

About your Nasogastric (NG) feeding tube

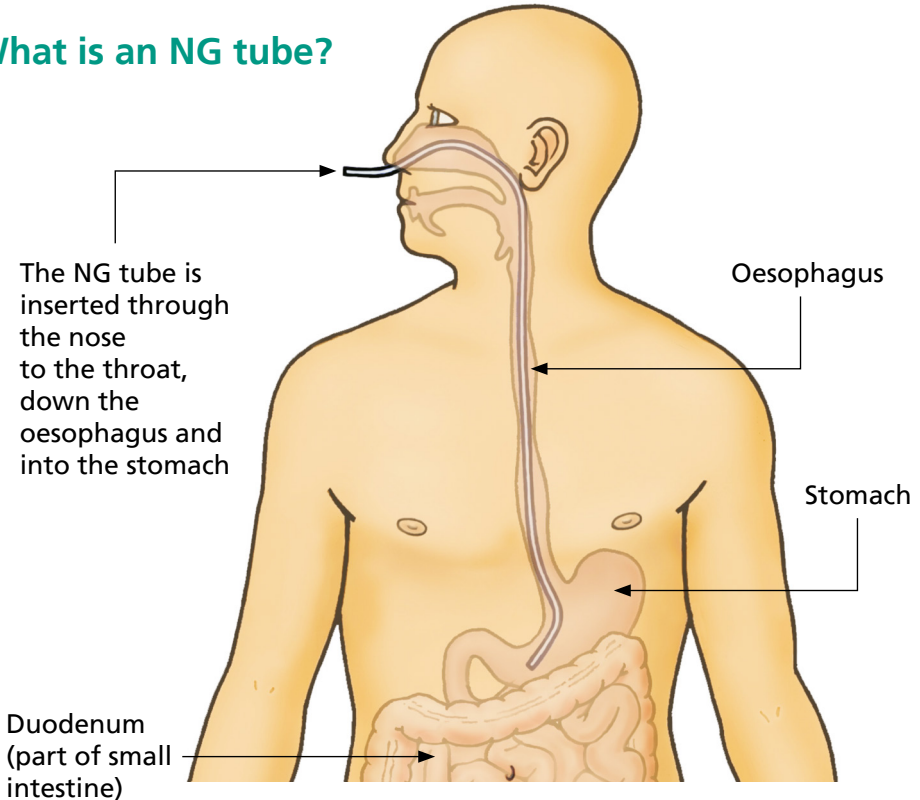
Information for adult patients
and carers



Your multi-disciplinary team (MDT) have suggested that a **Nasogastric (NG) feeding tube** is appropriate for your treatment needs. This leaflet provides information to help you learn about why NG tubes are used, how they are inserted and how to care for and maintain them.

You should always discuss the options with your MDT. This document gives you some general information about an NG.

What is an NG tube?



An NG tube is a long, thin tube made from soft, flexible plastic. It is placed into your nose and passed down your food pipe (oesophagus) into the stomach (as shown in the picture on page 2). It is most commonly used for providing liquid, giving nutrition and medications.

Why do I need an NG tube?

This may be because you are not able to eat and drink throughout or take medication and / or foods safely at the moment. This may be due to you having swallowing difficulties, increased need for nutrition or difficulty swallowing medications.

How is it placed?

A member of staff trained in inserting NG tubes will talk you through the procedure. This will give you an opportunity to ask any questions you may have. In order to place the tube, you will be asked to sit in a position you are comfortable in. This may be sitting in a chair or in your bed.

The tube will be passed up one of your nostrils, down your food pipe (oesophagus) and into your stomach. If it is safe to do so, you will be asked to drink throughout to help the tube to be passed more easily. Once the tube is inserted, the doctor or nurse will tape it to your nose or face to prevent it moving around.

Does having an NG tube hurt?

To start with, some people report discomfort in the nose or the throat but this usually improves with time.

How do they know if the tube is in my stomach?

A syringe will be attached to the end of the tube to try to get some 'stomach acid' and the fluid (aspirate) placed on pH paper. If the result is acidic, it confirms that the tube is in the stomach and can be used for providing nutrition, water or medicines. If they cannot withdraw any 'stomach acid' with a syringe, an x-ray will be requested to make sure the tube is in your stomach.

What are the risks of having an NG tube placed?

As with any procedure, there are risks involved. One of the main risks is that the tube may accidentally be placed into the lung instead of the stomach. This is why it is important that the 'stomach acid' test or an x-ray is done before anything is put down the tube.

Are there any on-going risks with having an NG tube?

The tube may move out of the stomach if it is pulled accidentally, or if you vomit or have a coughing episode. You may also experience some discomfort in your nose and throat.

If you do vomit or have a coughing episode, it is important that you inform your nurse immediately as a position check will need to be done. You must do the stomach acid test if you are at home.

What if the tube can't be inserted on the ward?

If this happens, you may need to go to another department where trained staff will use a camera or x-ray machine to help to insert the tube. This simple procedure will be explained to you in more detail before the NG tube is passed.

How is my NG tube used to give me food or medication?

A 'stomach acid' test will be done before each time your NG tube is used.

Nutrition: Your food will be delivered through the tube using a feeding pump or syringe. Your dietitian will discuss feeding plan options with you to best suit your needs.

Medication: Your medications will need to be mixed with water or given in liquid form down the tube using a syringe.

How long will I need the tube for?

Having an NG tube is not usually recommended for long-term use. You will need it until you are safely able to eat and drink sufficient amounts, or you may have it replaced with a longer term tube. Your multi-disciplinary team will discuss this with you if required.

Will I go home with my NG tube?

In some cases, patients will go home with their NG tube in place. If this is required, you and your family or carers will be shown by the nursing staff how to use and care for your tube.

How will the NG tube be removed when it is no longer needed?

The nurse will loosen the tape and gently pull on the end of the tube until it is out. Removing the tube should not be painful but may feel strange as it is withdrawn.

If you have any further questions, please speak to your nurse, doctor or dietitian.



What did you think of your care?

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