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Jejunostomy Feeding Tube

Caring for your J-tube at home

This handout explains how to care for a jejunostomy feeding tube, also called a J-tube.

Keep the Skin Around the Tube Clean

- Shower every day with mild soap. Let the water run gently over the J-tube site.
- Use a cotton swab (Q-tip) to gently clean the skin around the j-tube and under the plastic disk (*flange*) at least once a day. Use mild soap and water
- Try to remove any drainage or crusting on the skin or tube.
- After cleaning, pat your skin dry with a clean towel.
- Do **not** use lotions, creams, or ointments on the site.

Dressing Changes

- Keep dressing on the insertion site for 1 week after your J-tube is placed. Change the dressing every day.
- After 1 week, when the area is healed, you do not need to replace the dressing. But, many patients choose to keep their tube covered. If you choose to keep the site covered, change the dressing every day after you shower.

Please talk with your nurse if you have any questions about caring for your J-tube.

- To change the dressing:
  - Wash your hands first. Then, take the old dressing out from under the bumper of the tube. If the gauze sticks, moisten it with clean water to help remove it.
- Check the site for signs of infection (see "When to Call the Clinic" on page 3).

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- Clean the insertion area (where the tube enters the skin) with clean water. You may use a cotton swab (Q-tip) to gently clean and dry the area.
- Use a fresh Q-tip to place a new 2x2 gauze dressing under the bumper. If your skin is not red and irritated, you may leave the dressing off.

Keep the Feeding Tube Secure

- Keep the tube secured at all times. You may tape it to your belly to help hold it in place. Avoid tugging on it.

Keep the Feeding Tube Flushed

- To keep the tube from clogging, flush with 30 to 60 cc of tap water every 4 hours while you are awake.
- Always flush the tube when you are adding a new bag or disconnecting tube feeds. Use 30 to 60 cc of tap water.
- If you do not flush your tube, it may get clogged. If you cannot unclog the tube, you may need to have the whole tube replaced.

Common Problems with the Feeding Tube

Clogging

- Do **not** give yourself medicines through the tube.
- If the tube becomes clogged, try flushing it with warm water. You can gently move the plunger on the syringe back and forth to help loosen any material that may be clogging the tube.
- If warm water does not clear the tube:
  - Pour a few cc of Coca-Cola into the opening of the tube to help dissolve the clog.
  - Let it sit for about 15 minutes. Then try flushing again with warm water.

Leakage from Insertion Site

- All tubes leak a small amount of fluid. This is often intestinal fluid and is clear yellow.
- You may also see a thicker drainage that is gray or cream in color. This is also normal.
- If you see a thick whitish-yellow drainage (pus), call the clinic. This drainage may also have a bad smell.

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Redness at the Insertion Site

- It is normal to have some redness where the tube enters your skin. To lessen skin irritation, secure the tube to your belly with an anchor device or tape.
- Red *granulation* tissue can grow at the incision site. This is normal. If it is painful, we can treat it in the clinic.

Broken Sutures

- Call the clinic if your sutures break. We can re-suture the tube to secure it in place. If only 1 suture breaks and your tube is still securely in place, you do not need to have the suture replaced.

Tube Dislodged or Fallen Out

- If your tube gets partly pulled out, try to gently push it in again. Then secure it with tape and call the clinic. If you do not want to push it back into place or feel resistance when doing so, please call the clinic right away. Do not use your tube again until we make sure it is placed correctly.
- If your tube falls out or pulls out all the way, call the clinic **right away**. We will arrange to have it replaced. This can usually be done by the Interventional Radiology department. Rarely, you may need surgery to replace the tube.

When to Call the Clinic

Call the clinic if:

- The tube is clogged
- The tube is dislodged or has fallen out
- Sutures are broken
- You have a fever greater than 100.5°F (38°C)
- You have increased drainage from the tube site
- You have any signs of infection:
  - Redness spreading out from the insertion site
  - Swelling
  - Increased pain
  - Fever, shakes; or chills
  - Increased drainage

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Surgical Specialties Center: Weekdays from 9 a.m. to 5 p.m., call 206.598.4477 and press 2.

After hours and on weekends and holidays, call 206.598.6190 and ask to page the Surgery Resident on call.

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