Radiotherapy Treatment for Head & Neck Cancer - Tube Feeding Options

Your guide to helping you make a decision
Why might I need a tube for feeding?

Due to the possible side effects of your treatment, it may be recommended you have a feeding tube placed. This booklet aims to provide you with the necessary information to help you make the decision as to which type of feeding tube would suit you best. Your dietitian will be able to answer any questions you may have or advise you further on the options available. During your treatment, it is important that you stay as well nourished as possible. Being well nourished can:

- Make you feel stronger and help you cope with treatment better
- Prevent/reduce weight loss
- Reduce the risk of developing infection
- Help you recover and heal quicker after finishing treatment

Radiotherapy +/- chemotherapy treatment can lead to a range of side effects that can impact on your dietary intake such as:

- Thick, sticky saliva that is difficult to clear
- Changes in the way your food tastes
- Pain and soreness in your mouth and/or throat
- A dry mouth
- Nausea/vomiting
- Feeling tired
- Changes in the function of your swallow

Before the possibility of feeding through a tube, you may be advised to follow a different textured diet that is easier to manage when experiencing treatment side-effects. Nutritional supplement drinks may also be recommended to
help maintain your nutrition. If despite these steps you cannot manage enough food and fluid by mouth, tube feeding can allow you to continue to achieve good nutrition and help you take fluid and medicines.

You may also experience changes in the function of your swallow. Some types of food and drink may become difficult for you to swallow safely. The speech and language therapist may suggest tube feeding to prevent the risk of developing a chest infection (aspiration pneumonia).

Which tube should I have?

There are two types of tube that can be used during this type of treatment:

**Nasogastric (NG) tube**

An NG tube is a long, thin and soft flexible tube. A doctor or nurse can place the tube either on the ward or in the radiotherapy department. The tube is passed through the nose, down the back of the throat and into the stomach. The tube may feel uncomfortable during placement but once in position, most people tolerate the tube well. The doctor or nurse will use a syringe to draw back some stomach acid following placement to confirm the tubes position. If this cannot be achieved, an x-ray may be required.
Radiologically inserted gastrostomy (RIG)

A RIG (also known as a gastrostomy tube) is a thin and soft silicon tube held in place by a small balloon inside the stomach. This tube is inserted in the radiology department. You will be given some light sedation but will still be awake for the procedure. The radiologist uses x-rays to help place the tube in your stomach. To help visualise the stomach on the x-ray, an NG tube is inserted prior to the RIG to inflate the stomach (the ward will place the NG tube before you go for the RIG). The radiologist will make a small incision into your tummy and pushes the tube into your stomach. The balloon device is inflated with water to hold the tube in place along with 2 or 3 buttons/stitches to secure the tube to the surface of the skin. The buttons should fall off on their own within 4 weeks and the balloon water volume will be monitored every 2 weeks, usually by the community/radiotherapy nurse.

Following either tube placement you will need to learn how to look after your tube. Training will be provided so that you can care for the tube yourself. The dietitian will register you with the feeding company who will provide you with all the equipment you require for feeding and looking after your tube.
Points to consider with each tube

Everyone is different and what suits one person may not suit another. Therefore you will need to consider which tube is likely to be practical for you; as both tubes have advantages and disadvantages. Your dietitian can support you to make this decision.
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<tr>
<th><strong>NG TUBE</strong></th>
<th><strong>RIG</strong></th>
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<tbody>
<tr>
<td>Can be placed as an inpatient or an outpatient (you will be advised by your doctor/dietitian on the most appropriate option)</td>
<td>Requires admission to hospital for placement – you will be required to stay in hospital for up to 48 hours following placement</td>
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<td>The tube is placed when required – usually from week 4 (and onwards) of radiotherapy. If you continue to maintain good nutrition by mouth a tube may not be needed at all</td>
<td>The tube will be placed prior to starting treatment, regardless of nutritional intake during your treatment. Although rare, occasionally tubes are placed and not needed at all</td>
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<td>The tube is visible on your face</td>
<td>The tube is discreet underneath clothing</td>
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<td>The tube can become blocked and may require replacement (this can usually be done in the radiotherapy department or oncology assessment ward)</td>
<td>The tube can become blocked (this is unlikely) and you will be provided with advice and support to manage this at home</td>
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<tr>
<td>Minimal risk of infection at tube site</td>
<td>There is a risk of infection around the tube site. You will be shown how to care for the tube to help prevent infection</td>
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<td>Requirement</td>
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<td>The tube can be dislodged accidentally or with vomiting/coughing. Some people need a number of NG tubes due to regular displacement</td>
<td>In the unlikely event the tube becomes displaced or falls out you may require a hospital admission to replace the tube or have an NG inserted instead</td>
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<td>You can continue to eat and drink with the tube in place as long as your doctor/speech and language therapist says it is safe to do so</td>
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<tr>
<td>Confirming the tube position by withdrawing some stomach acid must be done each time before using the tube</td>
<td>Once position is confirmed on placement, regular position checks are not required</td>
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<td>Liquid nutrition is administered via a feeding pump which will can take approximately 8-15 hours per day</td>
<td>Liquid nutrition is administered by either bolus (syringe) feeds or pump-assisted feeding (or a combination of both). Your dietitian will discuss your individual needs with you</td>
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<tr>
<td>Tube needs replacing every 28 days. This will need to be done at the hospital</td>
<td>Tube requires replacement every 12 weeks this can usually be done by your community nurse or feeding company nurse at home</td>
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Frequently asked questions

Does the tube placement hurt?

**NG** - You may feel some discomfort during placement but this does not last long and you should not have any pain once the tube is in place.

**RIG** - You will have some pain following placement, but this will improve over a few days. Pain relief can be prescribed if necessary.

What happens if something goes wrong with the tube placement?

As with any procedure, there are risks and sometimes things go wrong. For more details about risks and complications for both tubes please see the patient information leaflets “radiologically inserted gastrostomy (RIG) a guide to the procedure” and “about your nasogastric feeding tube” for further details. These leaflets will be given to you by a dietitian or nurse specialist.

How often will the balloon water volume in a RIG be replaced?

You will see either a community or radiotherapy nurse every 2 weeks to replace the water in the balloon. This is to ensure the balloon does not deflate and reduces the risk of the tube falling out. If you wish, you can be trained to carry out your own balloon water volume checks.

What support is available to manage the tube?

For both types of tube you will be taught how to manage the tube independently. You will also have access to the feeding company 24 hour helpline. A dietitian will regularly
assess your nutrition throughout your treatment and the radiotherapy department nurses will support you with tube care and feeding as required. If you are unable to manage your tube care independently you may need to be admitted to hospital.

**Can I still bath/shower with the tube?**

**NG** - You can continue to bath/shower with the tube in place.

**RIG** - After initial placement you can have a shower after 7 days and a bath after 14 days.

**What will I be fed with?**

You will be fed with liquid nutrition which is designed to provide you with all the necessary nutrition you need (vitamins, minerals, energy and protein).

**Can I still eat and drink with my tube?**

You can continue to eat and drink when you have a feeding tube in place, unless you have been advised otherwise by your speech and language therapist or doctor.

**How long will I need a feeding tube for?**

It is important to maintain your weight after treatment to help your recovery. You will need to keep your tube in place until you are able to take enough nutrition and fluid by mouth.

**NG** - This type of tube will usually be in place from the time of placement until at least 4-6 weeks following treatment. This type of tube should be replaced every 28 days as advised by the manufacturer. Your doctor or dietitian will discuss a routine replacement with you.
RIG - Your tube is placed before you start treatment and must remain in for as long as you need nutritional support. It will be removed when you are eating and drinking enough by mouth. The earliest it may be removed is 12 weeks after placement. Most people continue to use the tube for a period of time after their treatment. This varies for every patient.

How is the tube removed?

NG - The tape securing the tube is loosened and then the tube is gently removed out of your nose.

RIG - The balloon holding the tube in place is deflated, allowing the tube to easily be removed. This can be done at home or in a clinic setting. A dressing is placed over the hole which begins to heal up in a matter of hours.

Useful contact details

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<td>Nurse specialist:</td>
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Personal Notes

You may find it helpful to write down any questions you may have:

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