

# Tube Site Care

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Enteral feeding tubes have become commonplace at facilities caring for pediatric patients who have swallowing disorders or digestion problems. Among the many tubes available, the three main types are balloon tip, percutaneous endoscopic gastrostomy (PEG), and low-profile gastrostomy tube (G/T).

Common complications that cause skin problems after the placement of the enteral feeding tube include displacement, improper balloon inflation, and inadequate tube stabilization. These complications can cause stomach contents to leak onto the peritubular skin, which in turn may lead to hypergranulation formation, maceration, denudation, and skin irritation. Hypergranulation or hyperplasia is the overgrowth of granulation tissue above the level of the skin. This can be the result of the tube migration and exposure to excessive moisture. Hypergranulation tissue tends to bleed easily when the tube is manipulated. The situation can be addressed by stabilizing the tube, using silver nitrate to break down any of the hypergranulation tissue, and applying appropriate dressings around the tube to help maintain dry skin and absorb leakage.

The clinician can stabilize the tube by anchoring it against the external skin, if applicable; a variety of stabilization devices is available. The internal anchor should be secured to the wall of the stomach and the balloon should be properly inflated. These devices can become tight due to abdominal swelling. Rotation can help prevent adherence to the surrounding skin; rotatable devices can alleviate pressure on the skin.

The clinician also may need to determine the cause of peritubular skin breakdown and treat appropriately. Products such as ointments and dressings should be age appropriate—treatments appropriate for adults may not be appropriate for pediatric patients and their fragile skin. When applying a treatment for skin breakdown, the tract must not be occluded.

Many treatments are available for these complications. Clinicians should review guidelines on enteral feeding tube care for pediatric patients. ■

## Commentary from Ferris Mfg. Corp.

It is important in all tube site care to protect the surrounding skin. In a representative case study,<sup>1</sup> hospital nurses wanted to identify a tracheostomy dressing that would improve patient outcomes, protect the surrounding skin, and replace the gauze dressing they were using. The gauze was not able to absorb the exudate produced by the stoma, which resulted in excoriated surrounding skin. Additionally, when the mucous secretions dried, the dressing adhered to and left strands of gauze at the stoma site. Gauze dressing removal was painful; in addition, the gauze was too bulky under the tube collar, causing patient discomfort.

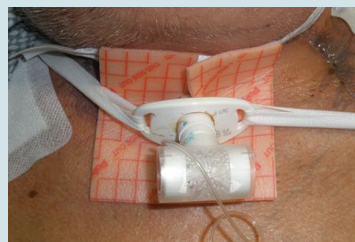
Multifunctional PolyMem® dressings were implemented to address these issues. The dressings' absorbency eliminated the problems with excoriation of the surrounding skin. Also, PolyMem dressings contain a moisturizer and other components that help prevent the dressing from adhering to the stoma site, eliminating both trauma and pain to the site during dressing changes. In addition, the dressings help reduce erythema, swelling, and pain at and around the stoma site, key factors in making the patient more comfortable. Because the PolyMem dressings were also thinner than the thick gauze, patient comfort was increased both during the dressing change and while wearing the dressing. ■

## References

1. Lonie G. Polymeric Membrane Tube Site Dressings Improve Tracheostomy Site Management While Increasing Patient Comfort. Poster presented at the Australian Wound Management Association, Perth, Western Australia. March 22–24, 2010.



**Tube site dressings should stay in place in order to protect the peristomal area.**



**PolyMem dressings are easy to apply and change. The dressings stay in place, protecting the stoma site.**