



Information for
patients and
carers

**Having a Gastrostomy (RIGG)
tube inserted**

What does RIGG stand for?

RIGG stands for Radiologically Image Guided Gastrostomy:

- Radiologically – a procedure carried out using x-ray equipment
- Image – x-rays are taken throughout the procedure
- Guided – placement of the tube is guided by the x-ray images
- Gastrostomy – an opening into the stomach

Introduction

Following a discussion with your doctor, you may have been given this booklet regarding the possibility of having a gastrostomy (RIGG). This booklet has been written for people who may need a RIGG inserting, to help them understand why they may need it, what is involved, what happens after the tube is inserted and answering any questions that you may have about the tube. This booklet is not a substitute for a consultation with a Specialist Nutrition Nurse which will be arranged in due course. You will have the opportunity at this consultation to discuss the practicalities of having the RIGG inserted and have answered any questions that you may have.

What is a RIGG?

A RIGG is a feeding tube that passes through the abdominal wall directly into stomach.

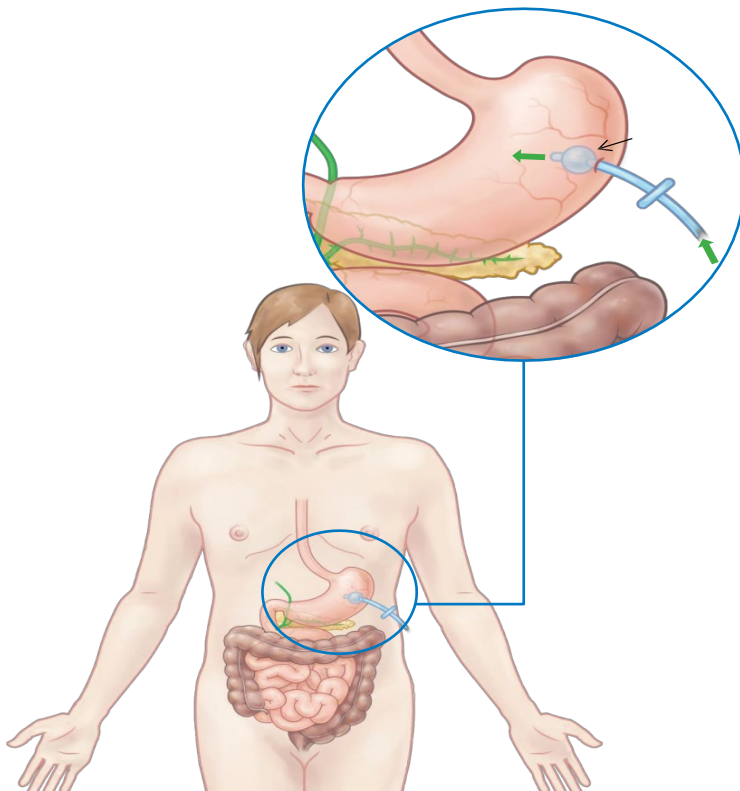
There are many reasons why you may need a RIGG. These can include:

- You are unable to eat and drink enough to meet your nutrition and hydration needs
- You have difficulties or it is anticipated you will have difficulties swallowing food and fluids for a prolonged period of time

- If you have a progressive type of illness and are currently well nourished, a RIGG can help to maintain this status as the illness progresses

It can be used for:

- A route for specialised feed, water and medication to meet your nutritional needs
- An alternative method to meet your nutritional requirements if it is unsafe for you to eat normally
- To supplement your oral intake



What are the benefits of having a RIGG?

- Your nutrition and hydration status can be improved or maintained
- Depending on why you need the RIGG it can be used for short or long term feeding.
- It is discreet and can be hidden underneath your clothes
- After speaking to your GP or pharmacist, any medications you may need can be given via the RIGG

What are the risks when having a RIGG inserted?

Having a RIGG is a routine procedure that carries a low risk of complications. However as with any procedure, there are risks involved which have to be weighed against the benefits. Please ensure that you tell us of any allergies that you are aware of.

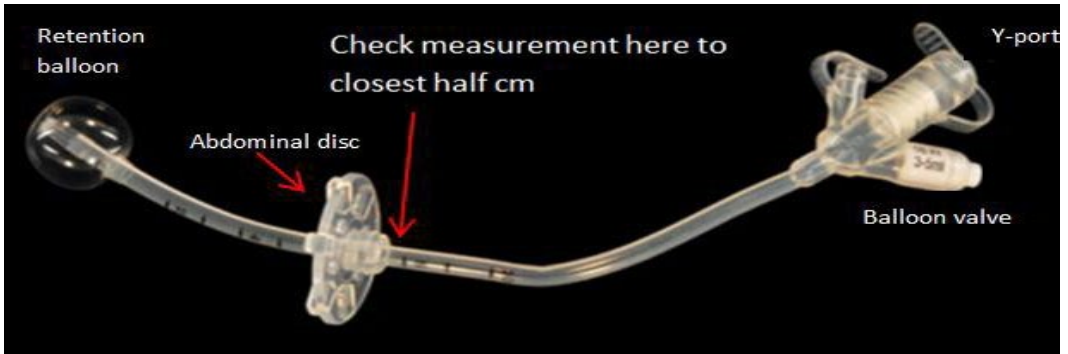
These risks include:

Risk	% of risk occurring	Strategy to counteract risk
Infection/ Peritonitis	Less than 1%	1 dose of intravenous antibiotic at time of procedure (please ensure you tell us of any allergies) Safety techniques and checks are used throughout the procedure to monitor.
Bleeding from incision site	Less than 1%	We will check your bloods prior to the procedure (within 7 days), and will not proceed unless they are within normal limits.

Chest infection	Less than 2%	You will be monitored throughout the procedure to ensure the sedation does not cause problems.
Failure to place	Less than 5%	There is often no way of predicting this, but there is always a small chance that during the procedure, a safe insertion site cannot be found.

Due to the COVID-19 pandemic patients who are admitted to hospital for the insertion of a RIGG have the potential to be exposed to COVID-19. COVID-19 is a life-threatening illness and therefore exposure to the virus can be fatal.

What does a RIGG look like?



How is the RIGG inserted?

The day of the procedure:

- You will be admitted into hospital
- You will have a blood sample taken to check your blood count and

clotting levels prior to the procedure

- You will be required to sign a consent form ensuring that you understand the procedure, risks and benefits and why it is necessary. You will be given the opportunity to ask questions relating to the procedure
- You will be allowed to eat normally until 6 hours prior to the RIGG placement. You can continue to have clear fluids (water), up until 2 hours prior to the procedure
- A small cannula will be placed into a vein in your arm prior to the procedure, to enable us to give intravenous fluids to prevent you getting dehydrated and to provide a route for your sedation
- A nasogastric tube (NGT), a long thin tube, will be inserted through your nose and down into your stomach. The tube is used to inflate your stomach with air so it is easily visible on the X-ray throughout the procedure. This is only kept in place until after the procedure has been completed and then is removed

The procedure itself:

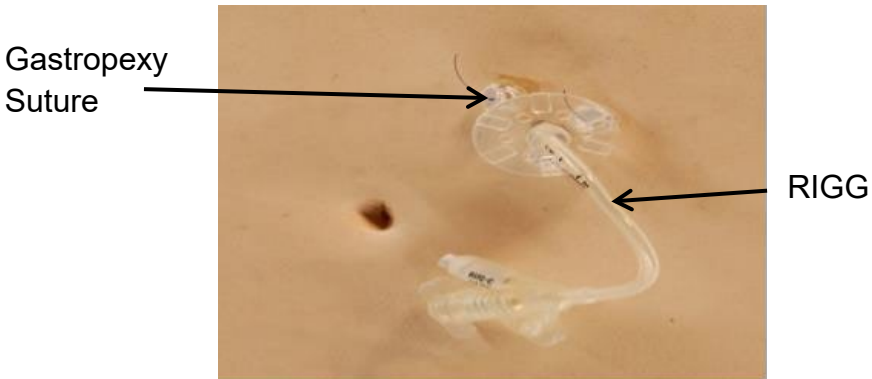
- The RIGG insertion procedure is carried out in the radiology department, where you will be asked to lay flat for the duration of the procedure
- If required, you will be given some light sedation (this is not a general anaesthetic) to help with the procedure. The sedation will make you feel sleepy but you will not be unconscious
- The radiologist will then take a series of x-rays to locate the most suitable place to insert the RIGG tube
- Then we inflate air into your stomach using the previously placed nasogastric tube
- A local anaesthetic is administered to the insertion site and three sutures are inserted through your skin and into your stomach to bring your stomach up to your abdominal wall
- The sutures are held in place by small plastic buttons which you will be able to see on the outside of your skin

- Once the stitches are in place the radiologist will insert a fine hollow needle into your stomach and gradually make the hole bigger until the RIGG tube can be inserted
- Once the RIGG tube has been inserted the balloon at the end of the tube is inflated with water – this is to prevent the tube from falling out.
- The flange is then adjusted so that it will fit snug against your abdomen to prevent movement of the tube
- The whole procedure should take between 15-20 minutes. This may be uncomfortable, but should not be painful
- If sedation has been given you may not remember much of the procedure due to the effects of the sedative medicine
- A small dressing will be applied to the RIGG site which can be removed 12 hours after the procedure

Immediately following the procedure:

- Following the procedure, you will be taken back to the ward where you will need to stay in bed for a few hours until the sedation has worn off
- Nurses will carry out routine observations such as checking your pulse, blood pressure and oxygen levels
- Approximately 4 hours after the procedure, you will be able to start using your RIGG and/or eat and drink as you would normally
- You may initially feel some discomfort from the RIGG site and surrounding area. This can be due to wind from the procedure but it generally settles after a few hours

What will it look like after the RIGG is inserted?



The days following your RIGG tube insertion

The day after your RIGG has been inserted one of the nutrition specialist nurses will come and see you on the ward. This is a post procedure check to ensure that no complications have occurred (see risk section earlier in this leaflet). The nutrition nurse will also ensure that the flange securing the gastrostomy on the outside of your abdominal wall is not too tight and uncomfortable.

For the first three weeks following the insertion of your RIGG there are certain things you should be aware of and look out for. These include:

- The RIGG tube should NOT be rotated for the first three weeks
- The water in the balloon of your RIGG tube should not be changed
- The gastropexy buttons should fall off. If these are still in place 3 weeks after the procedure, your district nurse can remove them
- If the RIGG tube becomes dislodged this is classed as a surgical emergency and you will need to attend your nearest Emergency Department (ED)
- It is advisable to have showers rather than baths, and avoid swimming to allow the area around your RIGG tube site to fully heal

The day following the insertion of your RIGG tube you will be visited by a Dietitian who will explain your nutritional requirements. This will all depend on how much you can eat and drink orally and your preferences. This can change at times depending on your illness. The Dietitian will give you a booklet to take home with you with all of this information in and contact number if needed.

Whilst you are on the ward nursing staff can show you, and your family, how to use the tube and how to care for it. The dietician will arrange for a feeding company, who supply all of the equipment associated with your RIGG tube, to visit you and provide training on the use of the equipment and your RIGG tube; whether you are an inpatient or in your own home.

Daily care of your RIGG tube

- Rotate the RIGG 360 degrees to stop the internal balloon becoming trapped within the surrounding tissue (**but not for the first 3 weeks as stated earlier**)
- Clean the RIGG site with soap and water, ensuring area completely dry
- **Do not** use talcum powder around the area
- Check the marker above the abdominal disc (see image on page 5) to ensure the tube has not moved prior to use
- Flush the tube daily to prevent the RIGG from blocking

Weekly care of your RIGG tube

After three weeks your tube will require a 'water balloon change'. This is a simple procedure which can be carried out by the district nurses, or by you/a family member following training.

If you wish to do this yourself, discuss this with your nutrition nurses. Otherwise, on discharge a referral will be sent to the District Nurses who can support you.

Is there another option to a RIGG tube?

The answer is yes.

If you decide not to have a RIGG inserted then you may consider having a rescue nasogastric tube (NGT) inserted when you require artificial nutrition. An NGT is a tube that is passed into your nose, down your oesophagus and into your stomach. This type of feeding is a lot more visible, less comfortable and less stable. It is more appropriate for short term artificial feeding.



If you need nutritional support for more than 4-6 weeks a gastrostomy tube would be more comfortable.

It is easier to manage, discreetly hidden underneath your clothing, and no one would know you have one unless you told them.

Occasionally when we carry out the RIGG procedure, we are unsuccessful (less than 5% failure) for a number of reasons:

- Your anatomy – your stomach sits partially underneath your ribcage and in some instances, your stomach is too high up to perform the procedure safely
- Part of your bowel lies over the top of the stomach
- If we are unable to identify a safe insertion site then we will be unable to continue with the procedure

If the procedure is unsuccessful, alternative options will be discussed.

I wish to proceed to RIGG placement, what happens now?

If the decision is made to proceed to RIGG placement, the nutrition nurse will liaise with the x-ray department and arrange a date that is convenient for you to come into hospital for the procedure. A letter will be sent out to you confirming all the details.

Will I still be able to eat and drink?

If you were eating and drinking before the procedure you should be able to carry on eating and drinking until your doctor or speech and language therapist tells you differently.

If you cannot eat and drink, it is important that you look after your mouth as it can become dry and plaque can build up. Frequent mouth care is important and you should still brush your teeth as normal.

What if I have problems with the RIGG when I go home?

Potential problems associated with RIGG are:

- The tube becomes blocked
- Leakage around the tube
- The tube becomes dislodged
- Pain around the gastrostomy tube
- Redness around the RIGG site
- The flange is too tight or too loose
- Broken or blocked access ports

You can contact the Nutrition Specialist Nurses with any problems or queries about your tube.

What happens if I do not require my RIGG anymore?

If your illness has improved to such an extent that you can take all of your adequate nutrition and hydration orally, your doctor, dietitian and speech and language therapist may decide that you no longer need your RIGG tube.

Arrangements can be made for you to come and have your RIGG removed. Removal does not require a hospital admission as this can be done during a routine clinic appointment.

If you have any queries or questions about any of the information which you have read in this leaflet, please contact the Nutrition Nurses for advice.

Contact details

Should you require further advice or information please contact:

Nutrition Nurses: 01772 523057 (Monday to Friday 8am-5pm)

07985 436325 (Weekends and Bank Holiday's 8am-5pm)

Please leave your name and number on the answer machine and we will call you back.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking you can also contact the Quit Squad
Freephone 0800 328 6297

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دو سر ی زبانوں او ر بڑ ی اگر آپ کو ہی معلومات سمجھنے کے پئےل مدد ی ضرورت ہے تو ییچھیا یں ییھ ابی دست بو یسکت ہے برا ئ مہر ی بان پو ییچھہی۔ معلومات

Arabic:

مطبو عة بأ ح ر ف ك ب ي ر ة و ب ل غ ا ت إذا ك ن ت ت ر ي د م س ا ع دة ف ي ف ه م ه ذ ه ل م ع ل و م ا ت يُ ر جى أن ت ط ل ب أ خ ر ي ي م ك ن ت و ف س ي ر ه ذ ه الم ع ل و م ا ت

Department: Nutrition Team, INCS

Division: Surgery

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