Radiologically Inserted Gastrostomy (RIG)
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 may have a pre-assessment or 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 Radiologically Inserted Gastrostomy?

A Radiologically Inserted Gastrostomy (RIG) is a feeding tube placed directly into the stomach through the skin of the abdomen using X-ray guidance.

This allows liquid nutrition, fluids and medications to be given safely when swallowing is difficult or unsafe.

A RIG provides a long-term feeding solution, particularly when nasogastric tubes are not suitable or are required only temporarily.

Why do I need a RIG?

A RIG may be recommended if you are unable to eat or drink enough to maintain adequate nutrition, for example due to:

- Swallowing difficulties (dysphagia)
- Stroke
- Neurological conditions (such as motor neurone disease or Parkinson's disease)
- Head and neck cancer
- Blockage of the oesophagus
- Severe illness affecting nutrition

A RIG allows safe delivery of nutrition, fluids, and medication directly into the stomach.

Tel: 01932 723470 **Email:** asp-tr.ir-referrals@nhs.net

How do I prepare for a RIG?

For Outpatients:

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.

You will be provided Barium Sulphate to drink orally or via nasal feeding tube the night before the procedure.

If you do not already have one, a **nasogastric tube may be inserted before the procedure** to allow air or contrast to be introduced into the stomach.

The procedure will take place in the Interventional Radiology (IR), within the Radiology Department at St. Peter's Hospital. When you arrive, you will be given a hospital gown to change into, and a staff will insert an IV cannula.

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

The procedure will likely be performed under local anaesthetic. Intravenous pain relief and light sedation may also be given, to ensure you are as comfortable as possible.

You will usually be admitted on the day of the procedure.

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

How is a RIG performed?

- You will lie on your back on an X-ray table.
- The stomach is inflated with air through a nasogastric tube so it can be safely positioned against the abdominal wall.
- The skin is cleaned and numbed with local anaesthetic.
- Small anchoring stitches (called **gastropexy sutures**) may be used to secure the stomach to the abdominal wall.
- Using X-ray guidance, the doctor inserts the feeding tube safely into the stomach.
- The tube is held in place by a small internal balloon or retention device.

The procedure usually takes **30-60 minutes**.

What are the potential risks / complications of RIG?

RIG insertion is a commonly performed and generally safe procedure. Most complications are minor.

Pain or discomfort

- Pain around the insertion site is common and occurs in **30-50% of patients**, particularly during the first few days. This usually improves with simple pain relief.

Infection

- Infection at the insertion site occurs in approximately **5-10% of patients** and is usually treated with antibiotics.

Bleeding

- Minor bleeding occurs in **2-5% of patients** and usually settles without treatment. Significant bleeding is uncommon (**<1%**) but may require further treatment.

Air leakage causing abdominal discomfort

- Air introduced into the abdomen during the procedure can cause discomfort in up to **10-20% of patients**. This usually settles within a few days.

Tube blockage, leakage, or displacement

- Tube-related problems occur in approximately **5-15% of patients** over time and can usually be managed by flushing, adjustment, or replacement.

Injury to nearby organs

- Damage to nearby structures such as bowel or liver is rare (**<1%**) due to imaging guidance.

Peritonitis (infection inside the abdomen)

- This is rare (**<1%**) but may require antibiotics or further treatment.

Radiation exposure

- This procedure uses X-rays. The radiation dose is kept as low as possible, and the risk of long-term harm is very small.

Serious complications or death

- Serious complications are rare. The risk of death directly related to the procedure is **very low (less than 1 in 1,000)** and is usually related to underlying medical conditions rather than the procedure itself.

What happens afterwards?

After the procedure, you will be monitored in a recovery area and usually transferred to a ward.

Your observations will be checked regularly.

Post-RIG protocol to be completed by Nutrition Support Team:

- 0-4 hours NBM / Nil by gastrostomy
- Post 4hours: 50ml sterile water flush, if no concerns, 1 Oral nutritional supplement (Fortisip Compact) bolus

You may experience mild discomfort for a few days.

You will receive instructions on caring for the tube before discharge.

You should avoid heavy lifting or strenuous activity for **1-2 weeks**.

Prior to Discharge

- Completion of post RIG protocol and same day discharge checklist by Nutrition Support Team
- Dietetic review and refresh information for RIG care at home
- Patient returns home following medical, nursing, dietetic agreement if fit for discharge / meet checklist criteria
- RED flag information letter given to patient with discharge letter
- Follow up by Nutrition Team

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.

Author: Cathie Tenreiro – IR Clinical Specialist Nurse **Department:** Imaging
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St Peter's Hospital

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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

Ashford Hospital London Road, Ashford, Middlesex, TW15 3AA Tel: **01784 884488**
St. Peter's Hospital Guildford Road, Chertsey, Surrey, KT16 0PZ Tel: **01932 872000**
Website: **www.ashfordstpeters.nhs.uk**