

Post Insertion Care of a CORFLO Balloon Percutaneous Endoscopic Gastrostomy (PEG)

What is a balloon PEG?

Your PEG (a thin tube through the skin and directly into the stomach, and a way of introducing food, fluids, and medicines directly into the stomach) has been changed for a balloon PEG. A balloon PEG has been inserted into your stomach through an opening known as a “stoma”.

There is a balloon on the tube which is inflated with water and sits on the inside of your stomach. There is also an adjustable disc on the tube which sits outside of the abdominal wall close to your skin. Both the internal balloon and the external disc help to keep your feeding tube in place and prevent it from falling out.

How will I feel after the PEG change?

As the endoscope has been passed through your mouth to your stomach, the back of your throat may feel sore for the rest of the day, and you may feel a little bloated.

If your procedure was carried out with sedation, you may feel sleepy for the remainder of the day. It will take a little while for you to recover from the sedation but once you are fully awake, the PEG site may feel uncomfortable, and pain killers should help.

When should I seek help/advice?

Serious side effects are rare however, if any of the following occur within 48 hours after your gastroscopy and PEG insertion, consult a doctor immediately:

- Vomiting blood
- Severe abdominal pain
- Difficulty breathing
- Fever
- Chest pains
- Severe bloating
- Bowel motions turn black

Conquest Hospital contact numbers:

Endoscopy Unit – Tel: 0300 131 5297 – Monday to Friday 8.00am to 6.00pm (except bank holidays).

Eastbourne District General Hospital contact numbers:

Endoscopy Unit – Tel: 0300 131 4595 – Monday to Friday 8.00am to 6.00pm (except bank holidays).

Alternatively, after 6.00pm and at weekends please contact your GP, attend your nearest Accident and Emergency Department or ring NHS 111.

How do I care for my PEG?

Always wash your hands with warm soapy water before touching your tube.

The tube should be flushed every 4-6 hours while it is being used for feeding, anytime feeding is stopped, or at least every 8 hours if the tube is not being used. The tube should be flushed before and after giving medicine. To flush, use a 30-60ml syringe with room temperature tap water or sterile water.

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

If you notice any redness, pain, odour, or discharge from the PEG site you may have an infection, and 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?

Your balloon PEG can be changed without having to return to the Endoscopy Unit, and your dietician will coordinate another PEG change in around three months.

Consent

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

Sources of information

You will be provided with a copy of the [MIC-G-Patient-Information-Leaflet.pdf \(avanos.com.au\)](#) patient booklet, to provide useful information on care of your PEG.

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.

Conquest contact numbers:

PEG Link Nurse: Staff Nurse Salini Narayanan, Staff Nurse Magret Magidi & Kate Punzalan
Conquest Hospital Endoscopy Unit – Tel: 0300 131 5297 Monday-Friday 8.00am to 6.00pm
(except bank holidays)

Eastbourne contact numbers:

PEG Link Nurse: Matron Danielle Lloyd & Sister Sheryl Manton
Eastbourne DGH Endoscopy Unit – Tel: 0300 131 4595 Monday-Friday 8.00am to 6.00pm
(except bank holidays)

Reference

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

The directorate group that have agreed this patient information leaflet: Directorate of Medicine

Next review date: November 2026
Responsible clinician/author: Sister Sheryl Manton

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Endoscopy Discharge Report:

- ☐ You will be sent an outpatient appointment.
- ☐ You have been referred to a Clinical Nurse Specialist
- ☐ You have been given an information leaflet.
- ☐ You have been given a Feeding Tube Passport document.
- ☐ You have been spoken to by an endoscopist/nurse regarding the results of your procedure.

If you have any further questions please ask a member of the nursing staff who will be happy to explain anything you are unclear about.

Completed by:

Print Name: Designation:

Signature: Date:



View hospital appointments, clinical letters
and pathology results using our secure online system –
www.esht.nhs.uk/mhcr

