

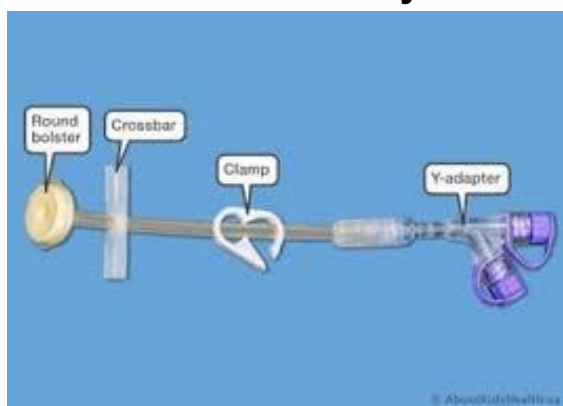


Looking after your PEG (Percutaneous Endoscopic Gastrostomy) feeding tube

It is important that you and your friend or relative reads the following information and follows the instruction carefully.

If there is anything you do not understand or you have any questions or concerns, please ask your nutrition nurse.

What is a PEG and why do I need one?



A **Percutaneous Endoscopic Gastrostomy** or **PEG** tube is a feeding tube that passes through your tummy wall, through a small opening called a stoma, directly into your stomach. This tube is used to pass nourishment into your body without swallowing, and in some cases is used to supplement ordinary food. The PEG tube can be connected to equipment that provides feeds continually or can be used with a syringe to manually introduce feeds at different intervals.

PEGs are used for people of all ages, including babies and children, who are unable to swallow or unable to eat enough and need long-term artificial feeding. Common causes include stroke, head injuries, neurological disease, or surgery to the head or neck. PEGs are also used to give extra nutrition to people who are still able to eat normally.

How long will the feeding tube last?

You will be told if your tube needs to be changed (usually every two years). If you notice excess wear and tear or cracks in the tube it will probably need changing. Your GP will need to refer you to the nutrition team for this. Some discolouration of the tube is normal.

Inserting the PEG

You will have the PEG inserted while you feel sleepy and relaxed following a sedative injection. You should feel no pain during the procedure, although it is likely to cause some discomfort for 2-3 days afterwards. You will stay in hospital for a minimum of 24 hours to make sure the tube is set up correctly and you are comfortable using it.

Using the PEG

The nutrition nurse will show you how to use and care for the tube. The dietitian will let you know how much feed and fluids you will need. There will be a nurse in the community from Abbott Nutrition (the feed company) to teach you how to use the pump and help you with any

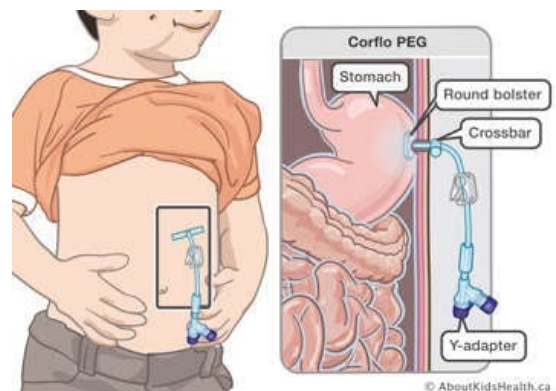
problems you may have with the feeding or the tube. If you follow the guidelines you should experience few difficulties.

Caring for your PEG – the first 7 days

- Always wash your hands thoroughly with warm water and soap before touching your stoma, dressing, PEG tube, or syringe.
- Check the stoma site daily. If your skin around the tube becomes red, swollen, wet or sore, you should contact your GP as you may have skin sensitivity or an infection.
- You or the community nurse will be asked to clean the stoma site daily with a cleaning solution called Octenilin, and redress the site. It is important to keep the site clean and dry.
- Gently rotate the tube a full circle (360 degrees) every day to prevent the tube from sticking to the side of your stomach.
- Handle the tube gently so that the stoma site does not bleed.
- You may have a dressing covering the entry site but this is not always necessary.
- Do not have a bath for first two weeks. Showering is ok after one week after insertion. Remember to close both ends of the Y-connector.

Continuing your daily cleaning routine – after 7 days

- Always wash your hands thoroughly before starting.
- Check the stoma site daily. If there is swelling or leakage, contact your GP.
- Ensure the site and tube is dried gently but thoroughly.
- Continue rotating your tube 360 degrees every day.
- On the tube there is a fixator (T-bar) that holds the tube in place. If it is too tight or causes you discomfort, the community nurse should be able to reposition it. The tube should not be able to move more than 0.5cm to 1 cm out of your tummy.
- You may go swimming two weeks after insertion but remember to close both ends of the Y-connector.
- If there is leakage of stomach contents, you may be asked by a health care professional to apply a dressing.
- After two weeks of insertion your PEG tube will need advancing and rotating your enteral nurse will be in touch with regards to who will provide the teaching for this.



Feeding instructions:

The dietitian will arrange the feed you require. Feeds may be given via the following methods:

- Pump feeding
- Gravity feeding
- Bolus feeding (by syringe)

Training will be arranged by the dietitian for patients, family, carers, and nursing home staff. Always ensure your upper body is raised during and one hour after a feed to avoid vomiting or bringing up the feed (known as reflux).

Getting your feed and feeding equipment:

When you go home from hospital:

- You will be given 7-day supply of your feed and feeding equipment.
- Your hospital/community dietitian will contact your GP to request a prescription for your feed.

When at home:

- You or your GP must send the prescription to your feed supplier.
- The delivery company will organise home delivery of your feed and feeding equipment.
- You may take the prescription to your local chemist who will organise home delivery of your feed.

Instructions for flushing your PEG

- Keep the PEG tube up towards the chest, not below the waistline tucked into underwear as this may cause infection.
- Flush the PEG tube **before and after** a feed, using 50mls of water (cooled boiled water) to prevent build-up of feed and medication causing blockage.
- Undo the cap of the tube and attach the syringe containing water to the end of the food tube.
- Undo the clamp and slowly push down the syringe plunger– if you push it down too quickly, the water can hit the back of the stomach and come back up the oesophagus (food pipe).

Taking medication through the feeding tube

- If you are using a pump, switch pump to 'Hold'.
- Flush the tube **before and after** using 20mls of (cooled boiled) water for each medication required. If a number of medicines are required, flush 10mls of water between each medication.
- Most of your medication should be in liquid form.
- If you have been advised to crush your tablets, it is important that the tablets are crushed and dissolved with water.
- Some medications (e.g. epilepsy medication) may interact with feed. Therefore, feed may need to be stopped 1 hour before and after medication is given.

What to do if the tube is blocked

- Never try to unblock the tube with sharp objects or excessive force.
- Flushing the PEG tube before and after a feed or medication helps prevent the tube blocking.
- First, check to ensure all clamps are opened and there is nothing blocking the connector.
- Using a syringe filled with 25-30mls of warm water, do a gentle push and pull motion on the plunger to help dissolve the blockage.
- You may also try to push 25-30mLs of fizzy/soda water and leave for 5-10 minutes and then try to flush again.
- Try massaging and milking the tube gently with your fingertips to help breakup the blockage.
- If the tube is still blocked, contact your community nurse or your GP. They may need to arrange for you to be admitted to hospital to assess if the PEG tube can be unblocked or needs replacing.

What to do if there is leakage around the tube

- This may be caused by the fixation device moving too far from the skin to form an adequate seal. If this happens, T-bar needs to be repositioned by your community nurse or nutrition nurse.
- If the T-bar is too loose over a long period of time, the stoma can become enlarged and the tube will leak. The area will become red and inflamed with acid burns.

General care of the PEG tube

- To clean the Y-connector, make sure the PEG tube is clamped and use a toothbrush specifically used for cleaning the tube.
- Remove the cap and clean with washing up liquid and warm water. Rinse well and close the cap.
- Do not tuck into your underwear as this will increase the risk of infection.

Replacing the Y-connector

The Y-connector can sometimes crack or split down the side which can be replaced without replacing the entire tube. A spare connector may be ordered for you by your community nurse or dietitian. Do not attempt to replace it unless you have been taught how to do this.

Mouth care

A clean, healthy mouth is essential for good health but is often forgotten when someone is unable to eat or drink easily. Someone who is 'nil by mouth' may still be at risk of aspirating (breathing in) saliva which may cause chest infection. That is why it is important to look after your mouth and teeth and keep them clean.

- Brush all the surfaces of the teeth, gums, and tongue at least twice a day. Use a regular toothbrush and toothpaste.

- Clean the tongue by moving the toothbrush sideways across the tongue. This will loosen some of the surface debris.
- If it is not possible to use a toothbrush, a foam stick may be used. Ask your community nurse on how to obtain them.
- Remove any dentures and clean them with a soft toothbrush under running water. Use toothpaste or denture cream.
- At night, dentures should be removed, cleaned, and soaked using your normal method.
- Artificial saliva or mouth washes can be prescribed by your GP.
- Keep your lips moist by using a moisturising lip balm.

What to do if the tube has fallen out

Do not panic! The hole will not close immediately. But you must contact your GP or community nurse immediately. You may be able to go to Endoscopy Unit to have a temporary tube placed. Outside office hours, you will need to attend the Emergency Department (A&E).

You will be asked for the following information:

- Your name
- Your date of birth
- Your address and telephone number
- When the tube was placed

If you see your GP or community nurse, he/she may place a tube in the hole to keep the stoma open. Alternatively, you may be asked to go to the nearest A&E where a temporary tube may be inserted.

Pump details

| | |
|---------------|--|
| Type | |
| Manufacturer | |
| Pump helpline | |

Hospital Switchboard

0118 322 5111

Caring for your feeding equipment

| Equipment | How to clean it | How often does it need changing |
|------------------------------------|---|---|
| Single use syringes | <u>Single use only.</u> ② | Change after every use |
| Re-useable syringes | <u>Re-usable:</u> Clean after each use. | Change after 3-7 days |
| Giving set | <u>Single use only</u> If you have a break in feeding, put the cap back on the giving set. Put the giving set and feed in the fridge until ready to be used again. | Change daily |
| Feed reservoir (Flexitainer) | <u>Single use only.</u> | Change daily |
| Extension set for your gastrostomy | <u>Re-usable:</u> see dietitian's advice. | Follow manufacturer's advice. Ask your dietitian if unsure. |
| Pump | Wipe daily with clean, damp cloth. <u>Do not soak in water.</u> | Feed delivery. Company will service annually. |

Useful contacts

| Health professional | Name | Contact number | Available |
|---|--|--|---|
| Community Dietitian East Berkshire West Berkshire | | 01753 636724 01635 273710 | |
| Nutricia homeward deliveries | | 08000933672-option 6 | Monday – Friday 8am – 8pm |
| Nutricia Hospital to Homeward nursing team | | 0345 6051744 | Monday- Thursday 8:45-5:15 Friday 8:45-4pm |
| Nutrition Nurse | Jomille Marfil-Laureano Olivia Bentley-Kydd | 0118 322 8342 07826 921372 or Email: rbft.gastrostomyreferrals @nhs.net | Monday- Friday 8am – 4pm excluding public holidays |

| | | | |
|---|--|---------------|------------------------------|
| Endoscopy Unit Royal Berkshire Hospital | | 0118 322 7458 | Monday – Friday 8am – 6pm |
| GP | | | |
| District nurse | | | |

Important advice

**IF THERE IS PAIN ON FEEDING,
OR EXTERNAL LEAKAGE OF GASTRIC CONTENTS,
OR FRESH BLEEDING,**

**STOP FEED IMMEDIATELY AND URGENTLY CONTACT
YOUR GP OR ATTEND THE EMERGENCY DEPARTMENT
(A&E)!**



To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Endoscopy (Enteral Nutrition), February 2025.

Next review due: February 2027.