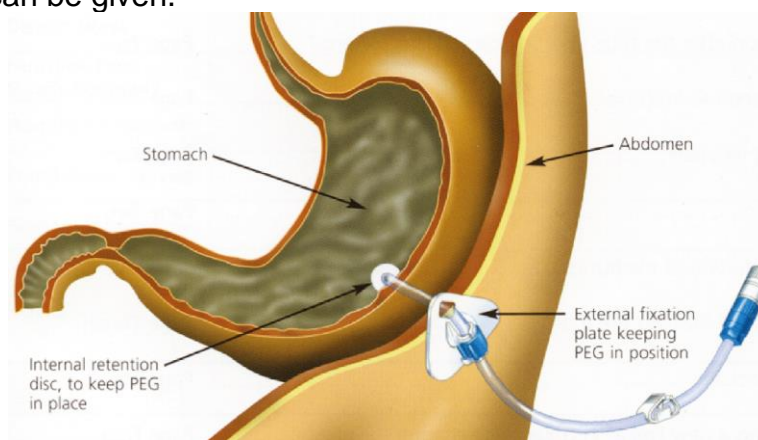


PATIENT INFORMATION

Percutaneous Endoscopic Gastrostomy

What is a percutaneous endoscopic gastrostomy (PEG)?

A gastrostomy feeding tube (or PEG as you may hear it referred to) is a small feeding tube which is inserted directly into the stomach so that feed, fluid and medication can be given.



This document will give you information about the benefits and risks to help you decide if having a PEG is the correct decision for you. If you have any questions that this document does not answer, please contact the nutrition nurses (contact information on the reverse of this document).

What are the benefits of the PEG

A PEG bypasses the throat and can therefore be used for people who have difficulty with swallowing or if there is a risk of food going down "the wrong way" into the lungs. It is discreet and can be tucked in under clothing, therefore no one need know unless you want them to. It can provide a secure route of administration for you or your carers to give fluids, feed or medications.

What will happen if I decide not to have a PEG?

If you decide not to have a PEG, you should discuss this thoroughly with your doctor and other relevant healthcare workers. They may be able to recommend another way of feeding you (sometimes this involves having a naso-gastric NG tube). However, if a PEG is the only dependable way to give you fluid and nutrients, then without it you may lose weight and become seriously ill.

What does the procedure involve?

Before the procedure

The Nutrition nurses will meet with you to discuss the PEG, how it is inserted and show you the type of tube used and talk about the risks and benefits. Please don't be afraid to ask questions as this is your opportunity to ensure that you are completely happy and understand the process.

If you decide to go ahead, a date and time will be arranged for the tube to be inserted. It doesn't matter if you can't decide on the day; you can contact us at a later date with your decision.

If you take warfarin, clopidogrel or other blood-thinning medication let the nutrition nurses know at your assessment or at least 7-10 days before the procedure.

On the day of the procedure

Do not eat or drink in the 6 hours before the procedure, if safe to do so, you can take sips of water until 2 hours before the procedure. If you are unable to take sips of water you may be given intravenous fluid. If you have diabetes you will need special advice depending on the treatment you receive for your blood sugar control. You will be first admitted to a ward. Once you have met with the team and been assessed there, you will be taken from the ward to the endoscopy department on a trolley/chair. The endoscopy healthcare team will carry out a number of further checks. A named nurse will be allocated to coordinate your care. He/ she will care for you during and immediately after the procedure until you return to the ward. The Endoscopist fitting the tube will discuss the procedure with you. You will be asked to sign a consent form, confirming you understand and agree to go ahead with the procedure. Just before the procedure, intravenous antibiotics and sedation will be administered through a small needle in the back of your hand. These will help prevent infection and will make you feel sleepy and relaxed. Depending on patient factors, some procedures are done in surgical theatres. Such patients have an anaesthetist to support their sedation. A plastic guard will be placed between your teeth and gums. You will then be helped into a comfortable position, resting on your left-hand side. During the procedure your oxygen levels and heart rate will be monitored using a finger or toe clip. If you need oxygen, it will be given through a face mask or a small tube in your nose. Inserting a PEG usually takes approximately 20 minutes. It involves several steps:

1. Placing a flexible camera tube (endoscope) into the back of the throat and down into the stomach. This allows the shape and location of your stomach to be assessed. Gentle pressure on your stomach wall will help with this process.
 2. Cleansing your abdominal wall, and then numbing it with an injection of local anaesthetic. This stings like a bee sting, but then should mean no further pain is felt. Most people just feel pushing and pulling movements. Then the needle is passed into the stomach through the skin. This allows the PEG tube to go over your tongue and on into your stomach.
 3. The PEG has an internal disc that sits inside your stomach and helps prevent the tube from coming out. External attachments are then applied to enable the PEG tube to be used.
- The procedure is not usually significantly painful but you may feel bloated because of the air blown into her stomach. Painkillers will be given at the start of the procedure, then will be tailored to your needs. Once you are back

on the ward, further painkillers can be given.

What complications can happen?

Although the procedure is relatively safe and major complications are rare, there are risks involved in passing the endoscope and in making a hole in the stomach. Should there be any major complications it might be necessary to carry out a further operation. The key decider of the risks of the procedure is your current health and strength. This determines how well your body can cope with the procedure itself and any potential future complications

Early complications

Significant early complications, which can be life-threatening, occur in just 1 in 50:

1. Bleeding during or after the procedure. This is rare, and can usually be stopped by applying pressure.
2. Damage to oesophagus or stomach. Damage to other organs (risk: less than 1 in 500). You will need further treatment, which may include surgery.
3. Internal infection. (Risk: 1 in 1000). Your doctor will give you antibiotics to reduce the risk.
4. Inflammation of the lining of your abdomen (peritonitis). Caused if air or bowel contents leak into your abdominal cavity, can usually be treated with antibiotics and settles within 2-3 days.
5. Breathing difficulties or heart irregularities, as a result of reacting to the sedative or inhaling secretions such as saliva. To reduce the likelihood of this happening, your oxygen levels will be monitored and a suction device will be used to clear any secretions from your mouth.
6. Allergic reaction to the equipment, materials or medication. The team are trained to detect any reactions that might happen. You will be asked if you have any allergies or if you have reacted to any medication in the past.

Short term complication (the first few months)

Infection of the skin around the new tube. (risk: 1 in 10). This is normally mild and responds to simple antibiotics. Please contact the nutrition nurses, or your doctor, if area becomes very red, swollen or discharges pus. Ask them to swab the area and start antibiotics.

PEG tube falling out. This is rare, but can occur if your stomach does not properly heal. If it happens in the first 8 weeks after the tube is placed your stomach contents might leak. **Do not try to put the tube back.** Call an ambulance or go immediately to accident and emergency department.

Chest infection. The risk is higher if you already have problems swallowing. Please contact your doctor, or if serious go to accident and emergency.

Late complications

1. The skin around the PEG tube can heal to varying degrees. It can become dark pink or red in colour, a small amount is normal but a lot of scar called granulation tissue can cause pain and make it difficult to care for the tube. The nutrition nursing team will support you with advice and treatments if this occurs.
2. A very poorly healing skin site can mean that the contents of your stomach, and or feed, can leak around the PEG tube. This is very rare. It most commonly occurs in very malnourished people or those with recurrent

infections. Your nursing team may well ask for medical support if this happens.

3. Blocked PEG tube. This can happen at any time, but care when flushing should reduce the risk.
4. Buried internal disc (buried bumper syndrome). The internal disc can become attached internally and the stomach lining grows around it. Rotating and advancing the PEG will help prevent this from happening. This should be done a minimum of once per week.

What happens after the procedure?

You will stay in hospital for a minimum of 1 night following the procedure. This ensures that you are comfortable, confident in using the tube, and the ward team will assess you for early complications.

Once back to the ward you will be advised to stay in bed until the sedation has worn off. The ward nurses will continue to monitor your blood pressure, oxygen levels, pulse and the PEG tube site at regular intervals. Your throat and stomach may feel sore for a few days, and you may feel a little bloated. This discomfort will pass but sometimes you may need mild pain-relieving medication and rest.

Normally feeding or eating (if able) may start four hours post procedure. If tube feeding is to start then your dietitian will assess the type and amount of feed required each day. You will receive support from the ward nurses, nutrition nurse specialist and dietician. Training will be provided for you, your family or carer before and/or after PEG tube placement.

Returning to normal activities

If you have a lot of pain when feeding, or if you have bleeding or leaking from the exit site within 3 days of having the PEG tube placed, it is important that you stop feeding and seek help/advice by contacting the nutrition nurses during office hours or Accident and Emergency.

Depending on the problem that made it difficult for you to swallow, you should return to your normal activities after one or two weeks. If you swim, allow the site to heal and use a waterproof dressing, ensure clamp and end connections are closed.

Do not drive until you feel confident about controlling your vehicle and always check your insurance policy and with your doctor.

The Future

The healthcare team will monitor you and advise you on how long you need to have the PEG tube. This will depend on the problem that made it difficult for you to swallow. If you no longer need the PEG tube, your healthcare team will discuss this with you.

Removing the tube

We can consider removing the tube, if the reason for having the tube improves and you are able to safely take sufficient nourishment fluid and medication by mouth. For some this can be months, but for many a PEG tube is permanent.

Following consultation with your healthcare professionals, and nutrition nurses, then the PEG tube may be removed.

There are two methods of removal. The PEG tube can either be removed via a repeat camera (endoscopy) test, or some can be removed without a procedure. This method is known as Cut and Push. Both of these methods will be explained, and written information provided when the decision is made to remove the tube.

If you have any problems with the PEG tube or exit site please contact the nutrition

nurses.

Contact information

If you have any questions you can contact us:

Nutrition Clinical Nurses Specialists ☐ **(01803) 654951** or via the switchboard and ask for bleep 67-385 or #6774

Dieticians ☐ **(01803) 654380**

Or via email:

Sdhct.nutritionteam@nhs.net

Sarah Smith sarah.smith7@nhs.net

Jane Gagg jane.gagg@nhs.net

Zoe Dowell zoe.dowell@nhs.net

PINNT – Patients on Intravenous and Nasogastric Nutrition Therapy

PINNT supports people on enteral and parenteral nutrition, providing advice and local support groups.

Email: www.pinnt.com

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.