

### What can go wrong?

- Sometimes the button can be difficult to get in. Try repositioning the child, and also keep them calm; if the child is crying then this may make it more difficult as their tummy muscles tense up.
- It is important to get the button in as soon as possible as the hole (stoma) can begin to close.
- If you are unable to insert the new button, the child will need to attend the Emergency Department as soon as possible to ensure the stoma does not close. Try to get there within 1-2 hours.
- Smaller catheters can be inserted to keep the hole open. If you have been given one for use in an emergency, put the end of this (1-2cm only) into the stoma (hole). Keep it in place with a plaster or tape and attend the Emergency Department.

### Long-term care of the gastrostomy button

- Change the water in the balloon weekly.
- Clean the skin area on the tummy daily with soap and water, and dry well.
- The button must be changed every 3-6 months or earlier if problems occur.
- Contact us for advice if you notice any redness, oozing, swelling, bleeding and/or changes in the appearance of the skin.
- The button may need re-sizing as your child grows, or if they gain or lose weight. Contact us if the button seems too tight or too loose.
- Always have a spare button for future use - contact Abbott.

### Useful Telephone Numbers

**Community Children's Nursing Team** ☎ 01438 288370  
(Monday to Friday, 9am - 5pm)

**Dietician** ☎ 01438 284113

**Abbott - Hospital 2 Home** ☎ 08000 183799

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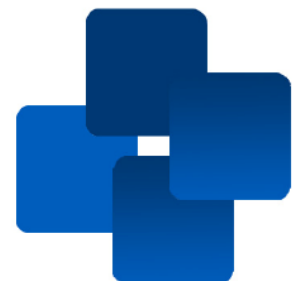
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You can request this information in a different format or another language.

## Parent Information

### Procedure for changing a gastrostomy button

### Community Children's Nursing Team



A gastrostomy is a surgical opening through the abdomen into the stomach. A feeding tube is inserted through the opening which enables your child to have nutritional feeds/medications directly into their stomach.

The type of gastrostomy tube this leaflet is about is the **balloon retained gastrostomy button**, which is sometimes known as a MIC-KEY or Mini Button.



### Reasons for changing a gastrostomy button

- It's 3 to 6 months since it was inserted or last changed.
- Child is being treated for candida (we'll explain when to do this).
- Decreased amount of water in balloon during weekly change.
- The valve is broken on the button and you cannot attach the feeding extension set.

### Equipment needed for changing button

- 1) A clean space, i.e. a clean tray to place items on.
  - 2) A new gastrostomy button - check you have the correct size and type and it is within the expiry date on the box.
  - 3) 2 x 10ml luer slip syringes (not purple). Draw up 5ml water into one of these.
  - 4) 20ml enteral syringe (purple).
  - 5) 10ml water flush in enteral syringe (purple).
  - 6) Feeding extension set.
- also:**
- 7) PH paper.
  - 8) Lubricating jelly.
  - 9) Gauze.

### Points to remember before you start changing the button

- Ensure all equipment is prepared before you remove the old button
- It is not a sterile technique but try not to touch the balloon part of the button, or the tips of the syringes so that they are as clean as possible.
- Always prepare the child and explain the process if they are at an age to understand.
- **For children who are on continuous feeds**, these should be stopped one hour before changing the button.
- **For children who are on bolus feeds**, wait 1-2 hours after feeding before changing the button.

### Step by step guide (we will have taught you how to do this before)

- 1) Wash hands well and prepare your equipment, try not to touch any key parts.
- 2) Check the new button first, then using the 10ml syringe containing 5ml of water, insert water into the balloon via the valve. Push and twist the syringe into the valve to do this.
- 3) Check for any holes or an uneven balloon - **Do not use if any problems**. Keep the faulty button and contact Abbott so that it can be returned.
- 4) Remove the 5mls of water from the balloon using the same syringe.
- 5) Apply lubricating jelly to the end of the balloon and place on the tray.
- 6) Lie the child down and using the empty 10ml luer slip syringe, insert it into the valve and remove all the water from the existing button.
- 7) Gently remove the old button making sure you have gauze ready in case of stomach contents leaking.
- 8) Now insert new button. It can be hard to push in so you may need to use some force - don't panic.
- 9) Hold the new button in place, insert 5 mls of water into the valve (push and twist) using the syringe and water you used for step 2.
- 10) Attach the extension set and, using the purple 20ml syringe, aspirate (pull back on the syringe) to get 1-2ml of stomach contents. Test on the PH paper. PH should be between 1 and 5.  
**If the PH is not in the range of between 1 and 5, the gastrostomy button must not be used. Telephone our team or your local hospital for advice, the button may need checking before using.** Some medications alter the PH of aspirate, so please tell us what medicines your child has.
- 11) Flush with 10mls of water (in purple syringe) to make sure the new button is clean and working, ready for next time.
- 12) Contact Abbott so you always have a spare button for future use.