



Information for patients
and carers

General principles of percutaneous endoscopic gastrostomy (PEG) Management

Early detection of complications after gastrostomy

If you have been discharged within 72 hours (3 days) of gastrostomy insertion and experience any of the following symptoms:

- Pain on feeding
- Prolonged or severe pain post-procedure Fresh bleeding
- External leakage of gastric contents

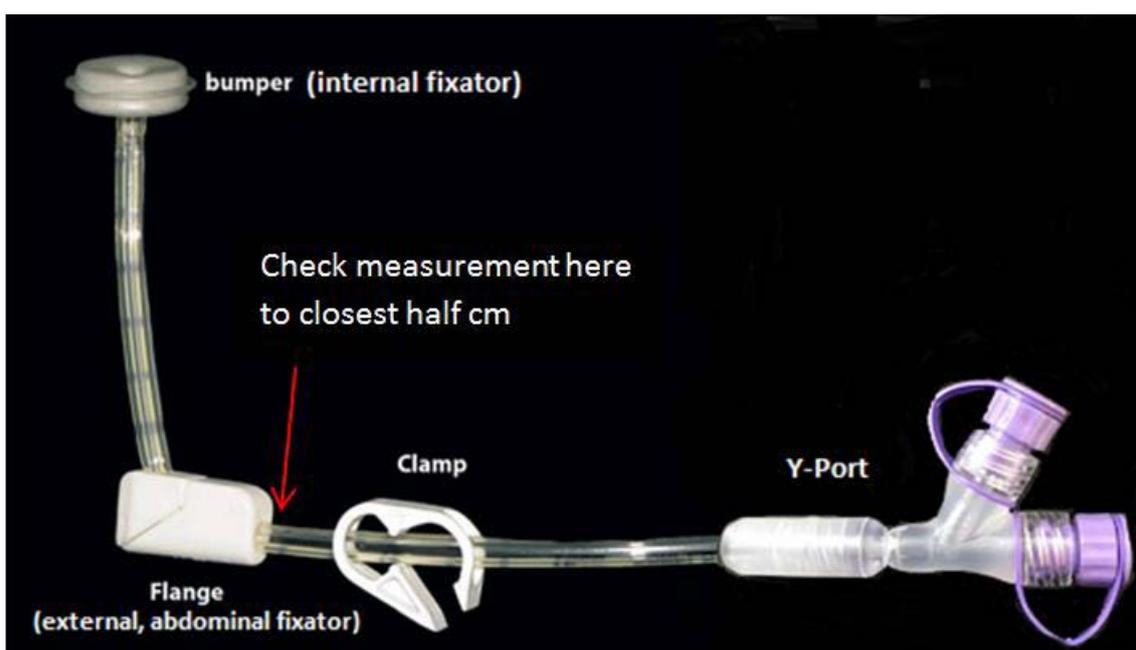
Stop feed/medication delivery and contact the Nutrition Nurse Specialists or your GP service.

Handling your feeding tube

Anyone handling your feeding tube including yourself should wash their hands carefully with soap and water and dry thoroughly. Nursing staff will also use gloves when handling your tube.

Tube position

Your tube has markings on it to identify its correct position. It is important that you check that the position of your tube has not altered before you use it. Check the measurement at the top of the flange to the closest half cm (see picture below). See section on 'Your Feeding Tube' to check what measurement the PEG was placed at.



If the tube has moved **DO NOT USE IT**. You can contact the Nutrition Nurse Specialist, District Nurse or GP.

Confirmation of correct position of feeding tube

Check the position of the marker on your tube. This should be done at least once daily (see picture above).

Care of your tube site

Each day use soap and water to clean around the tube site and dry thoroughly. Paper towel may be useful for this.

- Rotate the PEG tube 360 degrees once a day.
- Do not use talcum powder, moisturising creams etc. around the feeding tube.
- Do not apply a dressing around the feeding tube site unless advised by medical / nursing staff.
- 3 weeks after initial placement: you need to start advancing the PEG within the tract, once per week. To do this, undo the abdominal flange and gently push the tube in to your stomach by approximately 3-4cm. Then, gently pull the tube back out again, until you feel the resistance of the internal bumper. Re-secure the flange and make note of the measurement at the top of the flange, to the closest half cm. You then need to check the pH of your PEG.

Flushing your feeding tube

Your feeding tube will need flushing with water before and after each feed, and before and after medication. This will help to keep your tube clean and working properly.

How to flush your tube

- Draw up water into a 60ml syringe and attach to the feeding tube.
- Press down the plunger in the syringe to flush the water into the tube, using the stop start-technique.
- When empty, remove the syringe and replace the feeding tube cap.

How to administer your medication

- Prepare each of your medications as directed by the Pharmacist.
 - Never mix medications together unless instructed by the Pharmacist.
1. Flush your feeding tube with water before giving your medication (See section on 'Your Feeding Plan').
 2. Using the 60ml syringe draw up each medication separately and gently flush down your tube followed by a 10ml flush of water in between each medication.
 3. After your last medication flush your tube with water (See section on 'Your Feeding Plan').

Use of clamps on PEG tubes

Some PEG tubes have a clamp on the tube to prevent leakage from the tube when the cap at the end of the tube is removed. This clamp should be left in the open position except when the cap is being opened or closed in between feeds, flushing or delivery of medication. If the clamp is in the closed position for long periods of time, this will damage the tube.

Position for feeding and for thirty minutes after feeding

Ensure that you are in a comfortable position. If you are lying down, your head and shoulders should be supported by at least 2 pillows (equivalent to a 45 degree angle).

Changing your feeding tube

There will be no fixed time in which the tube will be changed. It will be determined by how well it is functioning.

Oral hygiene

It is important, even when not eating or drinking, to take good care of your teeth and gums. Teeth should be brushed using toothpaste, and a mouthwash containing Chlorhexidine Gluconate may be helpful. Lip balm can prevent dryness or soreness around the mouth, and it is advisable to visit your dentist at the usual intervals. For persistent problems please contact your GP.

If you are not using your PEG for feeding

Flush your feeding tube with 50mls of water daily, as advised by the Dietitian / Nutrition Nurse Specialist. This will help to keep your tube clear. Follow the 'care of your tube site' recommendations.

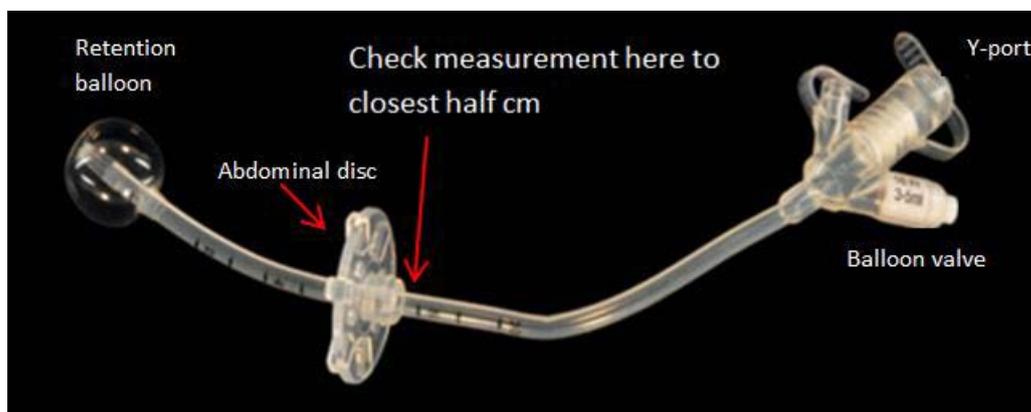
Bathing advice

It is safe to shower immediately, but recommend avoiding full immersion (having a bath or going swimming) for the first 3 weeks.

If your PEG has been replaced by a balloon gastrostomy

Balloons

The balloon on your tube will need deflating every 7 days to remove the old water. To do this, note the position of the abdominal disc (see image below). Place your thumb and forefinger between the abdomen and the disc and hold the tube to prevent it pulling out. While holding the tube, move the disc back approximately 3cm. Advance the tube into the stomach up to the disc before deflating and re-inflating the balloon via the balloon valve with the correct amount of sterile water. This is done to prevent the tube slipping out of the stomach while the balloon is deflated and to prevent the balloon from being re-inflated in the tract.



If more than 3mls of water is lost from the balloon, please seek advice from your District Nurse. When the balloon has been re-inflated, pull the tube back until you meet resistance and move the abdominal disc back to its original position.

You must now check the pH of the tube before it is safe for use. To do this attach a 60ml syringe on to the Y-port of your tube, draw back a small volume of fluid from your stomach and place the fluid onto a pH stick. Ensure all 3 sections of the pH stick are covered by the gastric aspirate. To confirm pH, check pH stick against the colours on the side of the container. The pH must be 5.0 or below for the tube to be deemed safe for use. If the pH is above 5.0, do not use the tube and seek advice from your District Nurse or Nutrition Nurse Specialists.

pH sticks

Initial pH sticks will be provided by the hospital. The District Nurses or nursing home will then order a supply for you.

Enteral pH strips pH 2.0-9.0; NHS Supply Chain code FWM1667, direct order code ENT-PH. Enteral telephone number: 01757 282945.

Low profile gastrostomies

A low profile gastrostomy (for example a Mic-KEY or Mini button) looks like a valve on the skin and requires an extension set to administer any feed, water or medication through it.

It is necessary to have a spare extension set available in case it needs to be replaced at short notice.

Low profile gastrostomies require daily rotation and cleaning in the same way as other gastrostomy tubes. You do not advance this type of tube weekly.

The majority of these tubes are held in place with a water balloon. The advice above regarding management of a balloon gastrostomy should also be followed for a low profile gastrostomy.

Extension sets should be washed in warm soapy water and rinsed after each use. The set should be changed every 2 weeks unless you have been advised otherwise.

Contact details

Should you require further advice or information please contact:
Nutrition Nurses

Royal Preston Hospital

01772 523057 (7 days week 8-5pm)

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

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Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Lancashire Teaching Hospitals is a smoke-free site

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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Division: Surgical

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