



South Eastern Health
and Social Care Trust

Department of Radiology

Radiology Inserted Gastrostomy

What is a Radiology Inserted Gastrostomy?

Gastrostomy is a technique where a narrow tube is placed through the skin and into the stomach.

What is a RIG?

A RIG is the insertion of a gastrostomy using X-ray guidance.

A RIG tube bypasses the throat and oesophagus (gullet) and can therefore be used for people who are unable to eat or drink sufficient amounts to satisfy their nutritional needs. In addition it is useful for people who have difficulty swallowing or if there is a risk of food going “the wrong way” and into the lungs.

You may have been fed through a small plastic tube inserted through your nose, down into your stomach (nasogastric tube). However, this is not suitable for providing long term nutrition, and therefore a radiologically inserted gastrostomy is necessary

Benefits

A RIG tube is more comfortable than a nasogastric tube and easier to manage at home, also more discreet.

Risks?

Although the procedure is relatively safe and major complications are rare, there are risks involved in making a hole in the stomach.

Risks include:

Bleeding

Bowel perforation

Inflammation or infection in the abdomen

Allergic reactions

Tell your consultant if you have any allergies or if you have had a reaction to any drugs or procedures in the past.

Preparation

If you take medication to thin the blood, please contact your Consultant as this medication must be stopped for a specific length of time before the procedure.

Fasting

You must not eat for six hours before the procedure however you may drink clear fluids such as water until two hours before.

Within 2 hours of the procedure prescribed medications, especially pre-medication can be taken with a small drink of water (30ml).

If you are a diabetic and need advice about fasting, please contact the hospital's Diabetic Advice team prior to admission on (028) 9056 1426.

Admission

A RIG is usually carried out as a day procedure . During admission you will be asked about your medical history. A small plastic port (known as a cannula) will be placed in a vein and blood samples will be taken. You will be asked to change into a gown before transfer to the Department of Radiology.

The Procedure

The procedure usually takes less than an hour.

You will meet a number of staff who will look after you during the procedure. You must have a clear understanding of what the procedure involves including the risks and benefits. If you have not already done so, you will be asked to sign a consent form and the Radiologist will answer any questions you may have.

You will be transferred to the X-ray table and asked to lie flat on your back. If you do not have a nasogastric tube in situ, a small tube will be passed from your nose into your stomach. Sedation may be required to make you more comfortable.

Using the nasogastric tube air will be introduced into your stomach which will distend the stomach and move it closer to the abdominal wall. The Radiologist will use X-rays or an Ultrasound imaging system to decide on the most suitable point for insertion of the RIG tube.

The skin below your ribs will be cleaned with an antiseptic solution and numbed with an injection of local anaesthetic. The Radiologist will then pass a thin, hollow needle into your stomach through which a special feeding tube is placed. You may feel some pressure as the feeding tube is passed into your stomach. A small stitch is used to keep the feeding tube in place.

Recovery

After the procedure you will be transferred to the ward and nursing staff will carry out routine observations. You will need to stay in bed for a few hours until you have recovered.

The RIG can generally be used after 24 hours after which time the nasogastric tube will be removed.

The following day a dye test will be undertaken to ensure that the RIG tube is in the correct position.

You will have a specially trained dietician looking after you who will discuss different methods of feeding through the tube to ensure that the feeding plan suits you. In addition you will be shown how to use and care for your Gastrostomy. The stitch will be removed in approximately ten days.

How long will the RIG tube stay in?

This is a question which can only be answered by the doctors and dietician looking after you. It all depends on why you needed the tube in the first place. You will need to discuss this fully with your Consultant.

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