



Information for
patients and
carers

Having a Gastrostomy (PEG) tube
inserted

What does PEG stand for?

PEG stands for Percutaneous Endoscopic Gastrostomy

- **Percutaneous** means something that is inserted through the skin
- **Endoscopic** is the name of the instrument that is used to carry out the procedure
- **Gastrostomy** is an opening into the stomach

Introduction

Following a discussion with your doctor you may have been given this booklet regarding the possibility of having a gastrostomy (PEG). This booklet has been written for people who may need a PEG inserting, to help them understand why they may need it, what is involved, what happens after the tube is inserted and answering any questions that you may have about the tube. This booklet is not a substitute for a consultation with a specialist nutrition nurse which will be arranged in due course. You will have the opportunity at this consultation to discuss the practicalities of having the PEG inserted and have answered any questions that you may have.

What is a PEG?

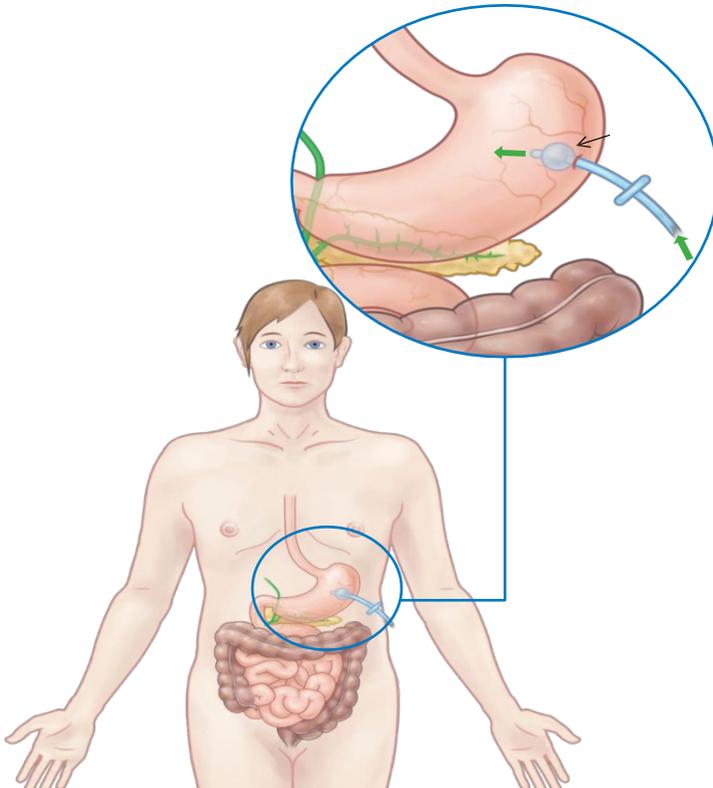
A PEG is a feeding tube that passes through the abdominal wall directly into stomach.

There are many reasons why you may need a PEG. These can include:

- You are unable to eat and drink enough to meet your nutrition and hydration needs
- You have difficulties or it is anticipated you will have difficulties swallowing food and fluids for a prolonged period of time
- If you have a progressive type of illness and are currently well nourished, a PEG can help to maintain this status as the illness progresses

It can be used for:

- A route for specialised feed, water and medication to provide you to meet your nutritional need
- An alternative method to meet your nutritional requirements if it is unsafe for you to eat normally
- To supplement your oral intake



What are the benefits of having a PEG?

- Your nutrition and hydration status can be improved or maintained
- It can be used for either short or long term artificial feeding depending on why you need the PEG

- It is discreet and can be hidden underneath your clothes
- After speaking to your GP or pharmacist, any medications you may need can be given via the PEG

What are the risks when having a PEG inserted?

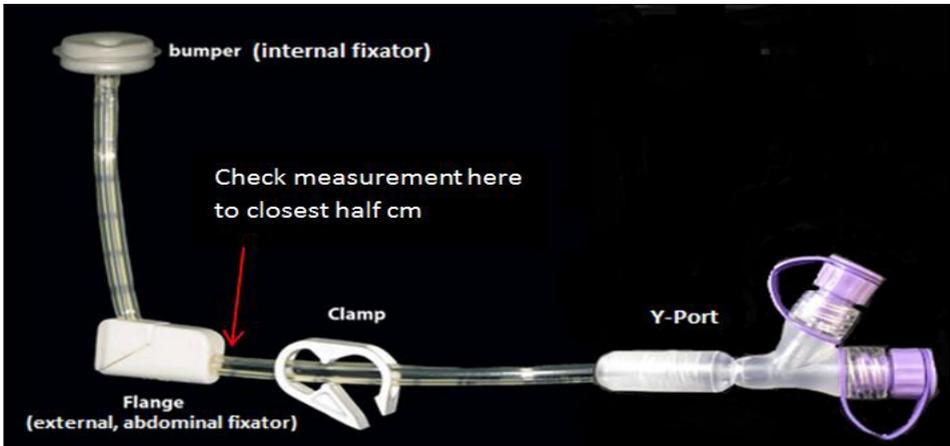
Having a PEG is a routine procedure that carries a low risk of complications. However as with any procedure, there are risks involved which have to be weighed against the benefits. Please ensure that you tell us of any allergies that you are aware of.

These risks include:

Risk	% of risk	Strategy to counteract risk
Infection/ Peritonitis	Less than 1%	1 dose of intravenous antibiotic at time of procedure (please ensure you tell us of any allergies) Safety techniques and checks are used throughout the procedure to monitor.
Bleeding from incision site	Less than 1%	We will check your bloods prior to the procedure (within 7 days), and will not proceed unless they are within normal limits.
Chest infection	Less than 2%	You will be monitored throughout the procedure to ensure the sedation does not cause problems.
Failure to place	Less than 5%	There is often no way of predicting this, but there is always a small chance that during the procedure, a safe insertion site cannot be found.

Due to the COVID-19 pandemic patients who are admitted to hospital for the insertion of a PEG have the potential to be exposed to COVID-19. COVID-19 is a life-threatening illness and therefore exposure to the virus can be fatal.

What does a PEG look like?



How is the PEG inserted?

The day of the procedure:

- You will be admitted into hospital
- You will have a blood sample taken to check your blood count and clotting levels prior to the procedure
You will be required to sign a consent form ensuring that you understand the procedure, risks and benefits and why it is necessary. You will be given the opportunity to ask questions relating to the procedure
- A small cannula will be placed into a vein in your arm prior to the procedure, to enable us to give intravenous fluids to prevent you getting dehydrated and to provide a route for your sedation

The procedure itself:

- You will be given some conscious sedation (**not a general anesthetic**) to help with this process. Conscious sedation will make you sleepy but you will not be unconscious
- At the start of the procedure, a mouth guard will be placed in your mouth to protect your teeth
- A flexible tube with a camera at the end will be passed down your throat, directly into your stomach
- Suction equipment (similar to that used by the dentist) will be used during the procedure to remove any excess saliva you may have
- Your stomach will be inflated with air from the end of the endoscope, which will assist in identifying the best place for the PEG to be inserted
- After administering local anesthetic injection to the area, a small incision will be made on the outside of your abdomen which is where the PEG tube will come out
- The PEG tube is passed down your throat and out of your stomach using a fine wire to pull the PEG through.
- The whole procedure should take approximately 20mins
- You may not remember very much of the procedure due to the effects of the sedation
- A small dressing will be applied to the PEG site

Immediately following the procedure:

- Following the procedure, you will be taken into the recovery area of the endoscopy unit where the nurses will carry out routine observations such as pulse, blood pressure and oxygen levels
- You will then be taken back to the ward where you will need to stay in bed for a few hours until the sedation has worn off. You will be able to start using your PEG and/or eat and drink as you previously did 4 hours following the procedure
- You may initially feel some discomfort from the PEG; this is normal and should resolve in a few days

The days following insertion of your PEG

The day after your PEG has been inserted one of the nutrition nurses will come and review you on the ward. This is a post procedure check to ensure that no complications have occurred (see risks section earlier in the leaflet).

The nutrition nurse will also ensure that the flange securing your PEG on the outside of your abdominal wall is not too tight or uncomfortable.

For the first 2 weeks following the insertion of your PEG there are certain things you should be aware of:

- If the PEG becomes dislodged, this is classed as a **surgical emergency** and you would need to attend your nearest Emergency Department as soon as possible
- It is advisable to have showers rather than baths and avoid swimming to allow the area around your PEG site to fully heal (for the first 2 weeks post-insertion)

The day after your PEG has been inserted one of the nutrition nurses will come and review you on the ward. This is a post procedure check to ensure that no complications have occurred (see risks section earlier in the leaflet).

The dietician will arrange the feeding company who supply all the equipment associated with your PEG, to visit you, to provide you with training on this equipment and your PEG, whether you are an inpatient or in your own home.

Daily care of your PEG

There are certain things you need to do every day with your PEG:

- Rotate the PEG 360 degrees to stop the internal bumper becoming trapped within the surrounding tissue
- Clean the PEG site with soap and water, ensuring area completely dry

- Do not use talcum powder around the area
- Check the marker at the top of the flange nearest to the clamp (see picture on Page 5) to ensure the tube has not moved prior to use
- Flush the tube daily to prevent the PEG from blocking

Weekly care of your PEG

Once a week advance and rotate your PEG:

- Open the abdominal flange and move it along the tube
- Push the tube into stomach approximately 4cm
- Rotate the tube 360 degrees
- Flush the tube daily to prevent the PEG from blocking

Is there an alternative option to PEG?

If you decide not to have a PEG inserted then you may consider having a rescue naso-gastric tube (NGT) inserted when you require artificial nutrition. An NGT is a tube that is passed into your nose, down your gullet and into your stomach. This type of feeding is a lot more visible, less comfortable and less stable. It is more appropriate for short term artificial feeding.



If you need nutritional support for more than 4-6 weeks a PEG would be more comfortable.

It is easier to manage, discreetly hidden underneath your clothing, and no one would know you have one unless you told them.

Occasionally when we carry out the PEG procedure, we are unsuccessful (less than 5% failure) for a number of reasons:

- Your anatomy – your stomach sits partially underneath your ribcage and in some instances, your stomach is too high up to perform the procedure safely
- Part of your bowel lies over the top of the stomach
- If we are unable to identify a safe insertion site then we will be unable to continue with the procedure

If the procedure is unsuccessful, alternative options will be discussed.

I wish to proceed to PEG placement, what happens now?

If the decision is made to proceed to PEG placement, the nutrition nurse will offer you a date for you to be admitted to hospital for the procedure.

Will I still be able to eat and drink?

If you were eating and drinking before the procedure you should be able to carry on eating and drinking until your doctor or speech and language therapist tells you differently.

If you cannot eat and drink, it is important that you look after your mouth as it can become dry and plaque can build up. Frequent mouth care is important and you should still brush your teeth as normal.

What if I have problems with the PEG when I go home?

Potential problems associated with PEG are:

- The tube becomes blocked
- Leakage around the tube
- The tube becomes dislodged
- Pain around the PEG site
- Redness around the PEG site
- The flange is too tight or too loose
- Broken or blocked access ports

You can contact the Specialist Nutrition Nurses with any problems or queries about your tube.

What happens if I do not require my PEG anymore?

Arrangements can be made for you to come and have your PEG removed. Removal does not require a hospital stay as this can be done during a routine clinic appointment.

If you have any queries or questions about any of the information you have read in this leaflet, please contact the nutrition nurses for advice.

Contact details

Should you require further advice or information please contact:

Nutrition Nurses 01772 523057 (Monday to Friday 8am-5pm)

07985 436325 (Weekends and Bank Holiday's, 8am-5pm)

Please leave your name and number on the answer machine and we will call you back.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.patient.co.uk

www.accessable.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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

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

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دوسری زبانوں اور بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو یچیہیا یں یبھابی دست ہو یسکت ہے برا ے مہر یبان پو ے چھدی۔ معلومات

Arabic:

مطبوعه بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يُرجى أن تطلب أخرى يمكن توفير هذه المعلومات

Department: Nutrition Team, INCS

Division: Surgery

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