as part of normal digestion. Chyme is what is passed out of the bowel through the stoma and collected in the stoma bag.

CRT involves re-pumping your stoma output back into the lower part of the bowel, meaning you will be able to re-absorb the fluid, nutrition and salts. CRT is done using a pump system, called ‘The Insides System’, which sits inside your stoma bag.

## Why do I need this?

Losing significant amounts of nutrition, fluid and salt from your stoma can put you at risk of dehydration and malnutrition. However, if there is more bowel lower down from your stoma, you may benefit from using distal feeding or CRT. This may reduce reliance on IV nutrition (parenteral nutrition/ PN) and means the lower part of the bowel stays active, which can be particularly beneficial if you are coming back for further surgery.

## Potential benefits of distal feeding/CRT

- Reduce risk of dehydration and malnutrition
- Reduce reliance on IV nutrition and/or fluids (Parenteral nutrition/PN)
- Continued use of the lower part of the bowel (during distal feeding) keeps it in use, which can help prepare and recover from surgery
- CRT allows liver enzymes to be produced when you eat, which, combined with reduced use of PN, can help reduce the risk of long-term liver damage
- You might not have to follow a fluid restriction and you might not have to be as restrictive with your diet
- You might not have to take as many medications to slow down the bowel, such as loperamide and codeine

## How does it work?

### Distal feeding

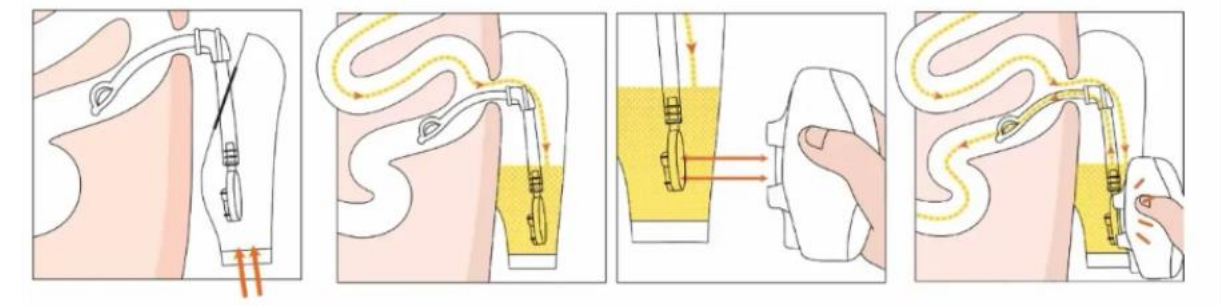
A trained nurse will insert a feeding tube into your stoma/fistula, which is held in place by a small balloon filled with water. Patients report having the tube inserted is painless and you often don't feel it at all. A bag will then be placed over the tube. A bag of liquid feed is then connected to the feeding tube and this will be pumped into the bowel slowly. The dietitians will prescribe a feed and ensure the rate of the feed is built up slowly to reduce the risk of any side effects.

You are likely to also need some medications to be given with the feed to ensure you absorb as much of it as possible and to prevent side effects such as diarrhoea.

### CRT

A trained nurse will insert a feeding tube into your stoma/fistula, which sits in your stoma bag. This tube will be connected to a pump which also sits in the stoma bag. You will also be provided with a battery-operated, handheld device which activates the pump and signals for it to pump the contents of your stoma bag back into the bowel. The pump should be used approximately every two hours.

Source: The Insides® Company



## Are there any side effects?

There are potential side effects associated with distal feeding and CRT. If you begin to experience any of these symptoms, let your Intestinal Failure Team know. These symptoms should improve over time, and some can be managed with different medications.

- Abdominal discomfort or cramps
- Diarrhoea
- Tube displacement or blockage

## Can I eat and drink whilst having distal feeding/CRT?

Whether you can eat and drink will depend on what type of feeding you are having. Speak to your dietitian to discuss what type of food and drink you might be able to have.

## What happens next?

This type of feeding might be temporary whilst you are in hospital or might be used for longer periods of time and continue at home. If you are going to go home with distal feeding or CRT, you will be shown how to set up and use the equipment at home.

## Accessibility



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