Interventional Radiology
Gastrointestinal (GI) Intervention

What is a GI intervention?
Your child has been referred to the interventional radiology (IR) department because he or she needs a GI tube. A GI tube can be a feeding tube or an enema tube. The tube allows direct access to the correct part of the GI tract when your child’s condition prevents normal feeding or makes bowel movements difficult. The most common GI tubes placed by our interventional radiologist are:

- **Gastrostomy feeding tube.** This is a tube that leads into the stomach. It allows liquid nutrition to be given directly into the stomach bypassing the mouth and esophagus.
- **Gastrojejunostomy feeding tube.** A gastrojejunostomy feeding tube leads into the small intestine. It allows nutrition to be given directly into the small intestine bypassing the mouth, esophagus and stomach.
- **Cecostomy tube.** This tube leads into the large intestine (bowel). It allows enemas to be given directly into the bowel, which is more effective than giving enemas through the anus.

How do we perform a GI intervention?
IR allows placement of a GI tube through a tiny incision. The interventional radiologist uses live imaging (X-ray and ultrasound) to guide the tube precisely to the correct location. A GI intervention normally takes about an hour, including time for anesthesia. The process includes the following steps:

- Your child is put to sleep and monitored closely by an anesthesiologist.
- The interventional radiologist guides a needle to the proper location and injects dye to make this area more visible through imaging.
- The interventional radiologist guides the GI tube into place.
- Your child is taken to a recovery room to wake up.

What happens after a GI intervention?
After your child awakens, he or she will be taken to a regular hospital room for care and observation. Expect a stay of at least one night. A nurse will use the GI tube at least once to make sure it works correctly. The nurse will also show you how to use the tube. Your child will have some pain, so he or she may be given pain medication.

Every six months, your child must come back to have the old GI tube exchanged for a new one. This is a simple procedure that may not require sedation. The procedure allows the doctor to examine the site of the tube and reduces the chance of clogging or infection.

What are the risks of a GI intervention?
Sometimes a child has bleeding where the tube comes out of the body. Rarely, an infection can happen. With abdominal organs so close together, it is possible that there can be damage to other organs such as the liver or spleen. In rare cases, the procedure can damage the intestine and cause peritonitis, a serious infection inside the body caused by leakage from the intestine. Another rare occurrence is an allergic reaction to the dye used to help the interventional radiologist see clearly inside the body.

What if I have more questions?
Bring questions with you when you come to your child’s appointment. The interventional radiologist will be happy to answer questions and help you feel comfortable with the care your child is receiving.