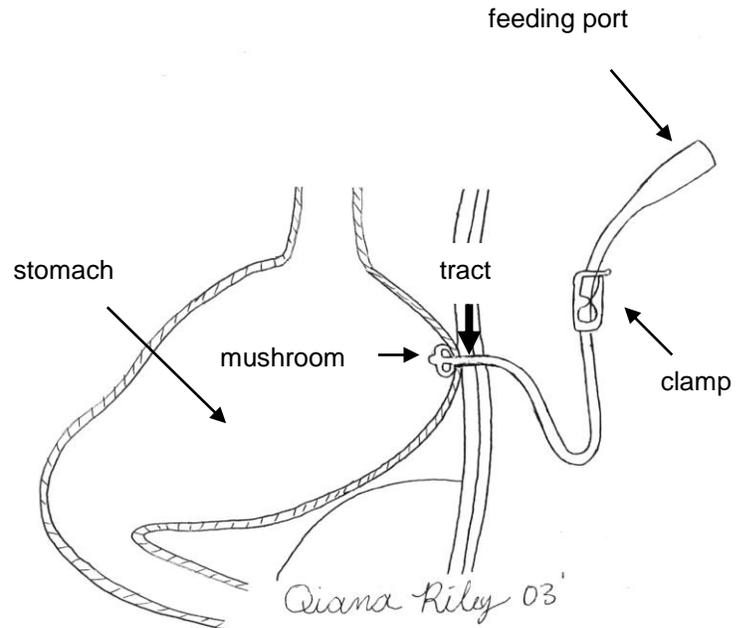


Pezzet Tube

This teaching sheet is to be used with the book **Caring for a Child with a G-tube**. If you did not get the care notebook, please ask your child's nurse.

What is a Pezzet tube?

- A Pezzet tube is a long type of feeding tube. It is held in place in the stomach by a small mushroom shaped piece.
- There may be stitches on the outside for up to a week.
 - If your child is sent home with the stitches, they can be removed at your child's doctor's office, clinic, or by a home nurse.
- This tube needs to stay in place 6 weeks before it is changed to another type of tube.
 - This is needed for healing and to create a good tract for the tube.



Why does my child have this type of tube?

- You and your child's doctor decided that this kind of feeding tube would be the best way to feed or supplement your child at this time.
- Your child's Pezzet tube size is _____

How do I care for a Pezzet tube? (See pages 12, 15-16 in the book *Caring for a Child with a G-tube and teaching sheet #3067: Bolster Dressing for G-tubes and J-tubes*)

Clean the site daily.

- Get your supplies.
 - Soap and water
 - Washcloth or Q-tips®
 - Tape
 - 2x2 split gauze, if needed
- Wash your hands with soap and water.
- Clean the skin site with soap and water.
- For Bolster Dressing
 - 3 x 3 gauze dressing (2 pieces)
 - ½ inch x 4 inch tape (4 pieces)

Caring for a tube, continued

- If the skin site around the tube has dried, crusty drainage, soak it with a warm wet washcloth to help get it off.
- Rinse the skin with water and dry the area well.
- Gently turn or spin the tube around in the tract with site cares. If your child has stitches, do **not** do this until after they are gone.
 - This stops the skin from sticking to the tube.
- A bolster dressing must be used to keep the tube stable.
 - You do not need to change the bolster dressing every day when you do site cares.
 - Change the bolster dressing when it is dirty or if it is making the tube unstable.
 - If the bolster dressing has been in the same place for 3 days, then move the bolster to a different area on the skin. This keeps the tube from leaning the same way each time and making the hold larger.
- Put a tension loop on the tube to help secure it.
 - Move the tension loop when moving the bolster dressing.
 - You may want to use an elastic binder over the belly to keep the tube secure.
- Your child can take a sponge bath or shower 2 days after the tube is put in.
 - Do not let the skin site and tube go under water for one week after it is put in.
 - Your child may go swimming one month after the tube is put in.

How do I feed my child using a Pezzier tube? (See pages 18-21 in the book *Caring for a Child with a G-tube*)

- There is only one port on the end of the Pezzier tube.
 - This port of the tube is used to give food and liquids into your child's stomach.
 - This port is also used to give medicine into your child's stomach.
- Get your supplies.
 - Syringe.
 - Feeding bag.
 - Feeding pump.
 - Kangaroo Y extension port, if needed.
- Wash your hands with soap and water.
- Attach a syringe or feeding bag into this port.
- Open the clamp on the tube.
- Use your child's usual feeding times and instructions from the doctor or dietician.
- When the feeding is done, flush the tube as explained below.
- Close the clamp on the tube.

Flushing (See page 17 in the book *Caring for a Child with a G-tube*)

Flushing helps stop the tube from clogging. It gets rid of any medicine or formula left in the tube.

- Get your supplies.
 - 5 mL
 - Water flush after giving medicine.
Amount for my child: _____.
- Briskly flush the tubing with 2 to 5 mL of water after feedings.
- Flush the tube after any medicine or food is given.
 - If more than one medicine is given at a time, flush after each medicine.
- If your child is less than 10 pounds or on a fluid restriction, do not flush the tube unless your child's doctor or nurse tells you to.

How do I vent my child's stomach using a Pezzer tube? (See page 22 in the book *Caring for a Child with a G-tube*)

Venting, sometimes called "burping through the G-tube," lets your child's stomach get rid of extra air or food. Venting can be done before, during or after feedings, or at any time your child is showing signs of discomfort.

- Get your supplies
 - 60 mL syringe
- Wash your hands with soap and water.
- Close the clamp on the tube.
- Open the feeding port cover.
- Put the syringe without the plunger into the end of the feeding port. Open the clamp.
 - Hold the syringe above the belly.
 - Keep syringe in place for 1 to 2 minutes, or longer if needed.
 - You may hear air or see excess food, stomach juices rise or drain into the syringe or bag.
- Be sure all stomach juices have gone back down to the stomach or empty them if you have been told to.
- Flush the feeding port with 2-5 mL of water if your child can tolerate it. If the tube is sluggish and your child can not tolerate any flush, then try flushing with 5 mL of water and pull the water back out.
- Close the clamp on the tube and take out the syringe.
- Close the feeding port.
- Wash your hands with soap and water.

Troubleshooting Problems (See pages 27-30 in the book *Caring for a Child with a G-tube*)**Leaking at the skin site**

- Check that the mushroom is pulled snug against the stomach wall.
- Make sure the bolster dressing is secured in place.
- Put barrier cream on the skin around the site to protect the skin.
- Call your child's doctor or nurse if leaking keeps happening or you are not able to fix it.

Granulation tissue

- This is extra healing tissue which can be seen where the tube comes out of the skin.
- It is very common for granulation tissue to grow. It is a normal body response.
- The tissue is pink and moist. You may see yellow or green drainage or a little bit of bleeding.
- If you see this tissue, call the clinic for medicine to treat the tissue.

Tube falls out

- Do **not** replace the Pezzer tube.
- Call the Surgery Clinic at (414) 266-6421 between the hours of 8:00 AM – 4:00 PM or the surgeon on-call after 4:00 PM at (414) 266-2000.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if:

- The tube comes out.
- The skin around the tube has drainage (pus) or is red, swollen or sore to touch.
- The tube is blocked and you are not able to get it working.
- Your child has feeding problems such as vomiting or gagging.
- Your child has special health care needs that were not covered by this information.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.