Nasogastric (NG) / Nasojejunal (NJ) Tube Insertion Interventional Radiology

This leaflet provides information about the procedure, what to expect on the day, the potential risks and important information for afterwards.

Prior to the procedure, you will have a telephone consultation, where you will have the opportunity to ask further questions.

Please note that this leaflet is not meant to replace discussion between you and your doctor. You should raise any questions you may have with the doctor who has referred you or with the doctor who will be performing the procedure.

What is a Nasogastric (NG) or a Nasojejunal (NJ) tube insertion?

A nasogastric (NG) or nasojejunal (NJ) is a thin, flexible tube that is passed through the nose into the stomach (NG) or further into the small bowel, the jejunum (NJ).

These tubes are used to provide nutrition, fluids, or medication, or to remove contents from the stomach if needed.

In radiology department both tubes are placed using X-ray guidance to ensure accurate positioning.

Why do a Nasogastric (NG) or a Nasojejunal (NJ) tube insertion?

A **Nasogastric (NG) tube** sits in the **stomach** and is usually used when the stomach is working normally.

You may need an NG tube if:

- You are unable to eat or swallow safely (e.g. after a stroke or illness)
- You are not getting enough nutrition by mouth
- You need short-term feeding support
- Your stomach needs to be emptied (for example, if there is a bowel obstruction or after surgery)

NG tubes are usually the **first choice** because they are simpler to insert and more comfortable for short-term use.

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Nasojejunal (NJ) tube goes further into the **small bowel (jejunum)**, bypassing the stomach.

You may need an NJ tube if:

- Your stomach is not emptying properly (delayed gastric emptying)
- You have severe reflux or a high risk of vomiting
- You are at risk of food going into your lungs (aspiration)
- You cannot tolerate feeding into the stomach
- You have conditions such as pancreatitis where feeding beyond the stomach is preferred

NJ tubes are used when feeding into the stomach is **not safe or not tolerated**.

How do I prepare for a Nasogastric (NG) or a Nasojejunal (NJ) tube insertion?

You will have a pre-assessment telephone consultation with a nurse before your admission and may be asked to have blood tests before the procedure.

You should stop eating 6 hours prior the procedure, however you can drink 1 cup of clear water per hour until the procedure starts.

The procedure will take place in the Interventional Radiology (IR), within the Radiology Department at St. Peter's Hospital.

The doctor will discuss the procedure with you; answer any questions you may have and ask you to sign a consent form if you are happy to proceed.

Intravenous pain relief and light sedation may also be given, to ensure you are as comfortable as possible.

It's a day case procedure, however in case you'll have conscious sedation, you need to arrange for an adult to collect you from the department.

If you are feeling unwell closer to the day of the procedure, please let the team know.

How is a Nasogastric (NG) or a Nasojejunal (NJ) tube performed?

- The tube is gently passed through your nose, down the back of your throat and into your stomach (NG) or the small bowel (NJ), using X-ray guidance,
- You may be asked to swallow to help guide the tube into position
- The tube is then guided further into the small bowel (jejunum)

The position of the tube is checked with contrast to ensure it is correctly placed before it is used.

The procedure usually takes 10–20 minutes for NG tubes and longer (20-40 minutes) for NJ tubes.

What are the potential risks / complications of a Nasogastric (NG) or a Nasojejunal (NJ) tube performed?

NG and NJ tube insertions are commonly performed and generally safe procedures. However, as with all medical procedures, there are some risks:

Discomfort or irritation

- Common (up to 40-60%)
- May include nasal discomfort, sore throat, or gagging
- Usually improves once the tube is in place

Incorrect placement

- The tube may accidentally enter the airway instead of the stomach (rare but important)
- Position is always checked before use

Nosebleed (epistaxis)

- Occurs in up to 5-10% of patients
- Usually mild and self-limiting

Aspiration (food or fluid entering the lungs)

- Rare (<1-2%)
- Measures are taken to reduce this risk

Blockage or displacement of the tube

- Can occur (up to 5–15%)
- May require repositioning or replacement

Sinus discomfort or infection

- Can occur with longer-term use (<5%)

Perforation (very rare)

- Injury to the nose, throat, or oesophagus is extremely rare (<0.1%)

Radiation exposure

- Radiation dose is kept as low as reasonably achievable

What happens afterwards?

If you have sedation, you will need to stay in the recovery area for a short time so your vital signs can be monitored. Otherwise, you may be able to go home shortly after the procedure.

You should:

- Avoid pulling or dislodging the tube
- Follow instructions from the healthcare team regarding feeding and care
- Inform staff if the tube feels uncomfortable or appears to have moved

Seek urgent medical advice if you experience:

- Difficulty breathing
- Persistent coughing or choking during feeding
- Severe pain in the throat or chest
- Vomiting or inability to tolerate feeds

Follow-up will be arranged depending on your clinical needs and duration of tube use. If the tube is required for longer-term use, it will usually need to be changed approximately every 90 days.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Version: 1 **Published:** April 2026 **Review:** April 2029

Interventional Radiology

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You can use Text Relay to turn telephone communications into text. Use the Relay UK app on your phone, tablet or PC. You can also use Relay UK via Minicom or Uniphone.

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اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

আপনার অনুবাদের দরকার হলে এখানে যোগাযোগ করুন : 01932 723553

यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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