

Care of Your Jejunostomy Tube (J-Tube)

What is a jejunostomy tube (J-tube)?

A jejunostomy tube, also called a J-tube or a PEJ (percutaneous endoscopic jejunostomy) tube, is inserted through the skin and abdominal wall into the jejunum, a part of your small intestine. The tube is used for feeding and helps you maintain good nutrition, hydration, and body weight.

Why do I need a J-tube?

The tube is put in place for those who cannot take in enough food or drink by mouth. Most people with J-tubes have trouble digesting food, emptying their stomachs, or have had a type of abdominal surgery that requires time for an anastomosis* to heal. * An anastomosis is an area where organs are surgically reconnected.

How do I care for my J-tube?

1. Check

- Check the skin around the tube daily.
- Look for: skin redness that has spread more than ½ inch around the tube, drainage, leaking, or swollen or cracked skin.
- Check for pain or discomfort around the tube.

2. Clean

- Clean the skin around the tube daily and anytime there is leakage. Remove dressings and throw them away before cleaning.
- Wash your hands before and after cleaning the site.
- Use a clean wash cloth or cotton balls with a mild soap and water to clean the skin around the tube.
- Clean the tube itself with soap and water at this time.
- Use cotton swabs to gently clean hard-to-reach places.
- Rinse your skin and dry it well.
- For the first 4-6 weeks, you may only take showers do not put the tube under any water such as bath/hot tub.
- When showering, you can remove the dressing. Put on a clean dressing afterward.

3. Dress (if necessary)

- For the first few days after the tube is placed, and whenever there is any drainage, you will need to cover the area with a dressing.
- Use drain sponges as supplied (gauze with a slit to accommodate the tube to dress the site). Use the least amount of tape necessary to keep the dressing in place.
- If the J-tube site is healed and there is no drainage, a dressing is not needed. Leave the site open to the air.
- The tube itself should be secured (see below) to prevent anything pulling on the tube.
- After the J-tube has been in place for 4-6 weeks, ask your doctor if you can bathe normally.

4. Secure

- A tube that is left hanging could be pulled and cause injury to the insides of your intestines. There are several ways you can secure the jejunostomy tube:
- Gently tuck the tube into clothing.
- Wrap tape around the tube and press the ends together –creating a "tape tab". Put a safety pin through this tab and pin the tape to the inside of your clothing.
- Use paper, micropore, or other tape that is not 'gummy' and tape the tube to a skin barrier or dressing. Avoid taping the tube directly onto your skin.

How are feedings done?

• Feedings through a J-tube are done through a feeding pump. A visiting nurse or home care company will help arrange for your feeding pump and give you instructions on how to use it. They will also be available to assist you in caring for your tube at home.

Flushing the J-tube

- To reduce the risk of tube clogs always use lukewarm water to flush the tube.
- Flush every 4-6 hours, if feeding is continuous.
- Flush whenever a feeding is interrupted.
- Flush every day the J-tube does not get used.

What if the tip of the feeding set does not stay securely in place in the feeding tube?

- Use a cotton tip swab moistened with water to scrub the inside of the feeding tube adapter. This helps to remove oils that build up. Make sure the tip of the feeding tube set is also clean.
- Check the feeding tube adapter for wear and replace if necessary. You may also try taping the connection. Call your home care nurse if these steps do not help.

Problem	What You Should Do
Fever, chills, redness or swelling around the tube site, or bleeding through/around the tube	Call your doctor immediately for advice. Go to the Emergency Department or an Urgent Care Center if you cannot reach your doctor.
Hard or painful abdomen, diarrhea, or constipation	Call your doctor for advice.
J-tube falls out	Cover the site with a clean gauze pad. Call your surgeon immediately to arrange for a new tube to be placed . The surgeon on call will direct you to come to clinic during regular hours or instruct you to go to the nearest emergency room to replace the tube. Dislodged tubes must be replaced quickly (within 1-2 hours) or the hole will close up.
J-tube became clogged (tube will be hard to flush)	Alternate between flushing with water and aspirating with a syringe. (Aspirating with the syringe means to pull back the plunger on the syringe while it is connected to the feeding tube.) Call your home care nurse or surgeon if the tube remains clogged after you've made 4-6 attempts in 1 hour. Clogged tubes are not usually an emergency but it will be replaced as quickly as possible on the next working day.
Leaking around the tube	Put a gauze dressing around the site and call your doctor.

Questions or Concerns

- If you have any questions, please call your Center/Clinic.
- Our Assessment and Treatment Center (ATC) supports our current patients who have immediate but non-life threatening symptoms. The ATC is open 24/7 but it is not a walk-in clinic. You will need a referral from your Roswell physician or the Roswell physician-on-call. If you are having urgent symptoms, call your Center (examples: GI, Breast, Leukemia Center). If your Center is closed, call Roswell Park at **716-845-2300** to be evaluated by a Triage Nurse.
- If you feel you are in a life-threatening situation, call 911 immediately or go to the nearest hospital emergency room. Bring your Roswell Park "green card" (ID card) with you. Please notify your Roswell Park provider that you are in the emergency room or if you are admitted to the hospital.