

PATIENT INFORMATION

PEG Tube Removal

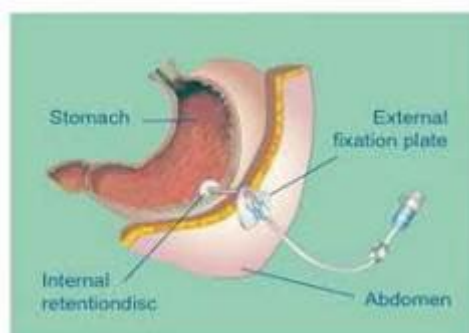
You have been advised that you either no longer need your PEG or it requires changing. There are 2 methods of removal and this leaflet will explain both of these to enable you to make an informed choice.

Endoscopic Removal

Endoscopy staff will contact you regarding the preparation for this procedure, management of your medication, sedation and throat spray, management of diabetes and anticoagulation as needed.

The PEG is removed during a gastroscopy. The whole tube is removed during this procedure.

You will need to attend the Endoscopy Unit for a few hours & have nothing to eat or drink for 6 hours prior to your appointment. The Endoscopist will examine your abdomen & throat to check that it is safe to go ahead with the procedure and to also check the PEG rotates and retracts freely. The endoscopist passes a gastroscope (a long flexible tube with a camera in the tip) through your mouth and into your stomach. The disc holding the PEG tube in your stomach (see diagram below) is then held internally whilst the PEG tube on the outside of your body is cut. The gastroscope, and the disc are then removed through your mouth. This can be uncomfortable at the back of the throat & you may feel bloated during or after the procedure. This is normal and should resolve on its own. The procedure should take about 10 minutes to complete.



A dry dressing is placed over the hole/stoma, where the PEG was sited, to prevent leakage onto your clothes. Within 24-48hrs the hole/stoma site will close. A small amount of drainage is normal for the first 48-72hrs. Dressings will be provided which need changing daily whilst it leaks.

You may shower 24hrs after the tube has been removed.

To prevent infection, do not bathe in a bathtub, sit in a jacuzzi or hot tub, or swim until the hole/stoma has fully healed.

Advice on eating and drinking after your PEG removal will be given on the day of the procedure.

Are there any risks

This procedure, although generally considered safe, does have some associated risk. These are rare and include;

- perforation of the gullet or stomach, which may need repair by surgery (the risk is less than 1 in 1000)
- a reaction to the sedative drugs/throat spray
- damage to dental bridgework, loose or crowned teeth
- a sore throat
- abdominal bloating
- wound infection

Cut and Push Method of Removal

This method does **not** involve an endoscopy. The PEG tube is cut next to your skin and the internal bumper is pushed into the stomach. Usually the internal bumper will pass through your system and you will pass it when you go to the toilet. It is painless and most people do not realise when this is happening.

It is ideal for those who cannot have a gastroscopy but is also available to those who may not wish to have one. However, there are some people who cannot have their PEG removed by the cut and push method. These individuals will be identified by the Consultant Gastroenterologist or the Nutrition Nurse Specialist.

The cut and push method of PEG tube removal is quick, does not require sedation or any medication and can be done in the clinic setting.

You will need to have nothing to eat or drink for 6 hours prior to your appointment. The Doctor or Nurse will also ask you to sign a consent form to confirm you have been given information regarding the procedure and that you agree to it.

This method of PEG tube removal involves the Nutrition Nurse or Doctor cleansing the skin around the stoma, moving the PEG in and out and rotating it before gently pulling & cutting the PEG next to the skin. The PEG tube is cut close to the skin on the outside and the circular piece of plastic (internal retention disc) is pushed into the stomach.

Internal bumper/retention disc



A dry dressing is placed over the hole/stoma, where the PEG was sited, to prevent leakage onto your clothes. Within 24-48hrs the hole/stoma site will close. A small amount of drainage is normal for the first 48-72hrs. Dressings will be provided which need changing daily whilst it leaks.

You may shower 24hrs after the tube has been removed.

To prevent infection, do not bathe in a bathtub, sit in a jacuzzi or hot tub, or swim until the hole/stoma has fully healed.

Advice on eating and drinking after your PEG removal will be given on the day of the procedure. You will also receive written information on what to observe for and who to contact if you are concerned.

The Nutrition Nurse Specialist will call you the day after the PEG removal and 6 days later.

Are there any risks

The available evidence suggests this method has a 2-3% risk of minor complications such as abdominal discomfort and a wound infection

1% risk of serious complications such as obstruction/perforation of the bowel.

Occasionally the bumper can get stuck in the stomach or bowel causing obstruction. In this situation you will need surgery or an endoscopy to remove it.

Additional Information

If you have any questions, please do not hesitate to contact either via email or the numbers below and we will be pleased to help.

Nutrition Nurse Specialists

sdhct.nutritionteam@nhs.net

Office phone ☎ (01803) 654951

Hospital Switchboard ☎ (01803) 614567 bleep #6774

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