

Laparoscopic Gastrostomy

腹腔鏡胃造口術

Introduction

Gastrostomy is the surgical procedure to establish an external opening into the stomach and allow enteral feeding directly into the stomach. It is indicated in patient who is unable to swallow or tube-feeding dependent. This procedure allows the patient to get rid of the symptoms associated with long term naso-gastric tube placement. It is also indicated in patient who needs a drainage for the stomach. This procedure can be done via minimal invasive approach or open surgery. If necessary, this procedure can done together with fundoplication during the same operative session

The procedure

The procedure is performed under general anaesthesia and depending on the surgical approach, 2 to 3 mini-incisions (laparoscopic surgery) or an abdominal incision (open surgery) will be made for access to the abdominal cavity. The anterior surface of the stomach is attached to abdominal wall. A small opening (stoma) is cut in the skin and into the stomach and a feeding tube will be inserted into the gastric cavity. The tube is held in place by a disc or a water-filled balloon with or without anchoring stitches. The operation usually takes 2 to 3 hours.

Risk

Common Risks/Complications

1. General anaesthetic complications
2. Wound infection
3. Wound bleeding
4. Minor injury to abdominal organs
5. Granuloma
6. Mucosal eversion
7. Leakage/ skin excoriation
8. Tube migration
9. Tube blockage/ malfunction

Uncommon Risks with Serious Consequences

1. Major injury to abdominal organs
2. Stomach perforation
3. Peritonitis
4. Mal-positioning of gastrostomy tube
5. Gastro-colic fistula
6. Death

Preparation before the procedure

The patient should be kept nil by oral for 6 hours before the operation.

Care after the procedure

Feeding can be introduced as early as 12 hours after the operation (final decision depends on the actual clinical condition). Feeding tolerance, symptoms of vomiting and abdominal pain should be carefully monitored. The gastrostomy tube should be regularly monitored for the possibility of migration

Follow up

Patient should receive regular follow up at SOPD. Tube condition and function should be checked. Peri-stomal skin condition should be monitored

Remarks

Patient should make emergency contact with doctor or attend the nearby emergency department if he/she develops abdominal pain or vomiting after discharge from the hospital. In case of tube dislodgement, no attempt should be made to re-insert the tube. The child and the tube should be brought to the nearest emergency department for further management as soon as possible.

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information, please contact your doctor.