



# Percutaneous Endoscopic Gastrostomy (PEG) tube – what is it?

This leaflet is for patients who are considering using a PEG tube to assist in their feeding. It aims to help you understand the procedure and how it is performed. You will have the chance to speak to the nutrition nurse to discuss how a PEG tube could benefit you and answer any questions you may have.

## What is a PEG tube?

PEG – percutaneous endoscopic gastrostomy, describes the method for inserting a small feeding tube through the skin of the abdomen directly into the stomach.

Percutaneous is the terminology used to describe something that goes through the skin.

Endoscopic refers to the instrument used during the procedure to see inside the stomach.

Gastrostomy describes an opening made at the time of the procedure from the stomach into the abdomen.



## Why is PEG tube feeding used?

Feeding with a PEG tube is recommended for patients who would otherwise find it difficult to eat or drink enough to stay healthy, or who have problems with swallowing. The tube will allow food, fluid and medication to be given direct to your stomach, bypassing your throat and gullet. Please note that having a PEG tube inserted will not cure your underlying medical condition.

## Making the decision to have a PEG tube fitted

A specialist doctor or nurse will see you, either on the ward or in clinic, to give you more information about the procedure and also to discuss alternative treatments (if you decide not to have this procedure). They will show you the type of tube to be fitted and where on your body it would be placed. They will also discuss whether your relatives or carers may help with feeding or care of your PEG tube once you leave hospital. They will arrange training and support if this is the case.

## What are the risks and complications?

Although the procedure is relatively safe and major complications are rare, there are some risks associated with it. You will be encouraged to ask questions about the procedure, its risks and benefits.

**Minor complications** are mainly related to infection around and leakage from the site of the tube and can be easily treated.

### **Major complications include:**

- Breathing problems either during or after the procedure.
- Aspiration.
- Bleeding.
- Perforation of the bowel.
- Inflammation/infection in the abdomen-peritonitis.

There may be additional risks associated with your pre-existing medical condition. These will be discussed with you by your specialist team.

### **Preparing for the procedure**

- Approximately 10 days before the procedure you will be screened for MRSA (Methicillin Resistant Staphylococcus Aureus) using nasal and throat swab (unless this has already been recently done).
- For five days prior to the procedure, you are advised to use a special anti-microbial wash solution (Octenisan) – to help reduce the risk of infection.
- A few days prior to the procedure you will need to have a blood test.
- You will be told not to eat for six hours prior to the procedure. If you usually have a nasogastric tube feed, this will need to be stopped six hours before the procedure. You can drink clear fluids (water, black tea or coffee, squash) up until two hours before the procedure. A water flush can be given up until two hours before the procedure if you have a nasogastric tube.
- If you are not already in hospital you will need to be at the Endoscopy Unit one hour before the time of your procedure.
- On the day of your procedure the nurse admitting you will explain what will happen and will ask you to sign a consent form.
- On the day of your procedure one of the nurses will insert a cannula (thin tube) into one of your veins so you can have intravenous antibiotics. This will normally be a vein on the back of your hand or in your arm.

### **Fitting the PEG tube**

- The procedure takes 15-20 minutes and will be done in the Endoscopy Unit.
- You will be given a sedative injection (not a general anaesthetic) to make you sleepy and drowsy.
- A mouth guard will be put in your mouth to prevent you from accidentally biting your tongue or the endoscope (a tube with a small light at the end).
- A consultant surgeon or gastroenterologist will pass an endoscope through your mouth and down to your stomach to locate the right area to place the PEG tube. The endoscope is then withdrawn.
- An antiseptic solution will be used to clean the skin over your stomach.
- A doctor or nurse will numb the area where the tube will be placed by injecting a local anaesthetic. A small cut will then be made in the numbed skin to insert the tube through into your stomach.

## **Following the procedure**

You will be transferred to the Endoscopy Unit recovery area and from there back to the ward. You may spend up to three days in hospital after the tube is in place to make sure your PEG tube is comfortable, to look out for complications and to make sure that you and your carers feel confident about managing your PEG tube and the feeds.

## **Some common questions**

### ***Will the PEG tube be permanent?***

Again, this varies from person to person. Some people use their PEG tube long-term. For others, it is a temporary measure and once they are able to eat and drink enough safely, it can be easily removed.

### ***How long does a PEG tube last?***

PEG tubes last for about two years. After this time, it will need to be changed. This procedure can be done in the Endoscopy Unit, usually without the need for an overnight stay. Your GP or nurse specialist will need to make a referral to the Enteral Nutrition Team.

### ***What will go through the tube?***

Your dietitian will calculate what liquid nutrition and water you will need. You can obtain prescriptions for your feeds from your GP. All of these feeds are nutritionally complete: this means that they contain all the nutrients, vitamins and minerals to keep you healthy.

### ***How will I take the tube feeds?***

Your dietitian will discuss with you how your feed will be given. Feed may be given either using a pump or using a syringe to give small amounts spaced throughout the day (usually around mealtimes) called a bolus.

### ***Will I be able to eat or drink anything?***

Some people may be allowed to carry on eating and drinking if they can tolerate it – your dietitian and speech and language therapist will advise you if this is possible. If you have an unsafe swallow, you will not be permitted to take diet and fluid by mouth. You will be regularly assessed by the speech and language therapist.

### ***If I cannot eat, what will happen to my mouth?***

Your saliva helps to keep your mouth moist and clean. If you are not eating and drinking, you may not produce as much saliva. Even if you are not eating it is important to clean your teeth at least twice a day. You can use moist mouth swabs to freshen your mouth, if needed.

### ***Will I be able to take a bath or shower?***

After a week you may shower. After two weeks you may have a bath.

