

Lung Transplant: Using a Gastrojejunal Tube for Medications

This handout will explain how to use a gastrojejunal (GJ) tube to give medications and other important information.

If you have any questions, please talk with your physician or care team.

GJ tube

A GJ tube is a soft, narrow tube that goes through the skin into the stomach in the upper part of the abdomen. The tube passes into the small intestine. It is held in place by a small balloon in the stomach. A small plastic disc fits against your skin. The GJ tube has 2 ports — the “G” (gastric port) and the “J” (jejunal port).

- **Gastric port:** This port of the tube opens in your stomach. It can vent air and drain fluids. You can use it to give only certain medications.
- **Jejunal port:** The end of this port opens in your small intestines. You can use it to give feedings and most other medications.

Please follow the GJ tube guidelines in the Northwestern Memorial Hospital brochure, **Tube Care (Nasal, PEG, G-Tube, J-Tube, GJ-Tube)**.

Care guidelines

- Do not clamp the tube. This can cause the balloon to break. If the balloon breaks, the tube may come out.
- Always wash your hands with liquid soap for 1 to 2 minutes before touching the tube or giving yourself a feeding or medication.
- Keep the skin under the disk clean and dry. You may put a split gauze bandage under the skin disk to collect drainage. A small amount of drainage is normal. Change the bandage every day.
- If you notice mild redness under the skin disk, you can put a small amount of barrier cream with zinc oxide (such as Desitin®) on the skin as directed by your care team.
- Check the skin around the tube site every day for redness, bleeding, drainage or problems with the tube hole becoming larger. You can use a mirror to see all sides of the tube site.
- You can tape the tube to your skin for comfort. Use bandage tape.

Medications through the GJ tube

You will use your GJ tube to give yourself medications.

- **Gastric port:** These are the most common medications that should go through the gastric port.
 - Tacrolimus
 - Antifungal medications (posaconazole, voriconazole, isavuconazole)
 - Medications to reduce stomach acid (pantoprazole, omeprazole, lansoprazole, famotidine)
- **Jejunal port:** You should give yourself all other medications through the jejunal port unless your care team tells you otherwise.

Mixing medications

You can mix medications together before you put them in the ports. Medications must be in a liquid (suspension) or powdered form. You can crush tablets into a powder. Add water to the medications to make a slurry (like the consistency of a thin milkshake).

Only mix G tube medications with G tube medications and J tube medications with J tube medications. Do not mix all gastric and jejunal tube medications together.

Liquid medication expiration

Liquid medications can expire quickly once they are mixed into the liquid form by the pharmacist or you. Please check your medication for the expiration date on the package. Do not use the medication if it is expired.

This chart will tell you how long the medications are good for in the liquid form.

Liquid medication	Time until expiration
Tacrolimus	132 days when kept at room temperature* *Expiration date is based on when the tacrolimus was mixed into a suspension at the pharmacy, so the expiration date from when you get the medication may vary slightly
Mycophenolate	60 days after it is mixed with water
Valganciclovir	49 days after it is mixed with water Store it in refrigerator after it is mixed
Voriconazole	14 days after it is mixed with water
Lansoprazole	90 days after it is mixed with water

If you have any questions, contact the pharmacy that filled the prescription.

Flushing the tubes

It is important to flush the tubes so they do not get clogged.

- Use any type of clean water except well water.
- Flush your GJ tubes with 30 to 60 milliliters (mL) of water **before and after** giving medications. You do not need to flush between medications if you are putting more than 1 medication through the tube.
- Flush your J tube with 60 mL of water **before and after** feedings.

If you are not using your GJ tube for medications or feedings, it is important to flush it 2 times a day to prevent clogging. Flush both ports of the GJ tube with 60 mL water 1 time in the morning and 1 time in the evening.

Problem solving

Clogging

If your GJ tube becomes clogged, gently flush the clogged tube with 15 mL of warm water.

If this does not unclog the tube, use the sodium bicarbonate and Viokace® (pancreatic enzymes) the care team gave you at discharge from the hospital. Follow these steps:

1. Mix together:
 - 1 crushed tablet of Viokace
 - 1 crushed tablet of sodium bicarbonate
 - 5 mL water
2. Use a syringe to gently push the mixture into the clogged tube.
3. Allow the mixture to soak in the tube for at least 15 minutes.
4. Flush the tube with 30 to 60 mL water.

If your tube stays clogged, call your transplant nurse coordinator.

Leaking

Make sure there is a tight connection between the syringe and GJ tube port when you flush or instill medication. If it continues to leak, call your transplant nurse coordinator as soon as possible.

Vomiting

Call your transplant nurse coordinator if you vomit after taking your medications. They will tell you what to do based on the medication and how long after you took it that you vomited.

To lessen nausea and vomiting related to tube feedings, take your feedings sitting up or with the head of the bed raised 30 to 45 degrees.

Follow-up

Supplies

Your care team will give you a limited amount of GJ tube supplies when you are discharged from the hospital. They will give you information about the home health company that will bring you the supplies you need at home.

Clinic visits

It is important to go to your clinic appointments. You do not have to stop your tube feedings to go to therapy or clinic visits. You need to get the total amount of tube feeding formula prescribed for you to meet your nutritional needs.

Your home health company can give you a special backpack that you can put your tube feeding pump in. If this is not an option, please talk with your dietitian.

Removing the GJ tube

Your care team will check your progress at the clinic visits. Your lung transplant and thoracic surgery teams will decide when the time is right to take out your GJ tube. This is usually when your weight stays steady for at least 4 to 6 weeks after you start eating by mouth again.

When to call

Call your transplant nurse coordinator if you notice:

- Thick, foul-smelling drainage that is yellow or green around the tube site
- Skin irritation or redness lasts longer than 2 to 3 days
- Reddened skin around the tube site that increases in size, is swollen, warm to the touch or painful
- Tube will not flush or run feedings
- Size of the tube site opening becomes larger
- Large amounts of fluid leaking around the tube (soaked dressing more than once a day)
- Tube is moved out further than normal
- Diarrhea or constipation
- Vomiting, bloating or stomach cramps
- Weakness
- Any other unusual symptoms

Go to the closest emergency department if any of these happen:

- You have a temperature more than 101 degrees F or specified otherwise by your physician
- The tube falls out or is pulled out

Contact information

You may contact the nurse coordinator 24 hours a day, 7 days a week.

- During business hours (8:00 am to 4:30 pm, Monday through Friday): Please call the transplant office at 312.695.5864 (TTY: 711).
- For urgent issues during non-business hours: Please call 844.639.5864 (844.NEW.LUNG) (TTY: 711) and ask for the lung transplant coordinator on call.

If you cannot reach anyone at the numbers listed above, please call the Northwestern Memorial Hospital operator at 312.926.2000 (TTY: 711) and ask to have the lung transplant coordinator on call paged. Give the operator your name and contact information.

If you have any supply-related issues, contact your medical supply company.

For detailed information about your tube, contact the tube vendor.