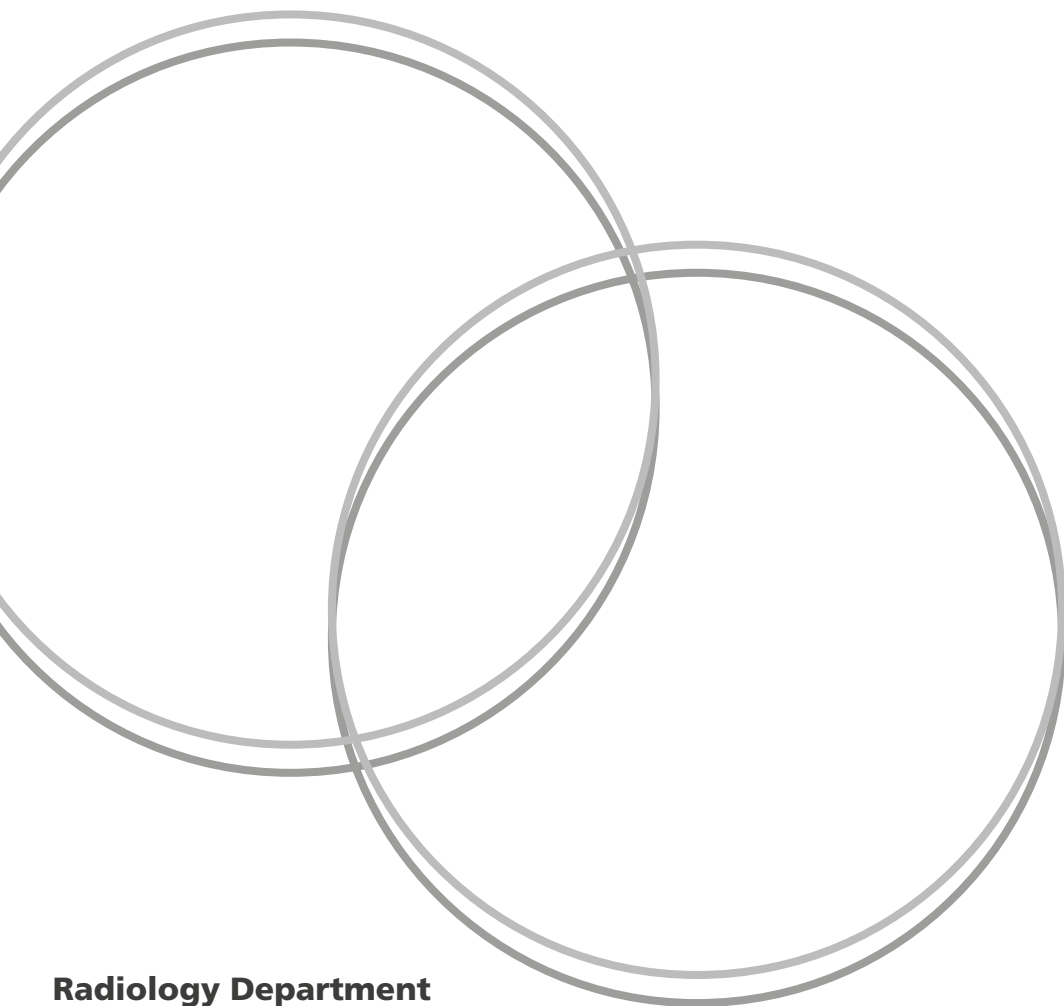




Oxford University Hospitals  
NHS Foundation Trust

# Radiologically Inserted Gastrostomy (RIG)

Information for patients



Radiology Department

This patient information tells you about having a radiologically inserted gastrostomy (RIG). It explains what is involved and what the possible risks are.

If you have any questions about the procedure please ask the doctor who has referred you or the Interventional Radiology department.

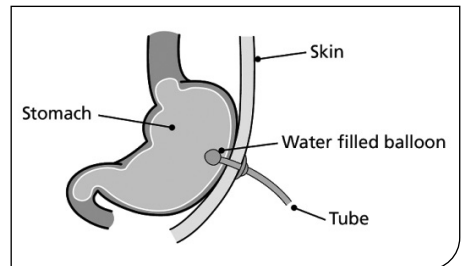
## What is a Radiologically Inserted Percutaneous Gastrostomy (RIG)?

A percutaneous gastrostomy is a procedure to insert a small tube through the skin directly into your stomach. The procedure is carried out by radiology doctors (Radiologist) who use X-rays to guide the tube into the correct position. The tube will be used to give you liquid food, fluid and medication. The RIG has a balloon at the tip, which is inflated with sterile water, to hold it in place in the stomach. Percutaneous means through the skin and gastrostomy means making an opening into your stomach.

## Why do I need a percutaneous gastrostomy?

There may be several reasons you may not be able to eat normally, such as a blockage in your throat or in your food tube or you may have difficulty swallowing due to a neurological illness or other medical condition.

These problems prevent food from passing safely into your stomach and could result in undernourishment and/or dehydration. In order to get the nutrition that you need your doctor has recommended that you are fed directly through a tube into your stomach.



## Who has made the decision?

The doctors caring for you and the radiologists have discussed your situation and feel this is a good option for you. They will discuss this with you and listen to your opinion. If you would rather not have a tube placed, they will accept your decision. It is important that family members have been involved in these discussions as they may be involved in providing your long-term care.

## **How do I prepare for this procedure?**

If you are taking any medication that can affect the way your blood clots, sometimes referred to as anti-coagulation or anti-platelet medication please let your referring clinician know as you may need to stop taking these before your procedure.

If you have any allergies or have previously had a reaction to an intravenous contrast; the dye used for CT scanning, please let your doctor know.

You may also be asked to drink a special preparation a few days before the procedure. This drink contains contrast, which helps the radiologist clearly see the bowel which can overlay the stomach and ensure the tube is correctly positioned in to the stomach avoiding the nearby bowel.

Your stomach must be empty for the procedure so you must not eat or drink anything from midnight on the day before the procedure.

A cannula will be placed into a vein in your arm so that we can give you pain medication, and if required, sedation to make you feel relaxed and sleepy.

You will need to change into a hospital gown prior to the procedure.

A thin tube, called a nasogastric tube will be place through your nose into your stomach. This tube will stay in your stomach for the duration of the RIG procedure and will be taken out at the end. The tube is used to inflate your stomach with air to make it visible on X-ray before the RIG is placed.

You will be an inpatient in hospital. The stomach must be empty and so you will not have anything to eat or drink from midnight on the day before the procedure. You will have a cannula in your arm so that we can give you pain relief and possibly sedation to make you feel relaxed and sleepy, and also antibiotics. You will change into a hospital gown. A tube will be placed through your nose into your stomach. 1 to 2 days before the procedure you will be given a milky drink to drink to outline the bowel during the procedure. This is so your radiologist can clearly see the bowel which can overly the stomach and ensure the tube is correctly sited into the stomach avoiding the nearby bowel.

## **What happens during the procedure?**

The procedure will take place in the Interventional Radiology Department. Before you are taken to the x-ray room a member of the team will come and discuss the procedure with you in detail and ask you to sign a consent form. This is to make sure that you understand the risks and benefits of having the procedure and consent to treatment.

Once in the X-ray room, the staff will check your details and go through a pre-procedure checklist. You will then be asked to lie flat on the X-ray table and the nurses will attach a blood pressure cuff and heart rate pads. Your blood pressure and heart rate will be monitored throughout the procedure.

Before the procedure starts you will be given some pain relief and sedation and may have an oxygen mask put over your mouth and nose. They will then fill your stomach with air so that is clearly outlined on the X-ray pictures.

The doctors will paint a small part of your abdomen with antiseptic, drape the area with sterile towelling and place some local anaesthetic into your skin. This will sting for a short time. The doctors will then place a needle into your stomach, then a small guide wire and then the gastrostomy (feeding) tube. Once they are happy they are in the correct position they will stitch the tube in place and dress the wound. You can then be transferred back to the ward. The procedure may take 30 to 90 minutes to perform.

## **What happens afterwards?**

The nurses on the ward will monitor your recovery. You will be on bed rest for 2 to 4 hours to recover immediately after the procedure. The nurses on the ward will flush the tube with sterile water at 2 hour intervals for 12 hours. You will not be able to have anything to eat or drink ('Nil By Mouth') during this time. They will then give you water via the tube for 12 hours before feeding you liquid food.

If you are going home you should have someone to drive you home following the procedure. Someone should be at home with you for 24 hours following the procedure. If you do not please let the Interventional Radiology department know.

## **How long will the tube stay in?**

This depends on why you needed the tube in the first place, you will need to discuss this with your consultant. The tube needs to stay in place until you can eat and drink safely and normally. In some cases, this can be a short time or sometimes it can be for a very long time. You and / or your carer will be trained on how to care for the tube before leaving hospital. A dietician will also become involved with your care and can provide essential support in managing the tube.

## What are the risks?

- A RIG is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise.
- Sometimes the doctors are not able to get the tube into your stomach, for instance if you have a large hiatus hernia. This may then require an operation to place a feeding tube.
- A leak around the tube is uncommon but can cause skin irritation and a local infection. Peritonitis is a recognised early major complication from a leak, although is uncommon. It is important to keep the surrounding skin clean and dry.
- There may be some bleeding at the skin entry site, although it is rare for this to be of major concern.

Some patients experience pain following the RIG placement, which will be carefully monitored and treated.

During the procedure you will receive a dose of radiation as a result of the x-rays used. There is a possible risk of cancer induction from exposure to X-rays. However, we are constantly exposed to radiation from the air we breathe, the food we eat, the ground and from space. This is known as background radiation and has a cancer risk of around 1 in 10,000 per year. Having the procedure could result in you receiving an additional dose of radiation equivalent to a few months to a year of background radiation.

There are important structures near the stomach e.g. bowel, liver. This is why this procedure is performed using image guidance so these can be avoided. It is very important that you try to remain as still as possible, otherwise there can be a risk that these structures could be injured.

## **How to contact us:**

If you have any questions or concerns, you may telephone the radiology nursing team on **(01865) 220 800**.

If you have any concerns after discharge; for non-urgent issues **please contact your GP or 111, for urgent issues please come to A&E.**

## **Further information**

### **Royal College of Radiologists**

Website: [www.rcr.ac.uk](http://www.rcr.ac.uk)

## **Consent to treatment**

Website: [www.nhs.uk/conditions/consent-to-treatment](http://www.nhs.uk/conditions/consent-to-treatment)

### **OUH Radiology**

Website: [www.ouh.nhs.uk/services/departments/radiology](http://www.ouh.nhs.uk/services/departments/radiology)









## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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[www.ouh.nhs.uk/information](http://www.ouh.nhs.uk/information)



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