

Purpose

This resource is intended for home-based primary care (HBPC) providers and practice staff to provide procedure recommendations for replacement of gastrostomy tube in the home setting.

Equipment Needed for Gastrostomy Tube Change

- Clean table or other surface
- Gloves
- Clean surface barrier
- Sterile gastrostomy tube that is the same size as the current tube
- 10 ml syringe to inflate gastrostomy tube balloon
- Appropriate syringe to flush the gastrostomy tube
- Gauze or tube dressing
- Towels that may be needed to absorb tube feedings and gastric secretions
- Water-soluble lubricant
- 7-10 ml of sterile or distilled water
- Surgical mask
- Eye protection

Procedure for Gastrostomy Tube Change

- Wash hands.
- The patient should be situated in a comfortable supine position.
- Place the needed equipment on a clean surface.
- Put on gloves, a surgical mask, and eye protection.
- Examine the gastrostomy tube for defects and test the balloon for leakage by instilling 5-10 ml of sterile or distilled water. Deflate the balloon after testing.
- Apply a small amount of lubricant to the end of the replacement gastrostomy tube.
- Make sure the external bumper slides up the tube for placement. Move the external bumper 3-4 cm above the previously noted distance/markings of the old tube. Note, this does not apply to low profile gastrostomy tubes.

- Set the replacement tube on a clean surface (usually back inside the sterile packaging).
- Place paper towel or a cloth towel around the gastrostomy tube area to absorb any leakage of tube feeding or gastric secretions.
- The provider can stand on either the right- or left-hand side of the patient.
- Before removal, review and identify the brand, type, and size of the tube, and the external centimeter markings on the current gastrostomy tube, so the replacement gastrostomy tube is placed in the correct position.
- A bumper (bolster) type gastrostomy tube can be changed or removed at home using traction removal without local anesthesia, although some patients and specialists prefer changing this type of tube endoscopically. Consider checking with the specialist who placed this type of gastrostomy tube for their input.
- Remove bumper (bolster) type gastrostomy tube by placing non-dominant hand flat against the abdomen for counter pressure with the gastrostomy tube fitting in the web between the thumb and index finger. Wrap the gastrostomy tube around the fingers of the dominant hand until the hand is within a few centimeters of the abdominal wall and pull firmly on the gastrostomy tube to remove.
- Remove balloon type gastrostomy tube by first deflating the balloon in the old tube using a syringe. If no fluid can be aspirated from the balloon and there is concern the valve may be malfunctioning, the valve can be cut off to allow any fluid in the balloon to escape. Place non-dominant hand against the abdomen for counter pressure. Gently pull out the old tube using the dominant hand. Discard the old tube.
- Insert the replacement gastrostomy tube into the stoma with gentle pressure beyond the previously noted distance/markings on the gastrostomy tube. Inflate the balloon with the appropriate amount (usually 7-10 ml) of sterile or distilled water.
- Gently pull back on the gastrostomy tube until resistance is met. This will ensure the retention balloon is secured against the stomach wall.
- Wipe any secretions off the tubing. Move the external bumper/bolster down gastrostomy tube until a snug fit is achieved. Make sure that the external bumper is not too tight against the skin (should not compress the abdominal wall which can lead to pressure ulcers) and the tube can be freely rotated. Note, a low profile gastrostomy tube does not have an external bumper/bolster.
- Verify gastrostomy tube position by using a syringe to flush air or water into the stomach and listening with a stethoscope, or by aspirating gastric contents through the feeding tube port.
- Wash hands post-procedure and document the procedure including the brand and type of tube, the external centimeter markings of the bumper on the gastrostomy tube, and the lot and expiration.

Billing for Gastrostomy Tube Replacement

- CPT code 43762 (replaced 43760 in 2019) is defined by Current Procedural Terminology (CPT) as replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance, not requiring the revision of gastrostomy tract.
- An appropriate ICD (International Statistical Classification of Diseases) 10 diagnosis code for the procedure is Z43.1: Encounter for attention to gastrostomy for routine care.
- CPT 43762 CMS National Payment Amount \$227.41; wRVU 0.75. (2019)

See Other Consideration on page 3

Other Considerations

- If the gastrostomy tube becomes dislodged within 14 days after initial placement, contact the provider who performed the procedure to reinsert as endoscopic or fluoroscopic replacement may be necessary.¹
- A family member or caregiver can be trained to perform a balloon type gastrostomy tube change at home (emergently or routine), thereby minimizing trips to the ED for gastrostomy tube dysfunction.
- Order a replacement tube through the tube feeding supplier after the replacement so there will be a replacement tube at the home for emergencies.
- Balloon type gastrostomy tubes can be changed every 3-4 months, although there are currently no consensus recommendations on the frequency of gastrostomy tube change.

¹ Mincheff, TV Early dislodgement of percutaneous and endoscopic gastrostomy tube. J S C Med Assoc. 2007; 103(1):13-5

Additional Resource: New England Journal of Medicine

Gastrostomy Tube Exchange YouTube Video: <https://youtu.be/NxSiuxUidfW>



Hotline

Call 630.283.9222 or
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