

Department of Nutrition and Dietetics

# Nasogastric tube feeding in bone marrow transplantation

## Information for patients, relatives and carers

### Introduction

Every child admitted for bone marrow transplant has a nasogastric tube placed to help support nutrition, fluid balance and medication administration. We aim to pass the tube on the day before your or your child's transplant (D-1).

### What is nasogastric tube feeding?

Nasogastric (NG) feeding is where a narrow feeding tube is placed through your nose down into your stomach. The tube can be used to give you fluids, medications and liquid food complete with nutrients directly into your stomach. Your nurses are highly skilled at placing these tubes. They will support you through the procedure along with the play team.



### Why do I need nasogastric tube feeding?

It is very common in the early stages of your transplant to lose your appetite due to the side effects of your conditioning treatments. When you lose your appetite, you cannot take in enough nutrition to support recovery from the transplant. We know that good nutrition can lead to a good transplant outcome. NG feeding can provide you with the fluids and nutrition your body needs while you are unable to eat or drink enough. This may be because you have a poor appetite, a sore mouth and throat, or are feeling sick.

### How is the tube inserted?

The NG tube will be inserted at your bedside in your cubicle. The procedure usually takes 15 to 20 minutes. You (or your child) may feel brief and slight discomfort when the tube is inserted. This is what happens:

1. You will be asked to sit upright.
2. A narrow feeding tube will be passed through your nose down into your stomach by a qualified nurse. Taking sips of water at the time of the tube being passed can help the tube placement.

3. The pH (acidity) levels in your stomach will be tested. This ensures it is in the correct position.
4. The tube will then be secured to your cheek using a secure dressing.
5. The length of the external tube from the nostril base will be measured. This can be used as a rough guide to check the tube position.

It may take a little while for you to get used to the tube. Try to focus on other activities. They will distract you while you get used to the feeling of the tube.

## What happens after the tube is inserted?

As soon as the position of the tube has been checked the tube is ready for use. Your tube may be used immediately for feeding. In this case you will be given a special milk feed that is given down the tube. The milk feeds will run via a pump, which is attached to your tube. The milk feeds will run via a pump. This is attached to your tube with equipment that can control feeds. This is called a 'giving set'. Feeds can be given continuously and overnight. Your feed can also be given using a syringe at intervals throughout the day. This is called bolus feeding. Your dietitian will work out a plan that suits you. You are encouraged to eat and drink as normal while you have the tube in place.

## Can I eat and drink with the tube in place?

If you feel like eating, we encourage you to eat and drink as normal. Some patients can feel a bit full first thing in the morning after having overnight feeds. This is very normal. If you experience feelings of fullness, feeling sick (nausea) or being sick (vomiting) during or after feeds have stopped then let the nurses or dietitian know. We can offer support, such as adjusting the feeds or your anti-sickness medications.

## What happens if the tube comes out?

Sometimes the tube may come out. For example, if you have thrown up a lot of sick. Depending on your clinical condition and nutritional need, we will try to re-pass the tube. We will not attempt re-passing the tube if you have a persistent nose bleed or are being sick uncontrollably. We may offer you a different type of nutritional support.

## How long will I need the tube for?

Your tube will be in place until your bone marrow starts creating white blood cells called neutrophils. This is called engraftment. We will base our decision to remove the tube on how well you are eating and drinking and if you are taking all your medications by mouth.

People are rarely discharged home with an NG tube. Tubes will be removed before you can go home

## How will the tube be removed?

A qualified nurse or dietitian will remove your NG tube at the right time. It is very quick and simple to remove an NG tube. It is done by removing all securing tape from your face and then slowly pulling out the tube. It is a very normal response to want to sneeze as the tube comes out.

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

## Additional patient information is available on our website:



## How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3312 7777** (10.00 – 16.00, Monday to Friday). You can also email PALS at [imperial.pals@nhs.net](mailto:imperial.pals@nhs.net) The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.

Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street  
London W2 1NY

Email: [ICHC-tr.Complaints@nhs.net](mailto:ICHC-tr.Complaints@nhs.net)

Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:  
[imperial.communications@nhs.net](mailto:imperial.communications@nhs.net)

## Wi-fi

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