Hypergranulation tissue

In some cases, when PEG tubes are first inserted hypergranulation can occur to the tissue around PEG site. Hypergranulation tissue is believed to occur as a result of an extended inflammatory response. We believe it may be caused by a reaction to the tube. Pressure, moisture and friction may also contribute to the development of hypergranulation tissue. Hypergranulation tissue is the body's way to fight the gastrostomy tube (the body does not think the tube belongs there).

- Hypergranulation tissue is not harmful.
- Hypergranulation tissue is red, moist and bleeds when rubbed.
- Hypergranulation tissue oozes a yellow, sticky drainage.
- Hypergranulation tissue can affect how the gastrostomy or jejunostomy tube fits in the stoma.
- Hypergranulation tissue is common in the first 3 months.

If granulation tissue occurs

Silver nitrate sticks or a low dose cortisone cream (Triacet 0.1%) can be used for 5-7 days to help remove the hypergranulation tissue. Please call our office 905 521 2100 extension 76870 or your community nurse (through CCAC) to ask about silver nitrate sticks or cortisone cream.

For Silver Nitrate application - the following steps are done once a day for five days:

- Put a layer of petroleum jelly (Vaseline) on the healthy skin around the granulation tissue before using the silver nitrate stick (to prevent the the silver nitrate from injuring the healthy skin).
- Protect clothing from being stained by the silver nitrate (will turn black) by putting a small gauze square over the area and taping it.
- Moisten the tip of the silver nitrate stick with water.
- Touch the silver nitrate stick onto the granulation tissue
- If there is no improvement in five to seven days, call the nurse or our office.