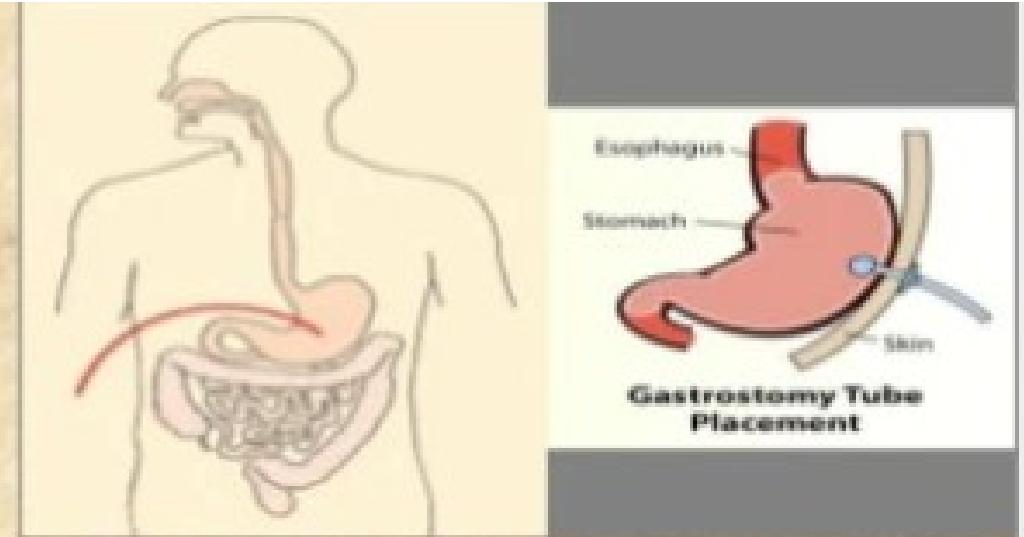


GASTROSTOMY



What is Gastrostomy?

- An opening in the stomach made surgically, usually connecting the stomach to the outside of the abdomen so that a feeding tube or gut decompression tube can be passed into the stomach.



Indications for gastrostomy

- Neurological swallowing disorders e.g cerebral palsy, multiple sclerosis etc
- Esophageal stricture or atresia
- Esophageal cancer
- Gastric outlet or small bowel obstruction
- Major neck surgeries
- Any condition which requires prolonged tube feeding for > 4 weeks.

Contraindications

- Uncorrectable coagulopathy or thrombocytopenia
- Active gastritis or peptic ulcer disease
- History of total gastrectomy
- Severe ascites
- Active peritonitis

Types

❖ **Open gastrostomy**

- Stamm's
- Janeway's

❖ **Percutaneous endoscopic gastrostomy(PEG)**

Procedure

- ❖ **Open gastrostomy;** There are many types of open gastrostomy but the commonly used types are the Stamm and Janeway gastrostomy
- **Preoperatively;** baseline investigations, plain abd.xray, upper G.I endoscopy, NPO, consent
- **Anaesthesia;** local, general
- Positioned and Skin prep

- **Incision;** small upper midline, left subcostal
- The peritoneal cavity is entered and the anterior wall of the stomach is grasp with two pairs of Babcock forceps and the stomach drawn unto the surface. The stomach is incised to allow insertion of a 12 or 14Fr forley catheter whose balloon is then inflated. Leakage along side the catheter is prevented in one of two ways; Stamm's or Janeway's.

- **Stamm's method;** two purse string suture of non-absorbable material are inserted concentrically around the tube, the 1st 1cm from the tube. This is then inverted by a second concentric suture 2cm from the tube. When drawn tight, these suture invaginate the catheter.
- **Janeway's method;** a valve is created by burying the tube in a short tunnel in the stomach wall.

The tube is brought out through a stab incision on the anterior abdominal wall. To further prevent leakage, the anterior gastric wall is sutured to the parietal peritoneum at the region of the tube. With interrupted sutures.

❖ **Percutaneous endoscopic gastrostomy**

- Reduced morbidity and mortality compared to open.
- The fiber optic endoscope is passed into the stomach and directed towards the anterior abdominal wall.
- The second operator identify it by transillumination and guide it to the ideal site of placement of the tube.
- A cannula is passed by the abdominal operator percutaneously into the stomach, he then pass a thread through the cannula.
- This thread is grasped under direct vision by the endoscopist using biopsy forceps and drawn back through the mouth.
- The gastrostomy tube is securely anchored to the thread which is pulled by the abdominal operator delivering it through the mouth, esophagus, stomach and through the anterior abdominal wall.
- The tube secured on the skin with nylon

Post Op.

Feeding is usually after 24 hours. When bowel sounds are heard.

Patient is taught how to care for the tube and to recognize infection.

Complications;

Infection

Trauma to other structures eg colon

Hemorrhage

Leakage

Blockage

Aspiration pneumonia

Displacement of tube