

PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE

HAVING A PEG TUBE INSERTED



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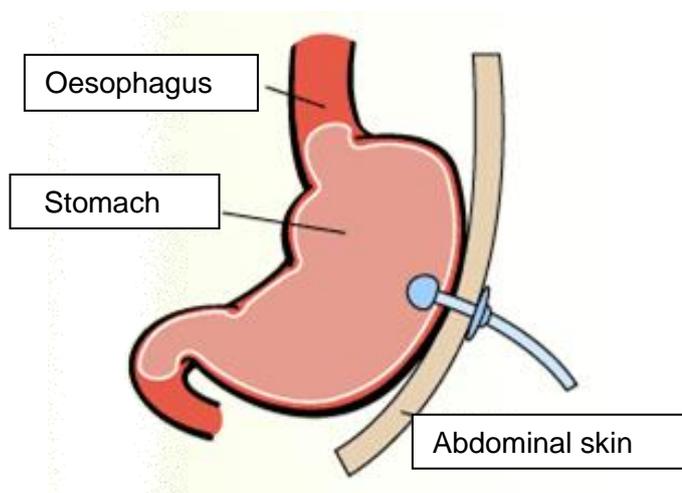
PEG INSERTION: INFORMATION FOR PATIENTS

This information leaflet is for people who are having a PEG tube inserted.

We hope it will help you understand the procedure and how it is performed and make you aware of the possible risks and benefits of having a PEG tube inserted.

WHAT IS A PEG TUBE?

A PEG (Percutaneous Endoscopic Gastrostomy) tube is a medium to long term feeding tube inserted into the stomach. It can be used to introduce food, fluids and medications directly into the stomach via a thin tube inserted through the skin.



WHAT DOES PEG STAND FOR?

Percutaneous - is the term used for a tube inserted via the skin

Endoscopic - relates to the endoscope which is the small camera used to aid the tube insertion

Gastrostomy - is an opening into the stomach

WHY DO PEOPLE NEED A PEG TUBE?

A PEG tube insertion may be an option for people who have a **temporary** or **permanent** difficulty with swallowing and who are unable to consume adequate food, water and medicines by mouth.

Such illnesses or conditions include: Stroke, Multiple Sclerosis, Motor Neurone Disease (MND) and some learning disabilities. Patients with Head and Neck or Oesophageal Cancer may require a PEG tube following surgery or during chemotherapy and radiotherapy treatments.

THE BENEFITS OF HAVING A PEG TUBE

The PEG tube can be used to provide **all** your daily food and fluids or to **supplement** what you are able to eat and drink. Improving your nutrition will help to prevent some of the problems associated with malnutrition such as; weight loss, dehydration, pressure sores, infections and feeling low in mood.

IS IT SUITABLE FOR EVERYONE?

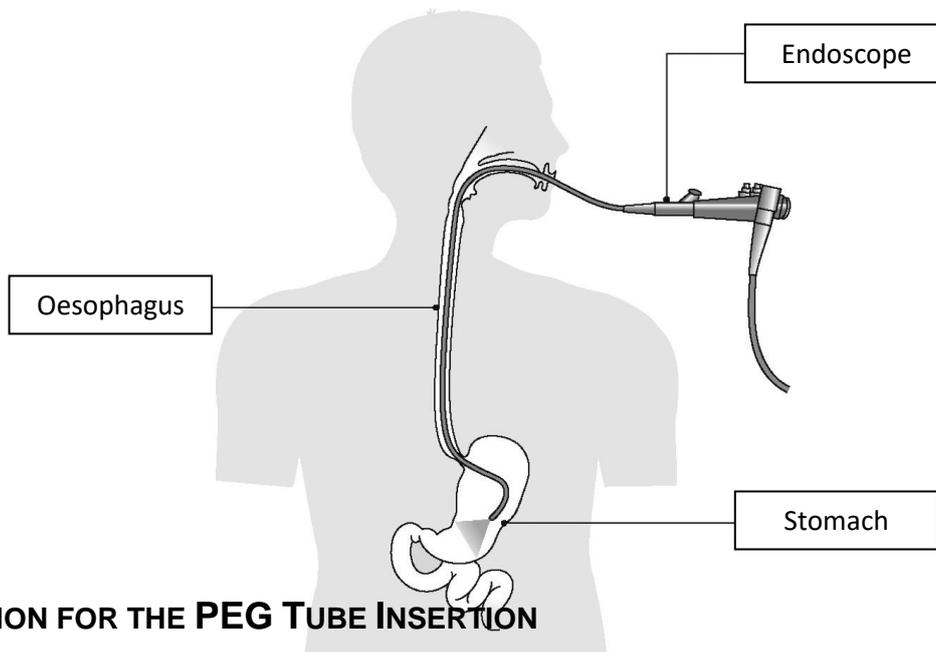
No it is not suitable for everyone. For some people, feeding via a PEG tube may not be in their best interests. For those with severe disabilities due to disease or illness and who have a poor quality of life, (including patients with advanced dementia) having a PEG tube can increase the risk of complications and early mortality (death).

It is important to consider that having a PEG feeding tube will not alter the outcome of an underlying disease or condition but it will enable you to receive an improved level of nutrition and hydration.

In patients who are unable to make a decision for themselves regarding the appropriateness of a PEG tube it is important to consider what they would want. PEG may lengthen a life which has little quality.

HOW IS IT INSERTED?

In order to insert a PEG tube a gastroscopy or examination of your oesophagus (gullet) and stomach will be performed using a long flexible instrument called a gastroscope. (See diagram below and page 7 for further information).



PREPARATION FOR THE PEG TUBE INSERTION

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Before you make a decision on whether or not to have the PEG tube inserted, your Doctor or Nutrition Nurse will discuss the procedure and show you the PEG feeding tube and talk to you about the risks and benefits. This gives you an opportunity to ask questions and ensure that you wish to proceed with the procedure.

If you decide to go ahead a date and time will be booked with the Endoscopy department and a set of routine blood tests will be required to check that you do not have any current infection and that your blood clotting is normal.

If you decide not to go ahead with a PEG tube insertion, your team will discuss other options e.g. feeding at risk.

PREPARATION ON THE DAY OF THE PROCEDURE

For this procedure to be successful, the stomach must be as empty as possible. It is important to have nothing to eat for 6 hours before the procedure but you can drink clear fluids e.g. water, squash, black tea or black coffee (with no milk) up to 2 hours before the procedure time, then nothing further.

Before the procedure you should continue to take any other necessary medication. If you have **diabetes**, or you are taking **anticoagulants** (blood thinning medication) or **anti-platelet** medication - such as **Warfarin, Clopidogrel, Ticagrelor, Dabigatran, Rivarobaxan, Edoxaban** or **Apixaban**, you will be given specific instructions on when to stop taking them before the procedure.

Please read and complete your **assessment form** in advance of your procedure. You will also be sent a **consent form** which the Doctor will discuss with you before the procedure. Please bring both forms with you on the day

If you have any worries about the procedure or the risks speak to the Endoscopist before the PEG tube procedure.

Sleep Apnoea - Please bring your CPAP machine with you for your appointment. Due to the possible side effects of the sedative injection it may be necessary for it to be used to ensure your safety during and after the procedure.

Pacemaker Device or Implantable Cardioverter Defibrillator (ICD) - Please bring your manufacturers Information card if you have either of the above devices. A cardiac technician may be required to check your device and will need the information to make your device safe for you during this procedure.

PEG TUBE INSERTION PROCEDURE

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This procedure is usually performed in the Endoscopy Unit. Some occasions it may need to be performed in the Operating Theatre. The PEG tube insertion usually takes about 20 minutes.

A small needle or cannula will be inserted into your hand or arm to allow one dose of antibiotic to be given before the procedure and for the sedation to be given at the start of the procedure.

The sedative injection is given to help you relax. A local anaesthetic throat spray that numbs the throat may also be offered.

While you are lying on your left side on the examination bed, a small mouthpiece will be placed in your mouth and the doctor will gently insert the flexible gastroscope through the mouth piece and into your stomach.

At some point the nurse may need to clear saliva from your mouth with suction and oxygen may be given through a soft flexible nose tube.

Some air will be pushed into your stomach via the endoscope during the procedure in order for the Endoscopist to find an appropriate position for the PEG tube. This may make you feel a little bloated on the day of the procedure but it will resolve.

An antiseptic solution will be used to clean an area of skin where the PEG tube will be placed on our abdomen and a local anaesthetic will be used to numb this area. This may cause a stinging sensation initially.

You are likely to feel some pressure and a prodding sensation whilst the PEG site is created and the PEG tube is inserted into position.

The PEG tube has a small silicon disc which once inserted will sit on the inside of the stomach. The tube will be kept in a secure position on the outside of your abdomen with a soft silicon triangle (see front cover).

A wound dressing will be placed around your new PEG tube and this will need to be changed daily until the site has healed in approximately 7 days.

After the PEG tube is in place the gastroscope and mouthpiece are gently removed.

AFTER THE PROCEDURE

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You will rest for about an hour in the Endoscopy Unit and then be offered refreshments if you are safe and able to swallow.

The nurses will make regular checks on your progress taking your blood pressure, pulse, respirations and checking your PEG tube and area around it.

Once you have recovered from the sedation you will either be admitted to or returned to the ward you came from.

Painkillers are often given to you during the PEG insertion procedure and the local anaesthetic used will provide several hours of comfort.

If you experience some pain once the local anaesthetic wears off please ask the nurses for a painkiller. We recommend taking Paracetamol on a regular basis for a few days or up to a week depending on your pain tolerance following the procedure.

In most cases a water flush will be given through the PEG tube approximately 2 and 3 hours after the tube is inserted and feed given via the PEG tube approximately four hours after the tube insertion.

The feed will be given slowly to start with and the rate increased gradually. This will be given using a small feeding pump.

If you are able and safe to eat and drink you will be able to do this as soon as you are awake in most cases.

The cannula will be left in place until it is no longer needed. It should be removed before you go home.

Some patients stay in hospital for one night after the PEG insertion and receive PEG tube training the following day and are then allowed to go home. Other patients will be discharged home when they are well enough to do so.

THE FOLLOWING DAY(S)

You and/or your family and carers will be shown how to care for the tube and feeding system. You will be given written information containing the telephone numbers of people who are able to give advice after you go home. You will be given additional information on problems to look out for and a contact telephone number should these occur.

You will not usually need to see the doctor who put the PEG in before going home. The Nutrition Nurse will review you before you are discharged and are

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happy to see you again if you have a problem with the PEG tube or site after discharge home (contact details on page 12).

The tube itself is small and can be kept beneath clothing discreetly and comfortably allowing you the freedom to go out.

AREAS THAT ARE COVERED ON THE TRAINING WITH THE NUTRITION NURSING TEAM

- How to care for the PEG tube including; cleaning, flushing and advancing and rotating the tube daily
- How to wash and dress the PEG tube and site
- How to get on with everyday life such as: driving, showering/ bathing, sport and swimming, returning to work
- How long does a PEG tube last
- How is a PEG tube removed
- How to avoid tube blockages
- What to do if the PEG site looks sore
- What to do if there is any leakage at the site

Please feel free to ask any questions you have during your stay or training.

RISKS OR COMPLICATIONS OF GASTROSCOPY

Although the procedure is relatively safe and major complications are rare, there are risks involved in passing the endoscope (Gastroscopy) and when making a hole through the abdomen into the stomach.

- **PERFORATION** (a small tear) of the oesophagus or stomach wall. This is a rare (3 in 10,000) occurrence but may need an operation to repair it.
- **BLEEDING** can occur (risk is less than 1 in 10,000) but is more likely to follow a biopsy which are rarely taken during a PEG tube insertion. This usually settles down and very rarely needs admission to hospital but you may need to come back if it does not stop.

RISKS OR COMPLICATIONS OF PEG INSERTION

- **EARLY COMPLICATIONS:**

BREATHING PROBLEMS - Either during or after the procedure – there is a small risk (less than 1% chance) of a temporary reaction to the sedation, which may include a decrease in your breathing rate after the procedure. This may be more of a risk for some patients who may already have respiratory difficulties such as those with MND.

ASPIRATION PNEUMONIA – The level of sedation given during the procedure may contribute to the risk of aspiration at that time (less than 1% chance) or post procedure aspiration pneumonia may result from refluxed gastric content and feeds. Patients may also be at risk of aspiration of their own saliva if they have swallowing difficulties. Having a PEG tube will not prevent this from occurring.

BOWEL PERFORATION – This can occur during the gastrostomy placement but it is a rare complication (less than 1% chance). Bowel perforation is also likely to lead to peritonitis and major surgery may be needed to identify and repair the perforation.

PERITONITIS – This is an infection within the abdomen which occurs due to the bacteria entering the puncture wound. Chemical Peritonitis can occur if the feed leaks from the stomach into the peritoneum. This is a serious complication which is rare but can be fatal if it occurs. (Current local risk rate - 0%)

WOUND INFECTION – This may develop around the tube site despite giving antibiotics ½ -1 hour prior to PEG insertion. Infection can be treated by a course of antibiotics and by daily cleaning of the skin around the site. (Current local risk rate - 0%)

- **LATER COMPLICATIONS:**

PEG TUBE BLOCKAGE - It is important to try to avoid this happening by flushing the tube with cool, boiled water before and after feed, or before; between and after each medicine and at other times during the day.

SOFT / LOOSE STOOL - Some patients may experience softer stool while they are using this method of feeding. There may be many reasons for this, which can be managed, so it is not usually necessary to stop the feed.

WOUND INFECTION– This may develop around the tube site sometime after the tube insertion. This can be treated by daily cleaning and drying of the skin around the site and use of a daily dressing to the area. A course of antibiotics

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may be needed if the area around the tube does not heal with the daily cleaning and dressing regimen.

TRAVEL ADVICE - AIR TRAVEL - If you have undergone a Gastroscopy and insertion of a PEG tube you should not undertake any air travel for 2 weeks after your procedure.

CONTACT TELEPHONE NUMBERS

You may discuss any of these issues with the Nutrition Nurses looking after you.

Nutrition Nurses - 01582 497545 - Monday - Friday 08.00 - 4.00pm

For any medication queries please telephone 07815 178 199 Monday to Sunday between 10.30-11.30am and 14.30-15.30pm

Alternatively, you can call our 24hr emergency advice line on 07815 178 199

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