



GASTROENTEROLOGY

Department of the
CIUSSS de l'Estrie – CHUS

Duodopa® Treatment:

Tube Installation and Maintenance

You will receive the medication Duodopa® through a small pump and a tube known as a percutaneous endoscopic gastrostomy-jejunostomy tube (PEG-J tube).

This document contains plenty of information on tube installation and maintenance. For further details, please do not hesitate to ask your caregiver team any questions you may have.

TUBE INSERTION PROCEDURE

There are two steps for installing the gastrostomy-jejunostomy (PEG-J) tube.

Step 1 :

Nasojejunal tube insertion
via your nostril

Step 2 (about one week later):

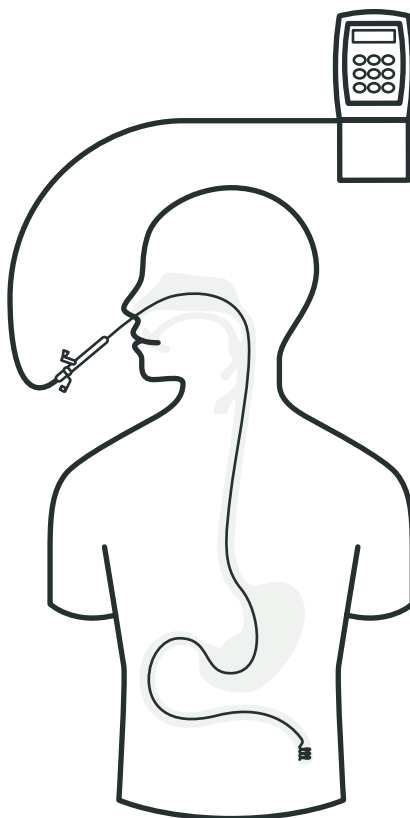
PEG-J tube insertion

STEP 1

NASOJEJUNAL TUBE INSERTION

The first step involves inserting a nasojejunal tube into your nostril. This tiny, flexible tube will reach your small intestine. This step helps to assess your tolerance to the medication.

First, you will undergo a gastroscopy - an examination using a camera to view your stomach and to install the tube. This examination under mild anesthesia lasts about 15 minutes. Once the tube is inserted, an X-ray is taken to confirm the correct placement of the tube. Neurologists will then adjust your medication to ensure its efficacy and to verify your tolerance to Duodopa®.



What you must do at home



Before the nasogastric tube is inserted:

- Fast for at least 6 hours before the procedure.
- Arrive at the designated location on time for your examination.
- Continue to take your anti-Parkinson drugs even if your stomach is empty.



After the nasogastric tube is inserted:

You will be instructed on tube use and maintenance.

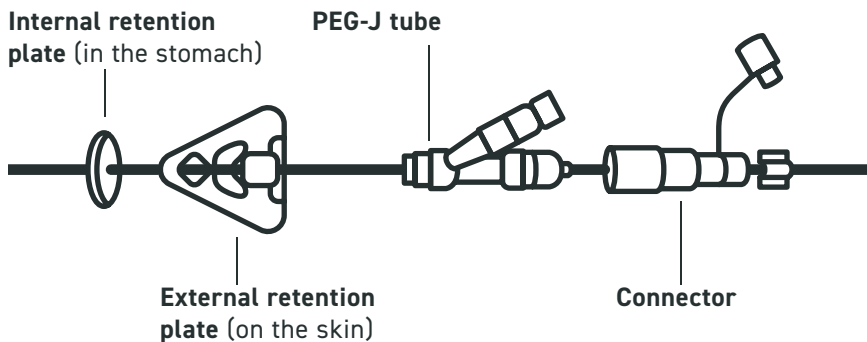
STEP 2

INSERTING THE PEG-J TUBE

Depending on the decisions taken, one week later you will be given an appointment to insert the percutaneous endoscopic gastrostomy-jejunostomy (PEG-J) tube. The nasojejunal tube is usually removed during that appointment.

The PEG-J tube is inserted directly into your stomach through the abdominal wall, between your ribs and navel. This tube contains a second tube that extends into your intestine.

As with the nasojejunal tube (step 1), the PEG-J tube is inserted via gastroscopy under mild anesthesia. The tube is held in place with two retention plates: external (on the abdominal skin) and internal (inside the stomach). The procedure takes approximately 30 minutes.



After the insertion, you will have a radiography to confirm the correct placement of the tube. The physician will tell you when to start your medication again.

What you must do at home



Before the nasogastric tube is inserted:

- Fast for at least 6 hours before the procedure.
- You will be given an antibiotic at the medical day unit before the procedure.
- Continue your Duodopa® infusion until the procedure.



After the nasogastric tube is inserted:

- You can drink liquids on the same day following the procedure.
- You will be able to eat solid foods the morning after the procedure.
- Always rinse the tube with 30 to 40 ml of water every time you disconnect the cassette or as instructed by your neurologist.

TUBE MAINTENANCE AT HOME: PROCEDURE

For the first five days after the tube is inserted, a dressing on your abdomen will cover the tube. After that period, the dressing will no longer be necessary.

Daily tube maintenance is required.

1. Clean your workspace and wash your hands with soap and water.
2. Remove and discard the dressing (the first five days only as you will subsequently no longer require a dressing).
3. Inspect the tube and make sure that you can see two tubes inserted with one inside the other.
4. Open the external retention plate (external collar) and remove the tube from the groove.
5. Wash your hands again.
6. Inspect the stoma site for discharge or excessive redness on the skin. If either is present, call your nurse. Light bleeding may also occur.
7. Wash the insertion site, tube, and external retention plate:
 - The first five days: with the chlorhexidine you were prescribed twice daily.
 - Afterwards: You can use regular soap and lukewarm water, four times a week or daily, as needed.
8. Put the tube back in its initial position on the fixation plate:
 - The external fixation plate must be 1 to 2 cm from the skin. Do not tighten too much on the skin.
9. Apply a new dressing (five first days only).

Can I have a bath or a shower?

Let the skin heal before having a shower (between one and four weeks).

Once the skin has healed, you can have a shower with a waterproof dressing or without a dressing.

IMPORTANT

- Allow the stoma site to air dry thoroughly. Make sure the wound isn't humid or moist.
- Do not twist or rotate the tube as doing so could loop the inner tube containing the medication.
- Do not tug or push too abruptly when connecting or disconnecting the Duodopa® cassette (do not displace the internal tube).
- Always rinse the tube with 30 to 40 ml (2 to 3 tablespoons) of water every time you disconnect the cassette or as instructed by your neurologist.



WHAT TO DO IF THERE ARE COMPLICATIONS

The tube is obstructed:

1. Take a syringe of lukewarm water and gently push the stopper back and forth to unclog the tube.
2. If that does not work, contact your nurse.

To prevent the tube from becoming obstructed, never twist or rotate it.

You notice redness or discharge on your abdomen around the stoma site:

3. Wash with soap and water:
4. Make sure to always let the site dry.
5. Call your nurse if the situation persists or worsens.
6. If you have a fever, go to the emergency department.

You feel pain around the stoma site:

It is perfectly normal to experience mild abdominal pain (for up to 72 hours) after the procedure. If the pain persists:

- Speak to your nurse as soon as possible.
- If you have a fever or significant pain, go to the emergency department.

The tube has detached (the internal retention plate has come out):

Immediately go to the emergency department. The orifice will close within 4 hours. It must be kept open in order to insert a new tube.

You are no longer able to use the tube:

- Stay calm.
- Take your anti-Parkinson drugs orally as you used to do and as was prescribed by your neurologist.
- Contact your nurse or your neurologist.



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