What is the right feeding tube for me?

Throughout your Head and Neck treatment, it is important you remain as well-nourished as possible - this is to ensure that your body is able to maintain your weight, tolerate the treatment, and repair itself afterwards.
The side effects of the radiotherapy may mean that eating and drinking becomes increasingly more difficult, therefore your Oncologist has recommended that you consider alternative options, should you struggle to eat sufficient food orally - these are known as Enteral feeding tubes.

The following information is designed to explain the type of tubes available, their positives and negatives, and some questions that will hopefully help determine which is **'the right tube for you'**.

Naso Gastric Feeding Tubes (NGTs)



A nasogastric tube (NGT) is a long, thin, flexible tube inserted through your nose and down into your stomach or small intestine. NG tubes do not require surgery for placement but they are visible as the tube will be taped to the nose and tucked over the ear.

This type of feeding tube will be placed during treatment, and may require a short admission to hospital.

Radiologically Inserted Gastrostomy (RIG)



A gastrostomy is a narrow plastic tube which is placed through your skin and into your stomach.
A RIG is placed using a local anaesthetic – initially a nasogastric tube will be used to inflate and distend your stomach with air before making a cut (incision) over your stomach.
The doctor will make 3 small cuts in your skin to place some stitches called gastropex.
A RIG is placed at Bradford Royal Infirmary BEFORE your treatment starts.

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Positives and Negatives of NGT Feeding.

Positives:

- NG tubes can be inserted without surgery, which allows doctors to insert them quickly and with less risk.
- The NGT is placed only if you need to use it – you may manage to meet your nutritional needs with a soft diet and oral supplement drinks.
- NGT's are a good option if you only require enteral feeding for a short period of time (3-4 weeks)

Negatives:

- Tube insertion can be uncomfortable and cause gagging – this can be especially difficult when your throat is sore with radiotherapy side effects.
- This type of tube may accidentally move out of place, (especially with coughing / vomiting) so it is essential that the tube position is checked before every feed, dose of medications and flush of water – if it is not in the correct position, it can lead to liquids going into your lungs, causing pneumonia – this can be fatal.
- The presence of an NG tube in the nose for an extended period may cause erosion and infection – it is also very visible, as it is taped to your face.
- Due to the side effects of treatment, NGT's often need to be frequently replaced.
- NGT's are unable to be replaced in the community by your district nurse or Nutricia nurse, so this will need to be arranged with a Hospital (Leeds or Calderdale).

Positives and Negatives of RIG feeding.

Positives:

- RIG's – this type of tube can be hidden under your clothing, so is not visible to others.
  Once the tube is in place, it rarely moves and does not require daily checks to ensure it is in the correct position for feeding.
- The dimensions of the tube are larger and shorter, so with regular flushing it is less likely to become blocked.
- This type of tube is recommended by Health professionals as the appropriate tube for longer term tube feeding (over 4 weeks), based on comfort and tolerance.

Negatives:

- This type of tube is placed before your treatment starts – it requires two visits to Bradford Hospital, one for a pre assessment, and one for placement of the tube.
- Any surgical procedure is not without risks, and patients have reported pain and discomfort after placement – this should resolve with standard pain relief but can last several days.
- Despite taking good care of your feeding tube, it can become infected and develop some over granulation.
- Tube requires some daily maintenance, and weekly checks of the tubes fixation device.
  If you do not need additional nutritional support during your treatment, you will have had this surgical procedure unnecessarily.

It can be a difficult decision which tube to choose - considering some of the following key points may help you decide:

Consider:	Recommendations and possible questions answered …
I want to eat and drink throughout my treatment, and don't think I will need a feeding tube.	We also hope that you won't need to use a feeding tube, however unfortunately we are unable to predict how severe your side effects will be. We will encourage you to keep eating and drinking for as long as possible during your treatment and you can still do this once your feeding tube is inserted – your tube can be used to supplement your diet if you start to struggle to eat enough to keep your weight stable, it can also be used for medications and extra fluids. If you would rather wait and see how you cope, and do not want to have a tube placed shortly before treatment starts, then an NGT may be the best choice for you.
Keeping my feeding tube private from others.	Many people, especially those with younger children or grand-children prefer to keep their feeding tubes hidden – this can be to avoid small hands pulling at the tube – if this is something you think might be an issue for you or your family then a RIG may be the best choice for you.
Ease of looking after it myself.	You will receive support which ever type of tube you choose, however if you think you may struggle to take care of a feeding tube yourself, including checking the position of the tube, then a RIG may the best choice for you.
I don't want a surgical procedure done unnecessarily.	You may feel that the risks of a surgical procedure under local anaesthetic outweigh the potential benefits - occasionally people who have had tubes placed before treatment have not had to use them – if this is something that would concern you, then an NGT might be the best option.
I am worried how having a feeding tube will affect my ability to be intimate with my partner.	Maintaining relationships can be important to people during treatment, having a feeding tube should not affect this, however you may feel self-conscious or worried that the feeding tube will become a barrier - in this instance consider which tube you and your partner would feel more comfortable with together – NGT or RIG.
I feel overwhelmed about having to think about feeding via a tube.	Feeling anxious is perfectly natural when starting anything new. Fully understanding the reason why tube feeding has been recommended for you and the implications of this are really important in helping you cope during this period – you will have opportunities to discuss feeding tubes further with your Dietitian – please do not hesitate to ask lots of questions !

Hopefully after considering the above points you have an idea which is the right tube for you, however if you would like to discuss feeding tubes further, please contact your Dietitian -

Name:

Contact Details:

If you have any comments about this leaflet or the service you have received you can contact :

Sarah Topen
Specialist Head and Neck Dietitian

Telephone: 01484 347072

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
براۓ مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"