Tube Feeding Questions and Answers

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What is a tube feeding?

Tube feeding is for any person with a functioning gastrointestinal tract who is unable to eat a normal diet or who is unable to eat enough to stay healthy. A feeding tube is usually placed into the stomach.

Benefits of tube feeding

"If the gut works, use it!" Tube feedings more closely match normal eating. They maintain the health of the gastrointestinal tract, and promote normal bowel elimination.

- Tube feeding can be administered according to the patient's time schedule and daily activities. The patient and their family are relieved from the pressure and stress of having to encourage enough intake of food at mealtimes.
- The patient may become strong enough to transition back to eating a normal diet after short term supplementation with tube feeding.
- Medications are easily administered via the tube with proper technique.
  Adequate fluid can be given to eliminate risk of dehydration.
- When nutrition goals are being met → improved healing.
- Tube feeding may also be used for a supplement when eating by mouth is poor.
  Tube feeding formula and supplies can be delivered directly to your home.

How is the tube placed?

The patient is given sedation. The procedure usually takes 30-45 minutes. There can be minor soreness for 1-2 days.

The tube may be placed by:

1. Endoscope – a lighted scope is passed through the mouth and inserted into the stomach to help the doctor place the feeding tube – this is called a Percutaneous Endoscopic Gastrostomy (PEG). If it is placed in the jejunum it is called a Percutaneous Endoscopic Jejunostomy (PEJ).
2. Surgeon – a surgical tube may be placed directly through the abdominal wall to avoid entering the mouth and esophagus.
3. A Nurse may place a tube at the bedside, or a doctor may place a tube with the help of radiology.

What kinds of formula are fed by tube?

Today's formulas are 100% nutritionally complete. This formula will contain the necessary nutrients – similar to a well-balanced diet. In fact, tube feeding is not new or different, only improved. Today the patient receives a formula that is concentrated in nutrients, vitamins and minerals that is adjusted to the individual's specific needs.

How will I adjust to tube feeding?

Eating is a social experience. You can take tube feedings almost anywhere you want. Some people take their tube feedings at the table with their family, while others take them alone or before social activities. Depending on your medical condition, you may be able to eat as well. If you can chew but not swallow, you may be able to chew the food for taste and spit the food out – always discuss with your physician/health care provider.

What are different ways to deliver tube feedings?

There are a few ways to deliver your feedings:

- Pump – a mechanical pump delivers the formula under pressure (this is usually what the patient will get while in the hospital). A pump must be used with tubes placed in the small intestine.
- Gravity feeding – formula is administered from a container suspended from an IV pole above the patient – the formula flows through the tubing due to the effect of gravity.
- Bolus feeding – formula is administered via syringe into the tube.

Risks of tube feeding

Risks for any surgery are: bleeding, infection. This is a relatively simple surgery with low risk of complications. Tubes may become clogged. Frequent and consistent flushing with water can prevent clogging. Clogs typically occur due to medications not being adequately crushed. The risk of aspiration, or feeding entering the lungs, can be essentially eliminated by following preventative measures.

What's the difference between intravenous feeding and tube feedings?

Intravenous (IV) feedings are delivered directly into the veins and bypass the gut altogether. There are situations in which TPN (total parenteral nutrition) is the only method appropriate for the patient (for example: bowel obstruction, intractable vomiting, and ileus). This type of nutrition support is usually used until someone can transition to tube feedings or a regular diet. IV feeding requires more blood analysis, daily care, and limits the flexibility and freedom one may gain by using a tube feeding. Some of the risks associated with TPN include: high blood sugars, gut atrophy, bacterial translocation (bacteria crossing from the inside to the outside of the intestines), infection of the IV site, and prolonged recovery. Since TPN is far more expensive than tube feeding, it may not be covered by insurance.

The patient and family will be taught:

1. How to care for the skin around the tube
2. Signs and symptoms of infection
3. What to do if the tube is pulled out
4. How to check residuals (decompress the stomach)
5. What and when to feed through the tube
6. How to flush water and give medications through the tube
7. How to monitor tolerance to the tube feeding

Of Special Note~

The transition to home tube feeding requires a certain amount of adjustment. The support of family and friends can help in this transition, as well as your physician, nurse and dietitian. The decision to use tube feedings for nutrition support is *not* a sign of failure, but rather a display of strength. It takes courage to ask for help.

For more information please contact your Registered Dietitian at:

Hoag Hospital Newport Beach
(949) 764-8205

Hoag Hospital Irvine
(949) 517-3050