

Patient Information Leaflet: Radiological Inserted Gastrostomy (RIG)

Radiology department

Introduction

We hope this guide will answer your questions about your radiological inserted gastrostomy (RIG) procedure. Please contact the team if you require further information via the details at the end of this leaflet.

What is a radiological inserted gastrostomy (RIG)?

A gastrostomy tube is a device used to provide long term feeding for patients who are unable to take food by mouth, have difficulty swallowing safely, or require nutritional supplementation.

A gastrostomy tube can be inserted surgically, but a RIG is a less invasive alternative method, which does not require the use of a general anesthetic.

The tube is inserted through a small incision in the abdomen into the stomach under x-ray guidance.

Why do I need a RIG?

Your doctor should have explained the reason why you need this procedure.

You may need a RIG if you are unable to eat or drink enough to meet your nutritional needs or if swallowing is unsafe due to a medical condition.

It allows for a safe and effective way to receive liquid nutrition and medication directly into your stomach.

There are several reasons for this procedure:

- You may have had a small plastic tube inserted through your nose, down into your stomach, to help with your feeding. This can only be left in place for a relatively short period of time.
- Obviously, if you do not receive enough nutrition, you will become very ill.

Who will perform my procedure?

The procedure is performed by a radiologist (specialist x-ray doctor). You will be cared for by the radiology nursing team. A radiographer will take your imaging during the procedure.

Are there any risks?

X-ray radiation: All X-ray procedures involve exposure to radiation in varying amounts. The dose you get from a medical x-ray is very low, and your doctor has determined that the benefits of having the examination outweigh potential risks.

The radiographer is present throughout your test, making sure that the dose is kept as low as reasonably possible and the duration and level of X-rays are kept to a minimum.

Procedure: RIG is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise.

There is a small risk of infection at the incision site. There is also a small risk of developing peritonitis (inflammation of the abdominal lining).

Occasionally, it is not possible to place the tube into your stomach. This may require a different method of placement or occasionally you may need an operation to place the tube.

Sometimes there is a leak around the tube. This is less likely to happen if the stomach has been attached to the muscles beneath the skin, but it can still sometimes occur.

Contrast medium: A very small number of patients have an allergic reaction to the contrast medium (x-ray dye). This can be minor, severe, or even life threatening but the chances of this occurring are very rare. If you get an itchy rash or difficulty breathing during the procedure tell a member of staff, the team will provide appropriate treatment.

Before your examination begins the radiographer will ask you a series of questions about your medical history, including any allergies you may have. This will help us assess if you are at risk of an allergic reaction to the x-ray dye.

Patients aged 12 to 55, could you be pregnant? In the unlikely event that you are or may be pregnant and your Doctor has recommended this procedure, please inform us in advance so the risk from the x-rays can be discussed.

X-rays can be harmful to an unborn baby and should be avoided by patients who are or may be pregnant

It is recommended that the examination is performed within 10 days of the first day of your menstrual period.

Breastfeeding: On the day of your examination, you will be given an injection of contrast medium. These agents are low risk contrast agents. A very small percentage of the injected contrast enters the breast milk but virtually none is absorbed across the gut of the infant. No special precautions are required and you can carry on breastfeeding as normal. However, if you have any concerns you may want to express some breast milk prior to your appointment.

Will I need an injection?

Occasionally, patients are given an injection of hyoscine butylbromide (Buscopan) in the arm to help relax the muscles of the stomach. After this injection, you may experience some dryness of your mouth and blurred vision. This will disappear after a few minutes and cause no ill effect.

Preparing for your procedure

An appointment will be made for you to attend for pre-assessment about a week before the procedure with the radiology nurse.

You will have to have a naso-gastric (NG) tube inserted before the RIG procedure.

You will not be able to have anything to eat and drink for six hours before the procedure.

You will be admitted to a ward in the hospital for at least one night after the procedure, so you will need to bring an overnight bag with you.

Please leave any jewellery or valuables at home.

Please contact the booking team before your appointment if:

- If you have had a previous allergic reaction to x-ray dye (contrast agent) or are allergic to iodine.
- If you weigh over 30 stone/190 kilograms
- If you plan on using hospital transport or need a hoist to transfer
- If you require an interpreter – please inform us as soon as you receive your appointment letter, and we will arrange an interpreter for you.

If you are unsure or have questions about your preparation, contact your doctor or the X-ray department for advice.

Allergies

If you have asthma or any allergies, especially to iodine or contrast medium (x-ray dye), or hyosine butylbromide please inform us in advance.

Medication

Please continue to take all medications as usual prior to your examination, unless you have been advised otherwise.

Getting to us

When attending The Princess Alexandra Hospital (Hamstel Road, Harlow, Essex, CM20 1QX), follow the signage to the radiology reception, which is located on the ground floor, green zone.

Please let the receptionists know that you have arrived for your appointment.

When should I arrive?

Please arrive in the radiology department at your given appointment time. A notification through text or letter should have been sent to you to confirm this appointment.

Can someone stay with me in the hospital?

You may have a friend or relative attend with you, but they will be asked to stay in the waiting area while you have your procedure.

Children are not allowed in the waiting area unattended. Our staff are not permitted to supervise children, so please ensure child care arrangements are in place to avoid your tests being rescheduled.

The day of the procedure

You will be shown to a cubicle and asked to undress and put on a gown; please bring a dressing gown if you have one. You may also be asked to remove jewellery, dentures, glasses, or other metal objects, which may show up on the X-rays.

The procedure

Your identification will be checked by a nurse or radiographer, and a brief history will be taken; please tell the radiologist what medication, severe allergies, choking episodes, or other medical conditions you may have, such as thyroid disease and diabetes. The procedure will be explained to you. You will be asked to sign an electronic consent form.

The procedure is performed under sterile conditions and the interventional radiologist and radiology nurse will wear sterile gowns and gloves to carry out the procedure.



You will lie on the X-ray table, generally flat on your back.

A small cannula (thin tube) will be placed into a vein in your arm. You may receive a sedative to relieve anxiety, as well as an antibiotic. You may also be given an injection of hyoscine butylbromide (Buscopan).

You may have monitoring devices attached to your chest and finger and may be given oxygen.

If you do not already have one inserted, a small tube will be placed through your nose into your stomach. Your stomach will be filled with air through the NG tube so it can be clearly seen on the x-rays. This may make you feel a little bloated.

The interventional radiologist will use X-rays once your stomach is filled with air to decide the best site for the RIG.

The doctor will expose your abdomen and paint the area over your stomach with antiseptic skin preparation. You will be draped with sterile towels to keep the area clean. Local anesthetic will be injected into the skin to numb the area and you will be given hyoscine butylbromide (Buscopan).

The doctor will then place a needle into your stomach, followed by a small guide wire that passes through the needle. X-rays are taken of the guide wire to make sure it is in the correct position.

The gastrostomy tube is inserted over the guide wire, and a small balloon is inflated on the end of the tube inside your stomach to help hold the tube in place. Once the doctor is satisfied with the position, they will stitch the tube in place and dress the wound.

There are many different types of feeding tube available – some initially need stitches to keep them in place, others do not. Your interventional radiologist will discuss this with you.

Your radiographer and radiologist will be with you the whole time during the procedure and will explain what is happening or what you need to do on the day. If you have any questions or concerns, please ask.

After the procedure

You will be transferred to a ward, nurses on the ward will monitor your recovery.

The gastrostomy tube will be flushed at intervals with sterile water to ensure it does not get blocked. You will be nil by mouth for 12 hours following the procedure.

On the following morning the nurses will begin giving you small amounts of sterile water through the tube – this will go on for about four hours.

Feeding will commence through the tube once you have been reviewed and the tube is found to be working correctly.

You/your carer will be given instructions on how to care for the tube before your discharge from the hospital.

You may also be referred to a nutrition nurse / dietician who will be able to help you manage the tube.

Can I drive after my procedure?

We recommend that you do not drive for twenty-four hours and you ask a friend or relative to drive you home following your discharge the following day.

How soon can I return to work?

This will be advised by your attending physician.

Contacting the team

If you have any further questions about your procedure or an existing appointment, please contact the radiology nursing department (**Monday to Friday, 8am to 6pm**) at **01279 82 2527 / 3405**.

If you have any queries **outside of working hours (after 4pm and on weekends)**, you will be redirected to the main radiology reception.

Please note appointment booking cannot be made during this time.

Your feedback matters

If you would like to give feedback on your care, please contact our patient experience team at paht.pals@nhs.net or **01279 827211**.

Please contact the communications team at paht.communications@nhs.net if you would like this leaflet in another language or format.

