

Oxford Patient Safety Collaborative Specialised Paediatric Programme

Supplementary information for
Laparoscopic Primary Button Gastrostomy with
Gastropexy

This leaflet supplements the booklet '**Discharge Training and Information Pack for Parents and Carers: Care and use of your child's gastrostomy button**' and should be used in combination with it.

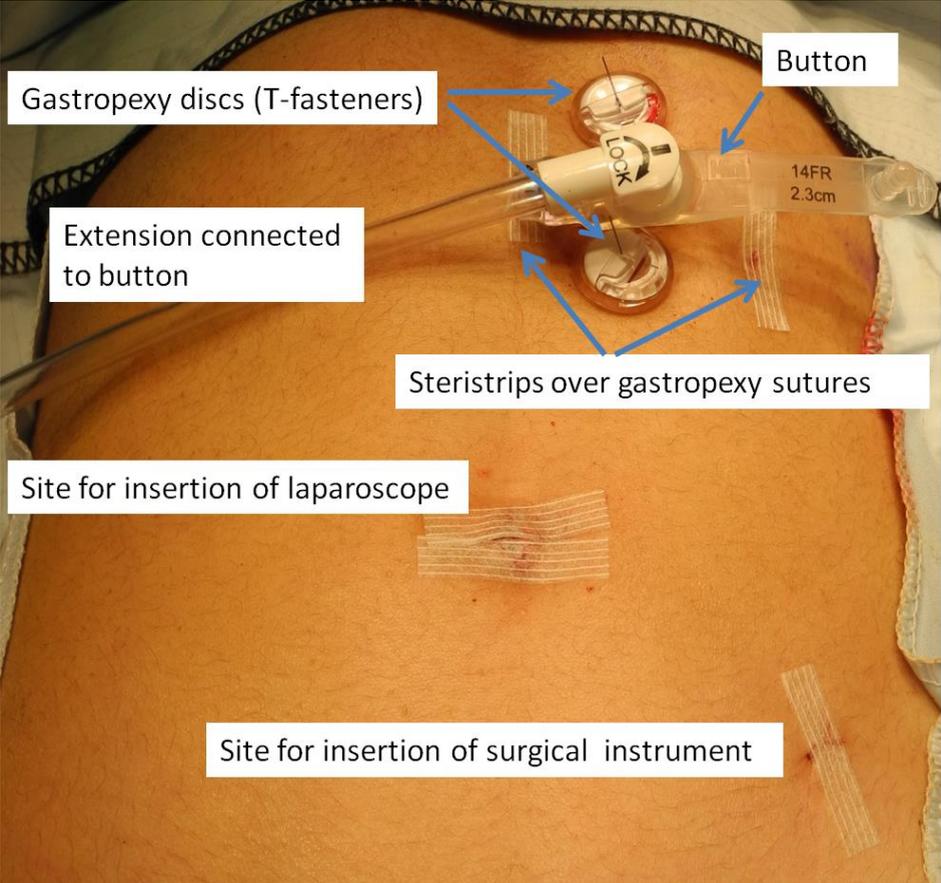
You have been given this leaflet because your child's gastrostomy button [referred to as a 'button'] has been fitted via a procedure called a 'laparoscopic primary button gastrostomy insertion with gastropexy', rather than following the fitting of a Percutaneous Endoscopic Gastrostomy (PEG) tube. Please ignore any references in the main booklet to PEGs as they are not relevant for your child.

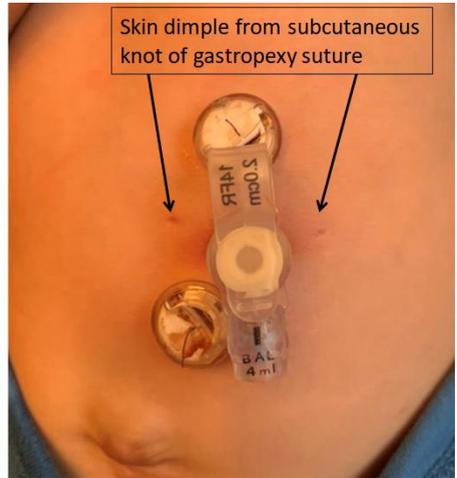
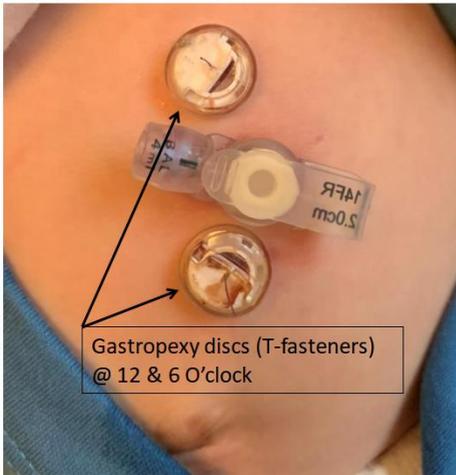
What is a Laparoscopic Primary Button Gastrostomy with Gastropexy?

In this process a button gastrostomy is inserted as the initial procedure avoiding the need for a second operation for the change of a PEG tube to a button. The operation is performed via keyhole surgery [laparoscopically] which reduces the risk of injury of the colon.

The operation fixes the stomach to the abdominal wall [this is called 'gastropexy'] with two sutures and two 'T-fasteners', each with an external disc. The aim of the gastropexy is to keep the button gastrostomy in place while healing takes place over the next 6-8 weeks.

This is the appearance of the abdomen immediately after the procedure





This is the appearance of the abdomen [of a different patient] two weeks after the procedure

Care of the button

The procedures for caring for your child's button are the same no matter how it is fitted, so please refer to the main booklet '**Discharge Training and Information Pack for Parents and Carers: Care and use of your child's gastrostomy button**' for information on how to use, clean and maintain it.

Follow up care / troubleshooting

The button will be changed for the first time at 3 months in Mr Lee's clinic or in the day care unit at the hospital. After this, buttons should be changed as frequently as recommended by the manufacturer, or if the child requires a different size, or if it becomes faulty'.

Initially this will be done by your Children's Community Nurse [CCN] who will teach you how to change the button yourself.

For further information about this refer to the main booklet, as above.

- You can lift the gastropexy discs gently just to allow cleaning with a damp cloth

They are expected to fall off around 2 to 3 months after the operation but please let your CCN know if they have fallen off before 6 weeks.

Do not worry if this happens as the stomach should still be fixed by the 2 gastropexy sutures, as well as the balloon of the button.

- If the button falls out **before 6-8 weeks**, if possible follow the procedure on page 14 of the main booklet to place the 12 Fr emergency catheter (or an 'Enplug'" if supplied to you) into the tract.

DO NOT FEED through the catheter. Come to the Children's Emergency Department at the John Radcliff Hospital. Remember to bring the old button and the emergency equipment with you.

- If the button gastrostomy falls out **after 6-8 weeks**, you or your CCN may be able to reinsert a new button or a G-tube, following the procedure on page 13 of the main booklet. If pH testing shows the position is satisfactory, then the new device can be used.
- If an aspirate with a pH of 5 and below cannot be obtained, the button or G-tube can remain in place but you may need to attend hospital before using the button for feeding – your CCN will advise you of next steps
- If it is not possible to reinsert a new button or a G-tube, if possible follow the procedure on page 14 of the main booklet to place the 12 Fr emergency catheter [or an "Enplug" if supplied to you] into the tract. DO NOT FEED through the catheter. Come to the Children's Emergency Department at the John Radcliff Hospital. Remember to bring the old button and the emergency equipment with you.

This supplementary leaflet was written by Mr Alex Lee, Consultant Paediatric Surgeon Oxford University Hospitals and Clinical Lead to the Oxford Patient Safety Collaborative Specialised Paediatric Programme gastrostomy project.

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