

Having a Percutaneous Endoscopic Gastrostomy (PEG) tube inserted

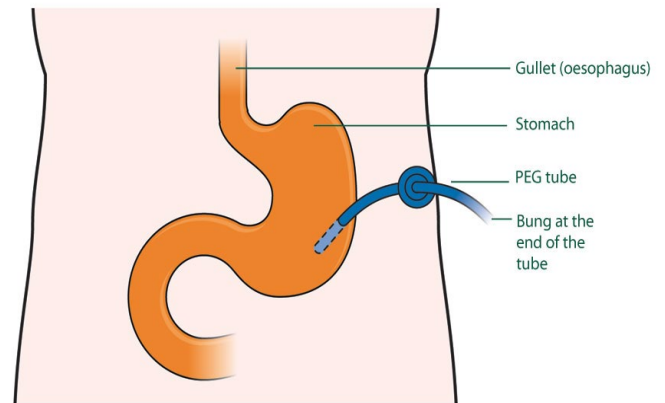
What is a PEG?

Percutaneous = through the skin

Endoscopic = the use of an instrument called an endoscope (camera) 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 (following a stroke or from Motor Neurone Disease for example). They are also placed when the swallowing mechanism is expected to be impaired for a significant period of time, 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, where by a tube is passed through the nose into the stomach. Alternatively TPN (total parental nutrition) can be provided via an intravenous route. A gastrostomy can also be inserted radiologically in some circumstances.

What are the potential risks and side effects?

Major complications 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 complications 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 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 department. You will receive a sedative injection to help you relax, this will be given through the cannula you will have sited in a vein. A mouth guard is placed in your mouth to protect you from accidentally biting your tongue or the endoscope.

The endoscope is a 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 10 to 20 minutes.

How will I feel afterwards?

You will have your observations monitored post procedure until the nurses feel you have recovered.

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 6 hours has elapsed since placement of the PEG you will commence on a regime to start feeding through the PEG. 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 30mls of water to prevent blockage.

The area around 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 and you should contact your GP so a swab can be taken 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 department 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 department.

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

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Hand hygiene

The Trust is 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 the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: 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.

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:

Dr D Neal

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