

JEJUNOSTOMY FEEDING TUBE SITE CARE AND SUPPORT





Introduction - a jejunostomy feeding tube site

This leaflet gives useful information and advice for patients, carers and healthcare professionals in the community on how to care for a jejunostomy feeding tube site. By following this advice, the risk of minor complications arising should be minimal and any troubleshooting issue easily managed.

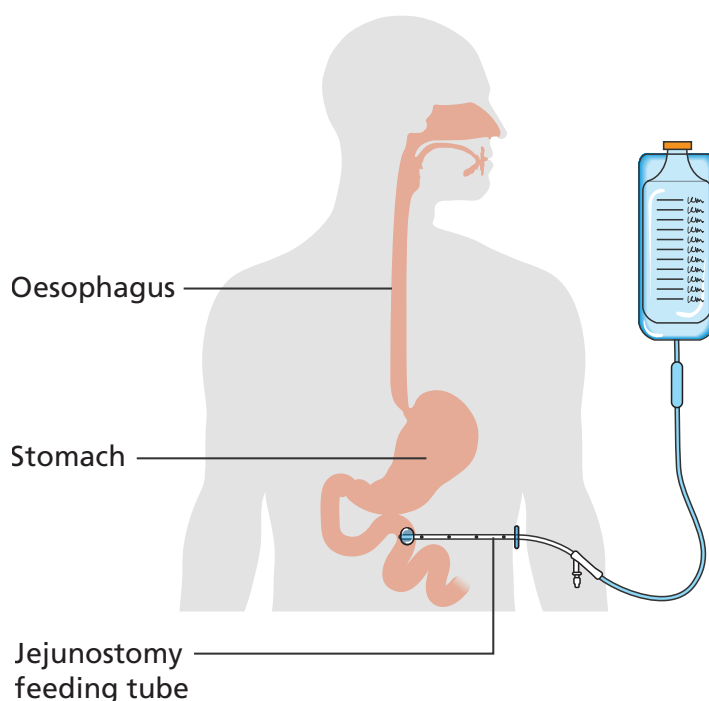
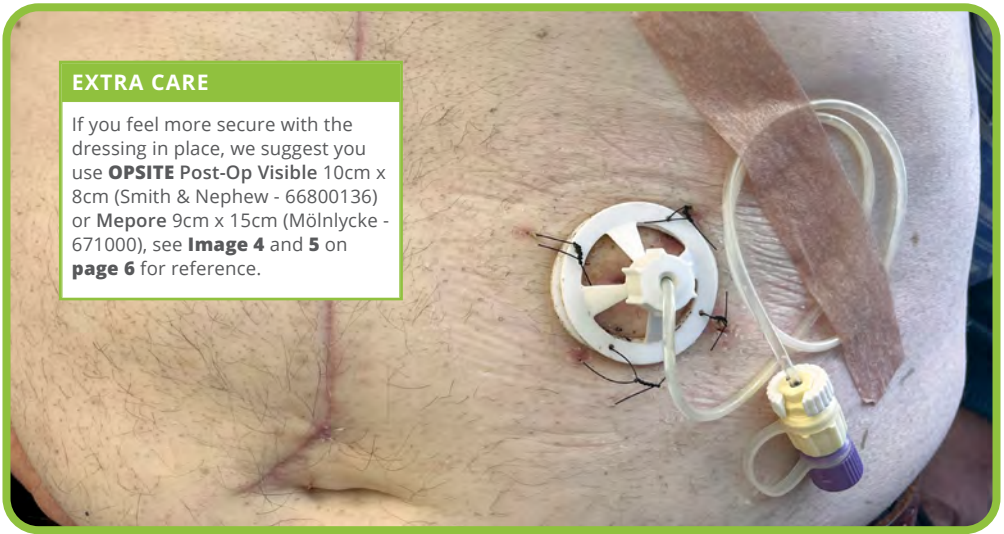


Fig. 1: Jejunostomy feeding tube site

What is a jejunostomy?

A surgical jejunostomy (JEF) is a small tube that is inserted in the lumen of the proximal jejunum. Your JEF allows

direct administration of food, fluid and medication directly into jejunum.



EXTRA CARE

If you feel more secure with the dressing in place, we suggest you use **OPSITE Post-Op Visible** 10cm x 8cm (Smith & Nephew - 66800136) or **Mepore** 9cm x 15cm (Mölnlycke - 671000), see **Image 4** and **5** on **page 6** for reference.

Image 1: Dressings are not usually required. Check your feeding tube site daily and secure the tube above the waistline by looping it under the tape (Hypafix or Micropore).

What is a jejunosomy feeding tube site?

The point where the jejunosomy tube enters your body is called the stoma site. A small amount of discharge from the stoma site is normal within the first few days. Some crusting and/or redness at suture sites is normal (**Image 8**).

General aspects of care

Care involves keeping the skin around the feeding tube clean and dry. Your feeding tube is kept in place by four sutures and a white plastic disc which should be kept in place at all times. If you feel more confident, dry dressing can be applied over the plastic disc and sutures and replace the dressing daily. (**Image 4** and **Image 5**).

- ✓ Always wash your hands with warm soapy water before touching your tube.
- ✓ It is advised that the area is kept clean by showering/washing daily with the dressing off. The downward flow of water will help clean the skin around your feeding tube. When you step out of the shower, use a moistened gauze square or cotton bud to gently remove the crusting, if any, and clean under the white disc.
- ✓ If you are unable to shower, you can perform tube hygiene as a part of your usual washing routine using a basin with warm water and moistened gauze or cotton bud and follow the steps as mentioned above.



Hypergranulation at the feeding tube site

The tube is a foreign object in the body and can therefore be associated with hypergranulation tissue (**Image 2**) which appears red/purple, “beefy”, moist, and bumpy tissue that forms around the tube site. It may bleed or have yellow, mucous-like drainage and it can be malodorous. Daily cleaning/showering helps to prevent this.

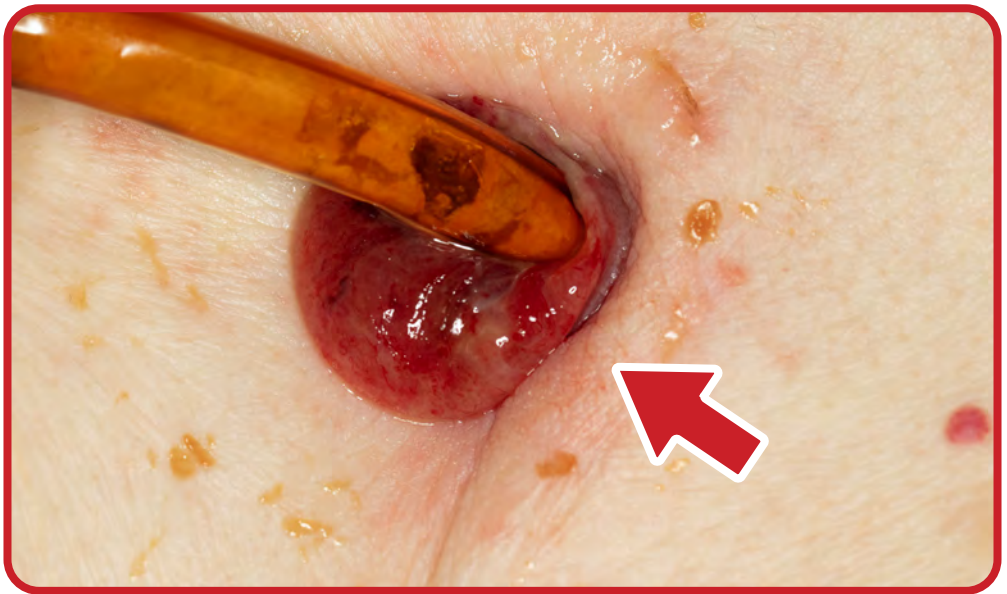


Image 2

Cause

Overgrowth of tissue due to tube movement in the tract or moisture in the area caused by occlusive dressing or low frequency of changes. Swabs and antibiotics are not necessary, unless you have signs of systemic infection such as:

- A high temperature or fever of 38 degrees Celsius or higher.
- New or worsening pain at the feeding tube site accompanied by skin redness, warmth, and swelling.
- Strong odour despite washing/showering and replacing dressings daily.

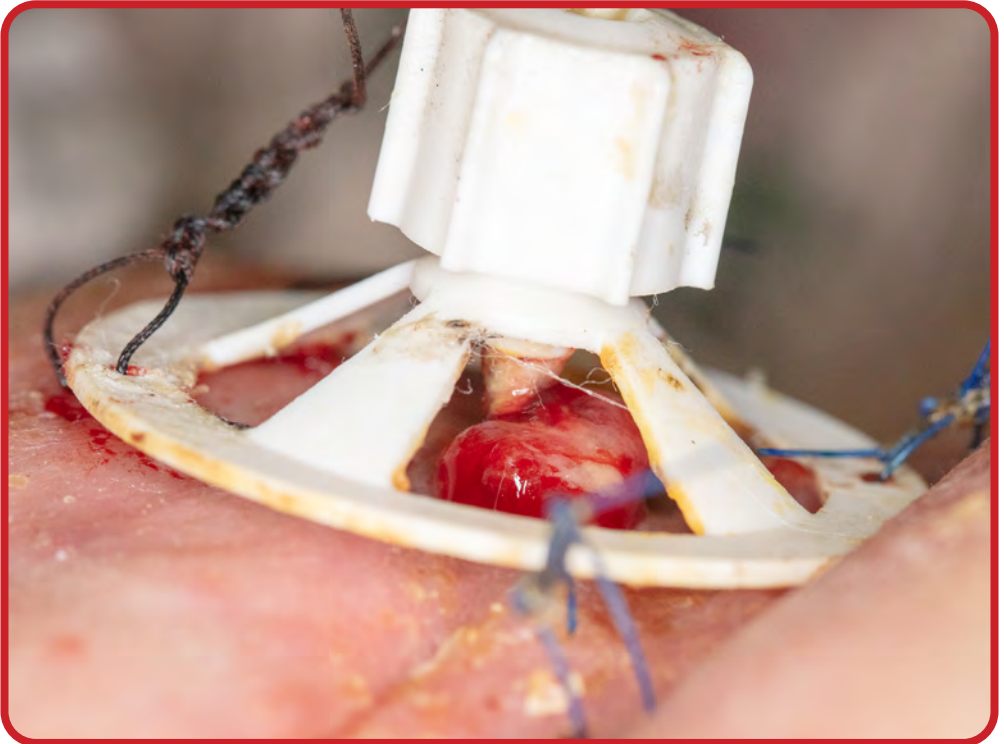


Image 3

Solution

Hypergranulation tissue is **NOT** an emergency. If you notice it, call the **SJH Wound Clinic** on 01 410 3891 or email gensurgwoundclinic@stjames.ie to schedule a clinic appointment.

If jejunostomy or suture sites are draining/bleeding place a gauze/dressing at the site and clean daily until your appointment.

WHEN TO CONTACT THE SJH WOUND CLINIC FOR RESUTURING?

If **one** or **two** sutures break, **contact us as soon as you can**.

If you have only **one remaining suture** this is **urgent** and you need to secure the tube with a dressing and **contact** the **clinic**. If this occurs over the **weekend** or **bank holiday**, please attend the nearest **Emergency Department**.



DO

- ✓ Shower/wash feeding tube site and suture sites daily; take showers instead of baths.
- ✓ Dressings are not usually required, but if you are using them, replace them daily.
- ✓ Secure your feeding tube above the waistline with tape.
- ✓ Always wash your hands with warm soapy water before touching your tube.

DO NOT

- ✗ Do not leave the dressing in place while showering.
- ✗ Do not tuck your feeding tube under a belt, inside of the trousers, etc. as this increases the risk of pulling the sutures and eventually breaking them.
- ✗ Do not use ointments/creams around the stoma site unless prescribed by health professionals.



Image 4: OPSITE Post-Op Visible
10cm x 8cm (Smith & Nephew - 66800136)



Image 5: Mepore 9 cm x 15 cm
(Mölnlycke - 671000)



Image 6: All four sutures are healthy and intact. Continue with daily showers and daily dressing changes if you are using any.

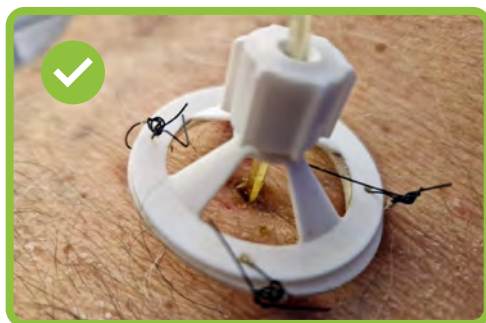


Image 7: A small amount of crusting at the stoma site is normal. The crusting can be removed with a moistened cotton bud.



Image 8: Suture sites are inflamed and crusted. This is not infected. One suture is missing. This is not urgent but inform the SJH Wound Clinic so that replacement can be arranged for you.

Cause: Low frequency of showers and dressing changes.

Action: Shower daily, and replace dressing daily if used. Do not apply creams/ointments on sutures, but Prontosan gel can be applied. If there is no improvement in seven days, contact **SJH Wound Clinic** on **01 410 3891**.



Image 9: Excoriation of surrounding skin.

Cause: moderate to high discharge from hypergranulation around tube which is not visible on this picture but it can be seen on **Image 2**.

Action: shower daily, and replace dressing daily if used. Do not apply creams/ointments unless prescribed, but you can apply Cavilon Spray daily. If there is no improvement in seven days, contact **SJH Wound Clinic** on **01 410 3891**.

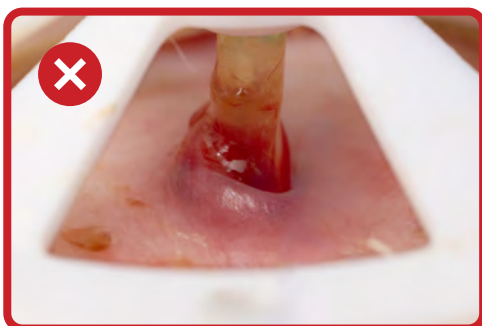


Image 10: Hypergranulation

Action: refer to the **Feeding jejunostomy: managing hypergranulation tissue** section on **page 8** for more information.



Image 11: Inflamed suture sites without crusting or discharge. **This is not infected.**

Action: In the absence of infection, continue with site hygiene and commence with Prontosan Gel. Contact the **SJH Wound Clinic** only if you observe multiple signs of infection of one or more sutures, such as; shiny redness spreading around the sutures, pus from the suture site or new pain.



Management of hypergranulation and related skin issues



Fucidin H cream

Early intervention

- ✓ Always wash your hands before touching your tube.
- ✓ Soak the hypergranulation tissue with a **Prontosan** solution for up to 15 minutes using a clean gauze swab; this solution can also be used to clean suture sites and surrounding skin; continue with daily showers.
- ✓ Use **3M Cavilon Barrier Spray** (or equivalent as available) every two to three days to protect your skin from excoriation.
- ✓ If your skin is already excoriated (raw, red, broken and it may be sore), reapply the spray daily after skin hygiene.

- ✓ Replace dressing or gauze daily or multiple times a day, depending on the amount of exudate (drainage) to prevent the formation of new biofilm.
- ✓ Discontinue using dressings once the leakage stops.

Topical treatment for hypergranulation tissue

We suggest applying **Fucidin H cream** (prescription required) after washing/cleaning in this order, by using a cotton-tipped applicator (like a Q-Tip) directly to hypergranulated tissue:

- Week 1: Daily
- Week 2: On alternate days
- Week 3: Twice a week
- Week 4: Once a week

Replace dressing or gauze daily or multiple times a day depending on the amount of exudate (drainage) during the treatment course. If the hypergranulation tissue persists after completion of the course, stop using the **Fucidin H** cream and contact **SJH Wound Clinic** for review at **01 410 3891** or gensurgwoundclinic@stjames.ie.

Prevention/maintenance

- ✓ Shower daily and follow with the application of: **Prontosan gel X** with or without the presence of hypergranulation tissue.



Prontosan



3M Cavilon Barrier Spray

- ✓ If you are not able to shower, clean your feeding tube site daily with a **Prontosan** solution.
- ✓ Apply dressing (**Opsite** or **Mepore**) or a split gauze only in the presence of exudate and replace daily.
- ✓ For clarifications or demonstration of the above steps, contact the **SJH Wound Clinic** at **01 410 3891** or email gensurgwoundclinic@stjames.ie



For healthcare providers

Feeding tube placement is an invasive procedure which creates the tract for the tube which is unable to heal as long as the tube is essential for nutritional requirements.

Inflammation related to medical devices is a body's defensive response against foreign objects (in this case jejunostomy). Epithelial cells cannot migrate across the wound bed which increases granular tissue (hypergranulation).

Moisture retention around the tube due to the use of occlusive dressings or low frequency of changes can result in increased bacterial load (creation of biofilm) and lead to the formation of hypergranulation.

This tissue is highly vascular and without a protective epithelial layer thus sensitive to trauma from friction and traction with characteristic moderate to high exudate levels that can lead to painful skin maceration.

-
- ✓ Holistic patient assessment is essential. Eliminate possible causative factors before swabbing or prescribing, e.g. once weekly dressings, occlusive dressings, and poor hygiene.
 - ✓ Implement or educate the patient about early intervention steps as below. Select antimicrobial dressings or surfactant solutions/gels before swabbing or prescribing oral antibiotics which are not required in the absence of systemic signs of infection.

For more information, refer to **Wounds UK 2020 Best Practice Statement** – Antimicrobial stewardship strategies for wound management.

Hypergranulation tissue presents as dark red, "beefy", moist, and bumpy or cauliflower-like; it may bleed or have yellow, mucous-like drainage and may be painful. This does not indicate infection and it does not spread like infection (we advise you to attend **SJH** for assessment).

Important to remember

DO

- ✓ Shower/wash feeding tube site and suture sites daily; take showers instead of baths.
- ✓ Dressings are not usually required, but if you are using them, replace them daily.
- ✓ Secure your feeding tube above the waistline with tape.
- ✓ Always wash your hands with warm soapy water before touching your tube.

DO NOT

- ✗ Do not leave the dressing in place while showering.
- ✗ Do not tuck your feeding tube under a belt, inside of the trousers, etc. as this increases the risk of pulling the sutures and eventually breaking them.
- ✗ Do not use ointments/creams around the stoma site unless prescribed by health professionals.

SYMPTOMS	KEY CONTACTS
Pain/discomfort/discharge from the tube and sutures site Dressing supplies Replacement of sutures Hypergranulation at the tube site	Iva Pranjić - Clinical Nurse Specialist in Wound Management 01 410 3891 gensurgwoundclinic@stjames.ie
Feeding supplies Blocked tubes General nutrition queries	Clinical Nutrition 01 416 2180 or 01 410 3000 Ask for bleep 243/247
General enquiries	Jenny Moore - Upper GI Cancer Nurse Specialist 087 102 2008 or 01 410 3000 ask for bleep 296
	Catherine O'Farrell 086 089 5938 or 01 410 3000 Ask for bleep 068
	Professor Reynold's secretary 01 410 3595 (Public) or 01 416 2500 (Private) Professor Ravi's secretary 01 428 4880 (Public) or 083 325 9942 (Private) Ms Donohoe's secretary 01 410 3595

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