East Sussex Healthcare NHS Trust

Having a Percutaneous Endoscopic Gastrostomy (PEG) tube inserted

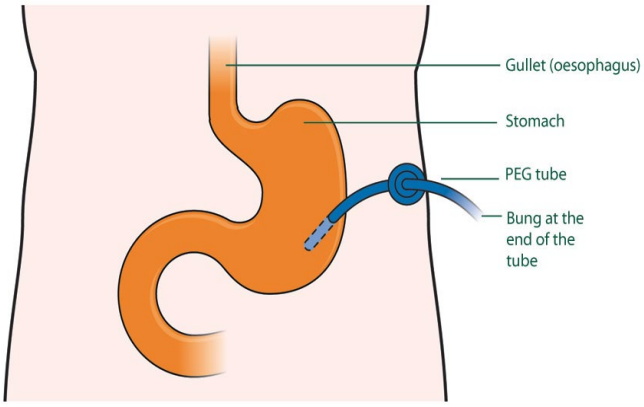
What is a PEG?

Percutaneous = through the skin

Endoscopic = the use of an instument called a endoscope. An endoscope is a long flexible tube with a camera, used to examine the stomach.

Gastrostomy = opening into the stomach.

A **PEG** is a way of introducing food, fluids, and medicines directly into the stomach by passing a thin tube through the skin and directly into the stomach.



Why would I need this procedure?

PEG tubes are used for people who have irreversible swallowing problems or who are unable to take in enough food or fluid to meet their nutritional requirements (for example following a stroke or from Motor Neurone Disease). They are also placed when the swallowing mechanism is expected to be impaired for a significant period but may recover as these tubes can be removed.

What are the expected benefits of treatment?

PEG feeding is the most suitable long-term solution for feeding in patients who are unable to swallow. Nutrition can be provided straight into the stomach.

What are the alternatives?

Nutrition is usually provided either by the naso-gastric route, whereby a tube is passed through the nose into the stomach. Alternatively, TPN (total parental nutrition) can be provided via an intravenous route. A gastrostomy tube can also be inserted radiologically in some circumstances.

What are the potential risks and side effects?

Major complictions are rare although there are risks involved in passing the endoscope and making a hole in the stomach. If there were any major complications an operation may be needed.

There is a major complication rate of about 3%. This includes:

- Breathing difficulties either during or after the procedure
- Bleeding
- Bowel perforation
- Inflammation/infection in the abdomen

There is a 0.7 – 2.1% mortality directly related to PEG insertion.

Minor complictions occur in about 20% of cases and are mostly related to infection of the PEG insertion site.

It is important that you understand the risks attached to this procedure, please discuss with your medical team if you have any questions or concerns.

It is still possible for the liquid feed that goes directly into the stomach to be inhaled into your lungs and cause a form of pneumonia (inflammation of the lungs usually caused by infection) as the swallowing mechanism is still impaired.

If the attempt to place a PEG is unsuccessful you may require a referral for a **RIG** (radiological inserted gastrostomy) these are undertaken in the radiology department by a radiologist.

How is the PEG inserted?

The procedure will take place in the Endoscopy unit. You will receive an intravenous injection of antibiotics before the procedure to reduce the risk of infection, this will be given through the cannula (hollow plastic tube) you will have sited in a vein. A sedative injection will also be given intravenously to help you relax. A mouth guard is placed in your mouth to protect you from accidentally biting your tongue or the endoscope.

The endoscope is a long black tube which contains a camera which is passed through the mouth guard over your tongue then into your stomach. Any saliva or secretions that collect in your mouth are removed with suction equipment.

The site where the PEG will be placed will be cleaned with an antiseptic solution and then an injection of local anaesthetic will be used to numb the site, this injection may sting a little before it goes numb. You may feel some pressure whilst the PEG is being sited but it should not be painful.

Once the PEG is in place a small plastic disc holds the end of the PEG in place inside the stomach and stops it being pulled out.

PEG insertion usually takes approximately 20 minutes.

How will I feel afterwards?

Your observations will be monitored post procedure until the nurses feel you have recovered sufficiently.

It will take a little while for you too recover from the sedation but once you are fully awake the PEG site may feel uncomfortable, pain killers should help.

Once 4 hours has elapsed since placement of the PEG a regime to start feeding through the PEG will commence. A dietician will decide on the amount of feed you will receive once the regime is established.

What should I do when I go home?

The multidisciplinary team will plan for your discharge home and ensure that the necessary support is in place. The dietician will monitor your progress.

How do I care for my PEG?

Your PEG should be flushed before and after feeding or medicine administration with 30 - 60 millilitres (mls) of water to prevent blockage.

The area where the tube enters your stomach is known as the stoma site, you may experience a discharge for the first few days. It is important to clean your stoma site daily and keep it dry.

Once the PEG has been in place for 10 days and the stoma has healed you should start to rotate it after it has been cleaned. If however, the PEG does not turn and causes pain stop and try again the next day if this problem continues contact your dietician for advice.

If you notice any redness, pain, odour, or discharge from the PEG site you may have an infection, you should contact your GP immediately to identify the cause.

If feed begins leaking from around the stoma site, you should stop feeding and contact your GP.

Will I have to come back to hospital?

You will be expected to return to the Endoscopy Unit 18 months after your PEG was inserted to have it changed to a balloon PEG which can then be changed without having to return to the Endoscopy Unit.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the patient experience team on 0300 131 4784 or esh-tr.patientexperience@nhs.net.

Hand hygiene

We are committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net.

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Any further questions

If you have any further questions regarding PEG insertion please contact:

Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297
Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595

Reference

The following clinicians have been consulted and agreed this patient information:
Consultant Gastroenterologists Dr D Neal & Dr M Whitehead

The clinical specialty/unit that has agreed this patient information leaflet:
Medicine - Endoscopy

Next review date: October 2026
Responsible clinician/author: T Holmes-Ling and D Lloyd

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