Site Care Management: The Good, the Bad and the Ugly

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The Good…………
- Different for everyone.
- Most tube sites do not look perfect.
- Some drainage is expected.
- Relative to the client’s current condition
- Hypergranulation tissue may be normal for some.

The Bad………..
- Every patient has some risk of developing complications such as:
  - Skin irritation or breakdown
  - Infection
  - Tube dislodgement
  - Tube migration
To Stay Good……

- Adhere to principles of basic wound care
- Assess the site daily
- Early identification and intervention
  - McClave and Neff 2005

Basic Principles of Wound Care:
- Daily cleanse with mild soap and water
- Rinse well, pat dry
- Keep clean and dry
- Avoid dressings, open to air is best
- Avoid use of topical antibiotics

This Could be Good……Could be Bad……

- Condition of stoma edge
- Colour and condition of surrounding tissue
- Amount and type of leakage/drainage
- Hypergranulation tissue
- Odour
This is definitely Good

- Rotate the tube daily
  - EXCEPT gastrojejunal tubes or radiologic tubes (pigtail)
- Secure tube to prevent:
  - Leakage
  - Migration
  - Dislodgement
  - Excessive movement of tube within the stoma
Things are Getting Bad.....
Leakage / Drainage at the Site:
- Fit of tube
- Securement
- Tolerance of feed volume or rate
- Abdominal pressure and distention

Making it Good Again.....
- Balloon volume, length of tube
- Bigger is not better
- Less volume, slower rate, more frequent feeds
- Bowel routine, venting of tube

It Can Get Ugly.....
- If not controlled -> Inflammation
  - Usual cause is ongoing drainage
  - May progress to chemical burn
Making it Good Again.....

- Barriers -> Critic Aid, Zinc oxide, barrier wipes, powder
- Consider medications:
  - H-2 blockers
  - Proton pump inhibitors
  - Motility agents
- Correct the cause

This Could be Getting Ugly.....

Hypergranulation:

- Contributing factors are presence of the tube, friction, moisture
- Pink/red, moist, fragile tissue which bleeds easily and may be painful.
- Resembles the mucous membrane inside your mouth
- Raised above the level of the skin around site
- Clear, mucousy yellowish or sero-sanguinous drainage

Returning to Good.....

- Prevention
- Foam dressings
- Kenalog cream
- Stoma powder
- Silver nitrate
Foam Collar for Gastrostomy Tubes

**Do This**

- Cut a 4 cm x 4 cm piece of foam (Biatain) into 9 squares.
- Cut a "Y" cut. Wrap the foam white side down around the Gtube. Secure with a small piece of tape.
- As fluid is absorbed into the foam, it swells. Change the collar whenever the foam is distorted.

**Not This**

- Foam is too large.
- The split isn’t secured; foam easily dislodged.

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**Infection:**

- Reddened, tender, swollen, pus, fever.
- A true infection is actually a relatively uncommon problem.

**Only one Good answer:**

- Systemic antibiotics
Another Example of Bad.....

Yeast Infection:
- Characterized by reddened shiny patches with irregular scaly borders and satellite papules and pustules
- Due to prolonged exposure to moisture

A Good Solution
- Topical antifungal powder or ointment

Bad Things are Happening.....

Pressure Necrosis / Buried Bumper
- Term used to describe a complication where the internal retention device becomes embedded in the gastric wall.
- Skin stabilization device too tight
- Skin level device too tight / too short

With the experienced support of your Home Nutrition Support Programs, “Good” can overcome the “Bad” and the “Ugly”
REFERENCES
