

Tube Feeding Information for Head and Neck Cancer Patients

Your healthcare provider may recommend tube feeding as a way to help maintain adequate nutrition intake during your cancer treatment. This pamphlet provides information on feeding tubes to help you make a decision that is right for you.

What is a Feeding Tube?

A feeding tube is a thin flexible tube that is used to deliver nourishment.

The most common type of tube for patients with head and neck cancer is called a gastrostomy tube (G-tube). It is inserted through the skin and into the stomach. Liquid food and fluids flow through the tube to provide nutrition, hydration, and medications. The G-tube is discreet when not being used. It is taped on your abdomen so that you can continue with your usual daily activities.

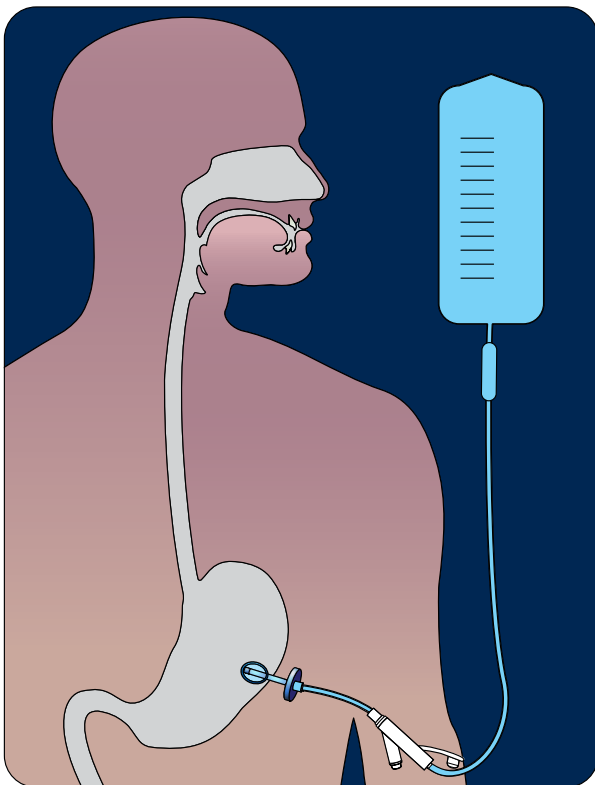


Fig. 1 Feeding Tube Set

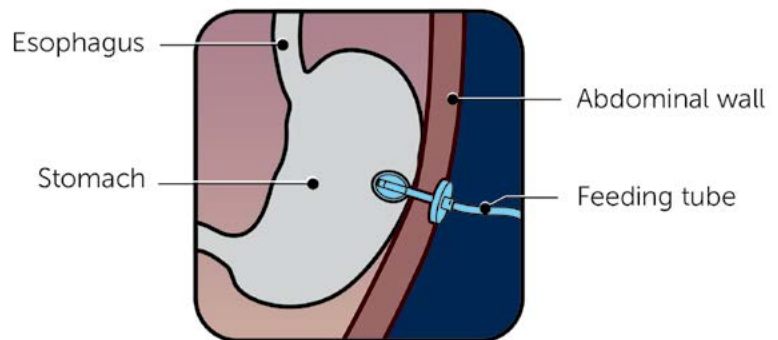


Fig. 2 G-Tube in the stomach

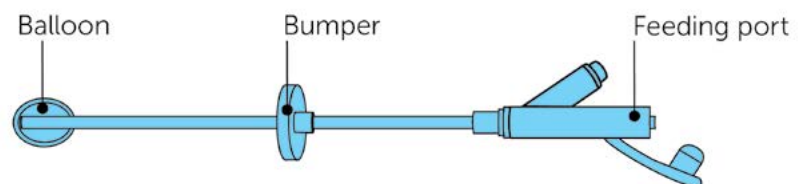


Fig. 3 Standard G-Tube device

Alternatively, some people may be eligible for a nasogastric tube (NG tube), a tube that goes down the nose into the stomach. If an NG tube is recommended, you will be provided with additional information regarding insertion and use by your healthcare team.

How is the tube put in and removed?

The G-tube is usually inserted as a day procedure in Interventional Radiology (IR). You may receive localized freezing or conscious sedation for this procedure. When the tube is not needed anymore, it is easily removed by IR or nursing staff (depending on your centre).

Do I need a feeding tube?

Head and neck cancer treatment can have side effects including difficulty swallowing, pain, nausea, loss of appetite, dry mouth and taste changes. These side effects can make eating and drinking very challenging.

When you cannot eat and drink enough, you may be at risk of malnutrition and dehydration. Being malnourished might make side effects of treatment harder to tolerate and may make it difficult to do your usual activities. Sometimes, your cancer treatment may be paused or canceled as a result. Severe malnutrition can lead to death. A feeding tube can help you stay nourished and well hydrated so that you can complete your cancer treatment and recover more quickly so you can get back to work or doing what you love.

Should I get it now or later?

If you are already having trouble swallowing or if you have lost weight, a feeding tube will be recommended before treatment starts. Otherwise, it may be recommended after starting treatment if/when you are unable to maintain adequate nutrition and hydration.

How does a feeding tube work?

Your dietitian and nurse team will show you how to care for the tube and use it. Hands-on training will be provided to you (and your family). All equipment such as syringes, feeding bags, electric pump (if needed), will be explained, and you will be shown how to use them. Your dietitian will continue to provide support until you no longer need the tube.

What do I feed myself through the tube?

Prepackaged liquid food which is available from the grocery store or pharmacy is what goes into the tube. Options for plant based, organic, whole food or dairy free are available. Your dietitian will explain all the options with you.

Can I still eat or drink through my mouth?

If it is safe for you to eat and drink by mouth, we encourage you to continue to do so, even if you have a tube. This will make it easier to recover after treatment. Your Speech Language Pathologist will provide guidance about swallowing function during and after treatment, including helping with your chewing and swallowing function.

How do I take care of my G-tube?

Does it need cleaning?

The nurse will show you how to care for your tube. You or your family and/or caregiver will need to clean some of the tube feeding equipment with soap and water. Some supplies need to be replaced daily.

Does it cost anything?

- G-tube supplies are covered by some private extended medical benefits and by some government programs.
- Some examples of supplies include: syringes, feeding bags, formula.
- Monthly costs can be \$300-\$500 or more per month. Some of this cost is what you would normally spend on groceries.
- Your healthcare team will help assess whether the cost of supplies can be covered.

How would a feeding tube help me?

Benefits of a feeding tube:

- Maintain nutrition and prevent malnutrition even when side effects make it hard to eat and drink.
- Provide a way to take medication when you have trouble swallowing.
- Relieve stress around meal time.
- Avoid hospitalization.
- Avoid treatment interruption due to weight loss.
- Finish treatment and recover more quickly.

Are there risks with a feeding tube?

Yes, possible risks include:

- Discomfort at G-tube site.
- Skin infection or bleeding.
- Aspiration (inhalation of stomach contents due to reflux).
- Complications such as internal organ injury during insertion (rare) or tube falling out.
- Financial costs not covered by insurance.



What do other patients think?

It was a great help when I got my feeding tube. I no longer had to struggle to get food down.

*– CS, tongue and thyroid cancers,
chemotherapy, radiation and surgery*

The feeding tube saved my life. I was surprised how simple the tube was to use and how little it interfered with my day to day life.

– DY, throat cancer, chemotherapy and radiation

Though I didn't end up using my tube, having it was like insurance. It was comforting to know it was there just in case I needed it. It brought my stress level down.'

- LH, tonsil cancer, radiation



Where can I learn more?

Ask your caregiver to explain further.

BC Cancer Website: www.bccancer.bc.ca

Reach out to the Librarian: library@bccancer.bc.ca