

## Having a PEG tube inserted

**This information leaflet is for patients who are having a PEG (Percutaneous Endoscopic Gastrostomy) tube inserted. It explains what is involved, what to expect and what significant risks or side effects there may be.**

### What is a gastroscopy?

It is an examination of the upper part of your digestive system, the gullet, the stomach and the duodenum. A long, thin flexible tube with a light on the end (a gastroscope) is passed through the mouth into the stomach. This allows the doctor to see the best place to place the PEG tube.

### What is a PEG tube?

It is a narrow tube that is inserted into your stomach directly through the skin of your abdomen. This tube remains in place to give liquid food, water or medicines if you are unable to eat and drink in the usual way.

### Preparation for the procedure

- You will have a blood test before the procedure.
- In order to have a clear view your stomach must be empty, so it is important to have **nothing to eat for 8 hours before your test**. You may drink clear fluids up until 2 hours before your appointment.
- If you have diabetes you will be given special instructions.
- You can continue to take any necessary medication with sips of water.
- Please remember to bring your completed medical assessment form with you.

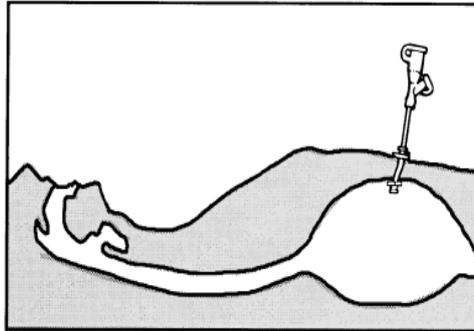
### Before the procedure

- The doctor will ask you to sign the consent form to confirm that you understand the procedure and agree to go ahead with it.
- **Please do not hesitate to ask any questions that you may have.**
- You will be asked to remove any spectacles or contact lenses and dentures (if you have them).
- A nurse will remain with you throughout the procedure.

### What does the procedure involve?

1. A small plastic needle will be inserted into a vein in the back of your hand or lower arm and some antibiotic introduced.
2. **Then an injection of sedative** will be given through the plastic needle to make you relaxed and sleepy. For most patients it induces sleep after the procedure, making it a hazy memory.
3. A soft sponge will be placed into one of your nostrils to give you oxygen during the procedure. The doctor will gently insert a small flexible tube (a gastroscope) through a mouthpiece in your mouth down into your stomach. This is not painful and will not make breathing difficult.

4. The Doctor will examine your stomach carefully. A biopsy (a small sample of the stomach lining) may be taken during the examination to be sent to the laboratory for more tests. You cannot feel this being done.
5. The stomach will be gently inflated with air to expand it so that the lining can be seen more clearly and a good position found for the tube.
6. Some local anaesthetic is then injected at this site on the outside of abdomen. This will numb the skin so that you will not feel pain.
7. A small cut is made and a hollow needle passed through the skin into your stomach. You may feel a pushing sensation.
8. A fine string is then passed through the hollow needle into the stomach and pulled up into your mouth. The string is then used to pull the PEG tube into the right position with the flat disc on the inside of your stomach. You may feel this happening but it is not painful.
10. The nurse may need to clear saliva from your mouth with suction
11. The procedure takes between 10 –15 minutes.



*Percutaneous Endoscopic Gastrostomy in place (Courtesy of Ross Products Division; Abbott Laboratories; Columbus, OH).*

## **After the procedure**

### **Back of the ward**

- The nurses will make regular checks on your progress
- If you experience some pain once the local anaesthetic wears off please ask the nurses for a painkiller. We recommend taking paracetamol on a regular basis for a few days following the procedure.
- The cannula will be left in situ until it is longer needed. It should be removed before you go home.
- Most patients stay in hospital for one night after initial PEG insertion
- A letter will be sent to your GP and you may a copy if you wish.

### **Using the PEG tube**

Water may be flushed through your tube within 2 - 4 hours of the procedure and feeding can start slowly after 4 hours. The food will be given slowly to start with and the rate gradually increased. If you are eating and drinking well your tube may not be used for feeding straight away.

### **How is the feed given?**

- The feed (a liquid food containing nutrients) comes in a sterile container and can either be given continuously using a pump, or when needed through the tube with a large syringe.
- The dietitian will estimate how much & how often you need the feed & discuss it with you.
- Liquid feed may be given for most of the day or only overnight if you are able to eat and drink as well.

### **Eating and drinking by mouth**

- You will be able to continue to eat and drink by mouth if you are able to swallow safely. Many people have a tube because they are unable to swallow or take in sufficient food to prevent weight loss. Even if you are not able to eat & drink it is important to keep your teeth clean and visit the dentist regularly.

### **Going home with a PEG Tube**

- You and/or your family and carers will be shown how to care for the tube and feeding system. You will be given written information containing the telephone numbers of people who are able to help after you go home.
- The effects of the sedation may last for a few days. Have regular fluids either by mouth or through the PEG tube and rest where possible. Return to work when you feel comfortable to drive and are able to undertake usual activities without any discomfort.
- You can go out if you wish as the tube can be capped off. The tube itself is small and can be kept beneath clothing discreetly and comfortably.
- You will not usually need to see the doctor who put the PEG in however the nutrition nurse will review you before you are discharged home and if you feel you have a problem with the PEG tube or site (in working hours).

### **How long does a PEG tube last?**

- If required for long term feeding, most PEG tubes may last a couple of years.
- If the PEG tube is showing signs of wear and tear the Nutrition Nurse will see you in clinic or contact you by telephone to plan a replacement.
- If the tube needs to be replaced, this can be done as a day patient in the endoscopy unit following this same procedure.

### **Removing a PEG tube**

- Removing the tube is a medical decision made in conjunction with the dietitian. You and your relatives will be kept fully informed.
- It is usually removed if you are able to swallow normally again and can eat and drink enough to maintain your weight.

### The benefits of a PEG tube

- The tube allows you to have feed, water and medicines easily, as and when you need them.
- It will support you with your calorie and fluid intake if you are unable to eat and drink or have difficulties swallowing and chewing food if you have a long term condition such as Multiple Sclerosis or Motor Neurone Disease.
- Improving your nutrition will help to prevent some of the problems linked to malnutrition, such as pressure sores; dehydration, lack of energy, low moods and fighting off infections.
- It enables you to maintain your weight or may even help you to regain lost weight.
- Feeding this way may prevent pneumonia, caused by food going down the wrong way.
- The tube will enable you to complete your cancer treatments such as chemotherapy and radiotherapy.
- If you have had a stroke, feeding this way can hasten your recovery and may enable you to leave hospital earlier.
- It is less likely to become dislodged than other feeding tubes.

### Risks or complications

This is a common and safe procedure, but every procedure has some risk associated with it. Early risks for a PEG include:

- **Sedation** – there is a small risk of a temporary reaction to the sedation, which may include a decrease in breathing rate following the procedure. This may be more of a risk for some patients who may already have respiratory difficulties such as those with MND.
- **Colonic perforation** – this can occur during the gastrostomy placement but it is a rare complication. Colonic perforation is also likely to lead to peritonitis and major surgery may be needed to identify and repair the perforation.
- **Peritonitis** – this is an infection within the abdomen which occurs due to the bacteria entering the puncture wound. **Chemical Peritonitis** can occur if the feed leaks from the stomach into the peritoneum. This is a serious complication that can be fatal.
- **Haemorrhage (Bleeding)** - can occur in the immediate post operative period or later. This may be caused by the puncture of gastric wall vessels or if the gastric mucosa is compressed underneath the internal bumper and blood vessels erosion. Whilst very minor external bleeding can be normal, significant external bleeding can indicate serious internal bleeding.
- **Wound Infection** including Methicillin-resistant *Staphylococcus aureus* (MRSA) may develop around the tube site despite giving antibiotics ½ - 1 hour prior to PEG insertion. Any infection can be treated by a course of antibiotics and by daily cleaning of the skin around the site.

- **Aspiration pneumonia** – the level of sedation given may contribute to an aspiration risk during the procedure whilst post procedure aspiration may result from refluxed gastric content and feeds. Patients may also be at risk of aspiration of their own saliva if they have swallowing difficulties and having a PEG will not prevent.
- **PEG tube blockage**. It is important to try to avoid this happening by flushing the tube with cool, boiled water before and after feed or medicines and at other times during the day.
- Some patients get **diarrhoea** while they are using this method of feeding. There may be many reasons for this, which we will try to control, so it is not usually necessary to stop the feed.
- Please speak to the endoscopist before the PEG procedure if you have any worries about these risks

### **Is it suitable for everyone?**

For some people feeding this way may not be in their best interest. For those with severe disabilities due to disease or illness and a poor quality of life such as in patients with advanced dementia, having a PEG tube can increase the possibility of complications and early mortality. So it is important to consider what you and your loved one would want.

### **If you have any further questions?**

You may discuss any of these issues with the Doctors looking after you, the Nutrition Nurses or the dietitian involved in your care. Nutrition Nurses are available on 01582 491166 bleep number 278/046 or 01582 497545 / 497157 Monday - Friday 8.00 - 4.00.

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