



**Luton and Dunstable  
University Hospital**  
NHS Foundation Trust

# Having a PEG Tube Inserted?

## Information for Patients and Carers



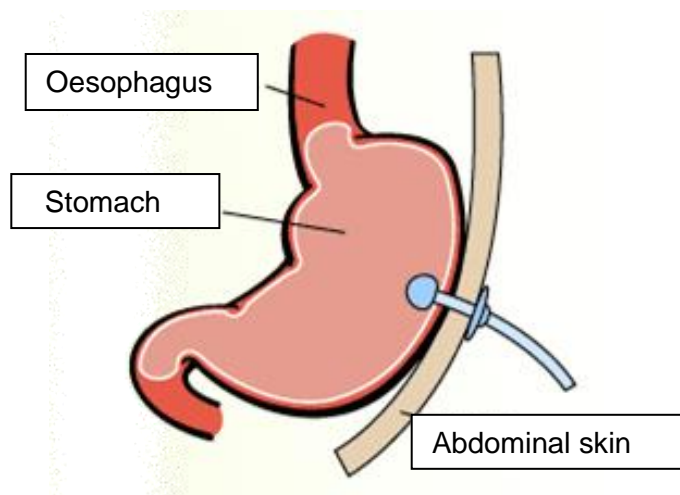
**LUTON &  
DUNSTABLE**  
UNIVERSITY  
HOSPITAL

## Introduction

This booklet has been written for people who are having a PEG tube inserted. We hope it will help you understand the procedure and how it is performed and the risks and benefits.

## What is a PEG TUBE?

A PEG tube (Percutaneous Endoscopic Gastrostomy) 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?

**P**ercutaneous is the term used for a tube inserted via the skin

**E**ndoscopic relates to the endoscope which is the small camera used to aid the tube insertion

**G**astrostomy 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 difficulty swallowing and are unable to take adequate food, water and medicines by mouth.

Such illnesses or conditions include: Stroke, Head and Neck or Oesophageal cancer after surgery or during chemotherapy treatments, Multiple Sclerosis, Motor Neurone Disease and some learning disabilities.

It can be used to provide all your daily food and fluids needs or to support what you are able to manage to eat and drink orally. Improving your nutrition will help to prevent some of the problems associated with malnutrition, further weight loss, dehydration, pressure sores, infections and feeling low in mood.

Having a PEG feeding tube will not alter the outcome of your underlying disease or condition but it will enable you to receive an improved level of nutrition and hydration.

### **Is it suitable for everyone?**

No it isn't 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 a poor quality of life such as patients with advanced dementia, having a PEG tube can increase the risk of complications and early mortality. It is important to consider what your loved one would want. PEG may lengthen a life which has little quality.

### **What happens before the procedure?**

Before you make a decision on whether or not to have the PEG tube inserted, a Dr 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 are completely happy to proceed with the procedure

A set of routine blood tests will also be required to check that you do not have any current infection and that your blood clotting is normal

If you have diabetes, or you are taking anticoagulants - 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

A date and time will be booked with the Endoscopy department.

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

## **Risks or complications**

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

### **Early complications:**

**Breathing problems either during or after the procedure** – there is a small risk 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 may contribute to the risk of aspiration during the procedure whilst post procedure aspiration 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 and having a PEG will not prevent this from happening

**Bleeding** - can occur in the immediate post-operative period or later. This may be caused by the puncture of gastric wall vessel or if the gastric mucosa is compressed underneath the internal bumper. Whilst very minor external bleeding can be normal, significant external bleeding can indicate serious internal bleeding.

**Bowel perforation** – this can occur during the gastrostomy placement but it is a rare complication. 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 that can be fatal.

### **Later complications:**

**Wound Infection-** 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

**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 medicines 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.

## **The day of the procedure**

Before the procedure is carried out, you will be asked to sign a consent form. If you have any worries about the risks speak to the endoscopist before the PEG procedure

You will not be allowed to eat for 8 hours before the procedure, but you can drink clear fluids e.g. water/ squash/ black tea/ black coffee up until 2 hours before the procedure. Then nothing further.

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 during your procedure

## **PEG tube insertion**

This procedure is usually done in the Endoscopy Unit although on some occasions it may need to be performed in the Operating Theatre

PEG tube insertion usually takes about 20 minutes

Once in the Endoscopy Unit you may again be asked if you fully understand the procedure

A general anaesthetic is not required to put you to sleep, however a sedative injection is given via the cannula to help you relax. You may also have the back of your throat sprayed with a local anaesthetic to make the procedure more comfortable

A mouth guard will be put into your mouth to protect you from accidentally biting your tongue or the endoscope

The endoscope, which is a thin black tube containing a camera, is then passed through the mouth guard, over the back of the tongue and on into the stomach.

Saliva in your mouth and throat are removed using a suction equipment similar to that used in the dentist

An antiseptic solution will be used to clean the skin over your stomach, and a local anaesthetic will be used to numb this area, which may cause a stinging sensation initially. You are likely to feel some pressure and a prodding sensation whilst the PEG tube is being inserted into position

The PEG tube has a small silicon disc which sits on the inside of the stomach and a triangle on the outside of the abdomen to keep the tube in place and prevent it falling out. A dressing will be used around your new PEG tube and changed daily until the site has healed

### **After the procedure**

Once you have recovered from the sedation you will return to the ward

The nurses will make regular checks on your progress

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 – up to a week following the procedure

In most cases feed can be given via the PEG tube about four hours following tube insertion. The feed will be given slowly to start with and the rate increased gradually

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 situ until it is longer needed. It should be removed before you go home

Most patients stay in hospital for one night after initial PEG insertion, or until you have recovered from a longer term illness

### **The following days**

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

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

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

**Frequently asked questions that can be addressed during training with the Nutrition Nursing team:**

- Dressing the PEG tube site
- Driving
- Showering/ bathing
- 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.

**Contact telephone numbers**

You may discuss any of these issues with the Doctors looking after you, the Nutrition Nurses in your care.

Nutrition Nurses - 01582 497157 or 497545 Monday - Friday 8.00-4.00.