



GASTROSTOMY ISSUE: PERISTOMAL LEAKAGE*

Peristomal leakage

Identify cause¹

- Verify positioning of tube (fixation disk approximately 1 cm from the skin).
- Make sure balloon is properly inflated (if using a balloon tube).
- Apply a gentle upwards traction of the tube and slide the fixation disk toward the skin to ensure proper seal (1 cm from the skin).
- Do not apply a gauze dressing beneath the external fixation disk.

Check if device is at the end of its lifespan:

- Tube with odour
- Kinked or bent tube
- Broken tube
- Recurring skin issue

Non-urgent change of device

- Referral to radiology, gastroenterology, or surgery, depending on who inserted the tube.

- Check for signs of infection (see *Gastrostomy Issue: Erythema*).
- Increase local care:
Clean the skin with soap and water BID

Irritated skin, NO weeping

Irritated skin, WEEPING

Skin protection:

- Restorative cream BID until healed: Zinc, Proshield®, Cavilon™ Cream.
- If recurrent issue: Cavilon™ Spray may be used.

If erythema is present: Add Viaderm KC® BID until healed.

Protective skin powder BID:

- Adapt™ style protective powder BID

¹Identify the cause:

- Positioning of the fixation disk or balloon – **Tx:** Inflate the balloon, reposition the fixation disk.
- Infection – **Tx:** antibiotic treatment.
- Corrosive local care, deficient local care – **Tx:** Adjust care.
- Excessive tension on one side of tube (leads to necrosis of skin and enlargement of hole) – **Tx:** Reposition the tube.
- Acidity/gastroparesis – **Tx:** Add of PPI and Motilium®.
- Equipment at end of its lifespan – **Tx:** Non-urgent replacement of tube or button.