

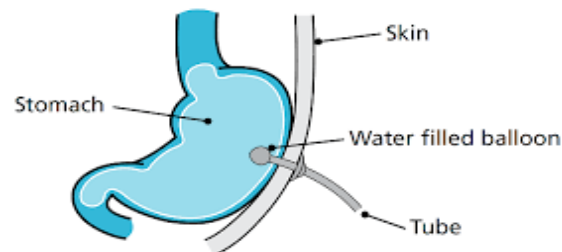
Radiologically Inserted Gastrostomy (RIG) - Information for patients

This leaflet aims to answer some of the questions you may have about having a Radiologically Inserted Gastrostomy (RIG). It explains the risks and the benefits of the procedure and what you can expect when you come to hospital.

If you have any questions or concerns, please do not hesitate to speak to the staff caring for you.

What is a RIG?

A RIG is a procedure to insert a small tube through the skin directly into your stomach. It is carried out by an interventional radiologist who use x-rays to guide the tube into the correct position. The tube will be used to give you liquid food directly into your stomach to provide nutrition.



Why do I need a RIG?

There can be several reasons as to why you may be unable to eat or drink sufficient amounts to satisfy your nutritional needs or there may be a problem with swallowing that makes it unsafe for you to eat or drink. In order to get the nutrition that you need your doctor has recommended that you are fed directly through a tube into your stomach.

You may have a small tube inserted through your nose, down into your stomach to help with your feeding, however this can only be left in place for a relatively short period of time.

What are the possible risks of having a RIG inserted?

RIG is a very safe procedure, but as with any medical procedure there are some risks and complications that can arise. The radiologist will explain these to you before the procedure. Below is a list of some possible risks:

- Sometimes it is not possible to get the tube placed into your stomach, for instance if you have a large hiatus hernia. This may require an operation to place a feeding tube instead
- A leak around the tube is uncommon but can cause skin irritation or local infection. Peritonitis is a recognised early major complication from a leak, although uncommon. Therefore, it is important to keep the surrounding skin clean and dry
- There may be some bleeding at the puncture site, although it is rare for this to be of major concern
- Scarring – the procedure requires two small cuts in the skin. These will heal as small scars

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Contrast

RIG insertion uses x-ray dye (contrast), and very rarely, a reaction may occur. If you have ever had a test that uses x-ray dye and you have had a reaction to it, you should tell the doctor or nurse before you have your RIG insertion. A reaction may take the form of a rash or itching and very rarely, a more severe allergic reaction can occur. The team have are trained to deal with this and have measures in place to deal with this safely should this occur.

If you have had a previous reaction, please let us know, and we can put measures in place to minimise risk from another reaction.

Radiation – Benefit versus Risk

RIG insertions use X-ray radiation. The radiation dose that you get from an RIG insertion is small and the associated risks are low. Clinical staff consider both the risks and benefits when deciding what examination is appropriate for you. The benefits of having the RIG insertion outweigh any risk. Clinical staff are responsible for making sure that the dose you receive is kept as low as necessary to aid your diagnosis or treatment.

Pregnancy

If you are in the early stages of pregnancy, there is a very small risk of x-rays harming your unborn child. If you think you could be pregnant, or you are trying to get pregnant, please tell us before your appointment. Individuals aged 10-55 will be asked to confirm their pregnancy status by the radiographer before the procedure and sign a form.

Consent

We want you to be involved in all the decisions about your care and treatment. If you choose to go ahead, you will be asked to sign a consent form. This confirms that you agree to have the procedure and understand everything involved. Students/trainees may be present during the examination but only with your verbal consent.

Please remember that you can ask the Interventional Radiologist any questions you have at any time before, during or after your scan.

Pre-assessment

Pre-assessment is not required.

Fasting

Your stomach must be empty and so you will be asked not to eat or drink for 4 hours before the procedure.

What happens before the procedure?

Please attend the appropriate department as stated on your appointment letter A RIG is usually carried out as a day case procedure under local anaesthetic.

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UNCONTROLLED WHEN PRINTED AND NOT VIEWED ON SHAREPOINT

When you receive your letter, please let us know if you have any of the following:

• Severe allergies?
• Have you had a previous adverse reaction to x-ray dye before?
• Asthma, which is poorly controlled?
• Renal impairment (poor kidney function)?
• Diabetes, which is treated with Metformin therapy?
• Are taking any anti-coagulants (blood thinners)?

When you arrive into hospital, you will be asked to change into a gown and you will have a cannula in your arm so that antibiotics, pain relief and possibly sedation to make you feel relaxed and sleepy can be given. You will change into a hospital gown and have a tube placed through your nose into your stomach. You will be brought to the Interventional suite in your bed, where you will be met by a team of nurses, a Radiographer and Interventional Radiologist. The procedure will be explained to you by the Radiologist and you will be asked to sign a consent form. The Royal Victoria Hospital is a teaching hospital and as such university students may be in attendance, with your permission.

What happens during the procedure?

You will be helped to transfer onto the X-ray table and monitors attached to record heart rate and blood pressure.

The procedure is performed under sterile conditions and the Interventional Radiologist will wear a sterile gown and gloves to carry out the procedure. The skin below your ribs will be swabbed with antiseptic and you will be covered with sterile drapes. The Interventional Radiologist will use an ultrasound probe and x-rays once your stomach is filled with air to decide the best site for the RIG. Local anaesthetic will be injected into the skin to numb the area and you will probably be given sedation. As you are numbed with local anaesthetic, you should not feel any pain. You may feel some pushing/pulling sensations. A small needle is placed into your stomach through which the feeding tube is placed. Once the tube is in the correct position they will stitch the tube in place and dress the wound. You can then be transferred back to the ward.

What happens after the procedure?

You will return to the ward for nursing staff to monitor you post procedure. You will probably stay in bed for a couple of hours. The RIG can generally be used after a few hours. Your stomach may feel a little sore for a few days. Always be careful to avoid dislodging the RIG.

How long will the RIG stay in?

This is a question that can only be answered by the doctors looking after you. It all depends on why you need the RIG in the first place. You will need to discuss this with your consultant. The tube needs to stay in place until you can eat and drink safely and normally. In some cases this might not be for a very long time.

Aftercare following discharge

You will have a specially trained dietitian looking after you who will show you how to look after the RIG properly. If your tube has stitches holding it in place, these will be removed after about ten days. The RIG should stay in by itself although it is best covered with a light dressing, which the nurse looking after you can apply. Other RIG tubes are kept in place by a small balloon. The nurse or dietitian caring for you will show you how to care for this balloon.

Results

You may be able to discuss your procedure with the performing interventional radiologist once it is complete. The performing interventional radiologist will formally report on your procedure, and it will be attached to the images on our Radiology Information System (RIS). A copy of the report will be sent by Radiology to the referring clinician. Any follow up will be arranged by the referring clinician.

Duration and Location

Admission is to a Day of Surgery Unit (DSU) or ward as stated on your appointment letter. Here is where you will be looked after pre and post procedure by a team of nurses. You will be transferred to the Interventional Radiology Suite in your bed, at the required time.

The procedure itself, performed in the Interventional Radiology Suite, should take approximately 1 hour.

Whilst we try to accommodate all patients at their appointed time, occasionally emergency patients arise which may delay procedure or result in an extended length of time in DSU prior to the procedure. Your procedure may be cancelled due to emergency cases and you will be offered another appointment as soon as possible.

Image sharing

Your images will be electronically stored on the hospital picture archiving system. This data can be accessed throughout the Belfast Health and Social Care Trust and other doctors and health care professionals who are directly involved in your care. The ability to share images and radiological reports will improve the safety and quality of your care by ensuring that the right information is available in the right place at the right time.

In order to improve the medical services we provide we may also use your data as anonymously as possible for internal audit and medical education. If you would prefer that your data is not used for these purposes, please inform a member of staff when you attend for your examination.

If your data is to be used for research, then a separate consent process will be used. You will be asked for your consent, should this be the case.

Contact us

If you have any queries, we will be happy to answer any questions before or after your procedure and you can contact us on the number given on your appointment letter.

For procedures performed at the Royal Victoria Hospital, please email InterventionRadRVH@belfasttrust.hscni.net Tel: 02896156661 Interventional Radiology Secretary RVH

For procedures at the Belfast City Hospital, please email InterventionRadBCH@belfasttrust.hscni.net Tel: 02895041165 Interventional Radiology Secretary BCH

Feedback

We hope you found the information in this leaflet helpful. If it did not tell you what you needed to know or you would like to provide any feedback on your experience please let us know so that we can make any necessary improvements.

You can provide feedback on your experience:

Telephone: (028) 9504 8000 (Monday-Friday: 9am-4pm)

Textphone: 18001 028 950 48000

By email: compliments@belfasttrust.hscni.net

By email: complaints@belfasttrust.hscni.net

By completing an online form: <http://www.belfasttrust.hscni.net/contact/FeedbackForm.htm>

Care Opinion



We invite you to share your experience by clicking the following link:
<https://www.careopinion.org.uk/>

or by scanning the following QR code on your smartphone or tablet:



Language and accessible support services

Deaf/Hard of Hearing

If a Sign Language interpreter is required, please either telephone **028 9615 8900** via the Sign Video remote interpreting service (<https://signvideo.co.uk/deaf-community/>) or email us at MPHAdminFOH@belfasttrust.hscni.net and we will arrange one for your appointment. Please have your H&C number ready when calling or include it in your email. This can be found at the top right corner of any Health and Social Care letters you may have received.

If you are unable to hear on the phone and need to contact us with regards to your appointment you can email us at MPHAdminFOH@belfasttrust.hscni.net.

Do you need this information in another format or language?

The Trust has access to interpreting and translation services. If you need this information in another language or format, including Braille, large print, CD, audio tape please contact the telephone number **028 9615 8900** or e-mail address MPHAdminFOH@belfasttrust.hscni.net, and we will do our best to meet your needs.

Polish - Czy potrzebujesz tych informacji w innym formacie lub języku?

Fundusz ma dostęp do usług w zakresie tłumaczeń ustnych i pisemnych. Jeśli potrzebujesz tych informacji w innym języku lub formacie, w tym w piśmie Braille'a, dużym druku, na płycie CD, kasecie magnetofonowej, skontaktuj się z nami pod numerem telefonu lub adresem e-mail **028 9615 8900 / MPHAdminFOH@belfasttrust.hscni.net**, a my dołożymy wszelkich starań, aby spełnić Twoje potrzeby.

Arabic - هل تحتاج هذه المعلومات بصيغة أو بلغة أخرى؟

تستطيع الجمعية توفير خدمات الترجمة الفورية والتحريرية. إذا احتجت هذه المعلومات بلغة أو بصيغة أخرى، بما فيها صيغة برايل Braille أو صيغة بالأحرف الكبيرة، أو في سي دي CD أو في شريط مسموع، يرجى الاتصال برقم التليفون أو عبر البريد الإلكتروني **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**، وسوف نبذل قصارى جهدنا في تلبية احتياجاتك.

Lithuanian - Ar jums reikia šios informacijos kitu formatu ar kalba?

Tarnyba gali suteikti vertimo žodžiu ir raštu paslaugas. Jei reikia šios informacijos kita kalba ar formatu, įskaitant Brailio raštą, didelį šriftą, kompaktinį diską, garso įrašą, skambinkite telefonu arba susisiekite el. paštu MPHAdminFOH@belfasttrust.hscni.net / **028 9615 8900** ir mes padarysime viską, kad patenkintume jūsų poreikius.

Romanian - Aveți nevoie de aceste informații într-un alt format sau altă limbă?

Trustul are acces la servicii de interpretariat și traducere. Dacă aveți nevoie de aceste informații într-o altă limbă sau într-un alt format, inclusiv Braille, tipărire cu caractere de mari dimensiuni, CD, înregistrare audio, atunci vă rugăm să ne contactați la numărul de telefon sau la adresa de e-mail **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**, iar noi vom face tot posibilul pentru satisfacerea necesităților dumneavoastră.

Tetum - Ita presiza atu informasaun ida ne'e iha formatu ka lian seluk ka lae?

Fidusiáriu ida ne'e iha asesu ba servisu durubasa no tradusaun. Se Ita presiza informasaun ida ne'e iha lian ka formatu seluk, inklui letra Braile, letra boot, CD, kasete audio, entaun favór telefone número ka enderesu e-mail **MPHAdminFOH@belfasttrust.hscni.net / 028 9615 8900**, no ami sei halo esforsu tomak atu kumpre Ita-nia nesesidade sira.