

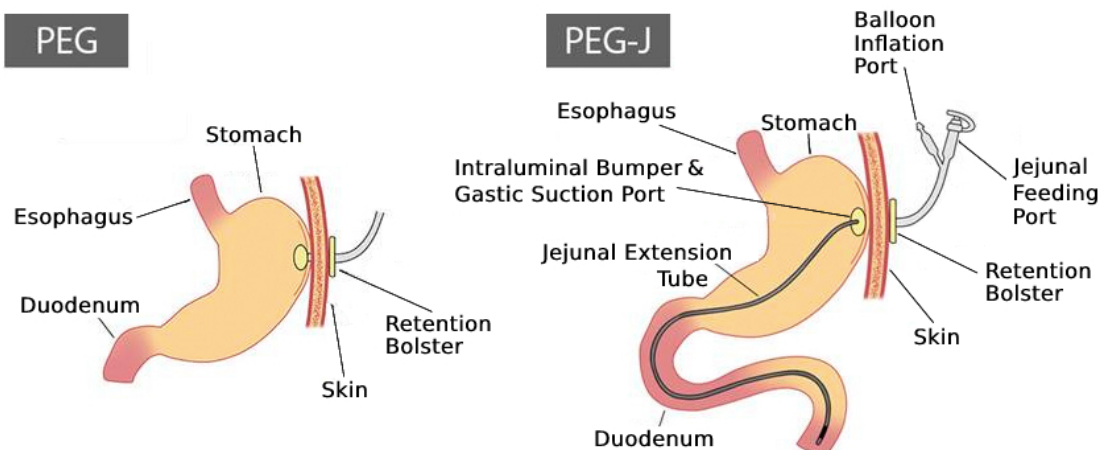


Looking after your PEG-J (Percutaneous Endoscopic Gastrostomy Jejunostomy) feeding tube

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-J?



A Percutaneous Endoscopic Gastrostomy - Jejunostomy (PEG-J) tube is type of feeding tube where a surgical opening (stoma) is made to the skin of the abdomen to the stomach. A PEG tube is inserted through this opening to the stomach followed by passing through of a jejunal extension to the small intestine (jejunum).

The PEG-J tube can be connected to equipment that provides feed continually or can be used with a syringe to manually introduce feed at different intervals. This means that liquid feed can be delivered directly into the small intestine bypassing the mouth, throat and stomach.

How long will the feeding tube last?

The Jejunostomy extension will last for 6 months but may need to be replaced. The PEG tube will last longer but will need changing after 2 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-J

You will have the PEG-J 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 on

PEG site for 2-3 days afterwards. Your medical team will provide appropriate analgesic if ever you require it. 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. You may stay longer if deemed necessary by your medical team.

Using the PEG-J

The jejunal extension (yellow tube) is the where the feed, medication, and flushing should take place. The gastric port (orange connection) is further down the tube used for aspiration of gastric contents, flushing the peg, or for putting medication into the stomach.

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.

Remember to always check with the clinician before putting anything into the gastric (orange) port.

Caring for your PEG-J – first 24 hours

- Always wash your hands thoroughly with warm water and soap before touching your stoma, dressing, PEG-J tube, or syringe.
- Commence 4 hourly flushing with sterile water using a 50ml syringe.
- Observe the stoma site for any leakage, swelling, or redness.
- Clean the skin around the stoma using Octenilin solution.
- Remove any dressing after 24hours unless otherwise instructed by your healthcare professional.

Day 1 - 28 post PEG-J insertion

DO

- Wash your hands thoroughly with warm water and soap before touching your stoma, dressing, PEG-J tube, or syringe.
- Clean stoma site with Octenilin solution or cooled boiled water and ensure adequate drying.
- Continue to check the stoma site on a daily basis for any leakage, redness, or swelling.
- Check the position by recording the centimetre marking on the tube where it is held in place with the screw top connection.
- Flush with 20-50mls of sterile water before, in-between, and after medication or enteral feed.

DO NOT

- Do not rotate the tube as this will dislodge the jejunal extension.
- Do not open the screw connection holding the yellow tube, as this will dislodge the jejunal the tube.

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-J

- Flush the PEG-J tube **before and after** a feed using 20-50ml 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 the water to the end of the food tube.
- Undo the clamp and push down the syringe plunger slowly.

What to do if the tube is blocked

DO

- Prevent blockages by thoroughly flushing the tube with 50ml of sterile water or cooled boiled water twice a day.
- Always flush before, during, and after feed and when administering any medications.
- Flush with 25-30ml of fizzy/soda water and leave for 5-10 minutes and then try to flush again.
- If the tube remains blocked, inform your clinicians and/or dietitians.

DO NOT

- Use any force with a smaller syringe as this may rupture the tube.
- Never attempt to insert a wire to clear the blockage as this may rupture the tube.

General care of the PEG-J tube

- Hygiene is of the utmost importance as the tube is in the small intestines, so there is no acid barrier as in the stomach.
- To clean the tube end, make sure the PEG-J tube is clamped and use a toothbrush specifically used for cleaning the tube.
- Do not tuck into your underwear as this will increase the risk of infection.
- Only use tube for feed, water, and liquid medications.

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 falls out

Do not panic! The hole will not close immediately. But you must contact your Nutrition Nurse and/or Abbott Nurse immediately.

Nutrition Nurse	Monday – Friday 8am – 4pm	0118 322 8342 07826 921372
Abbott Nurse	Monday – Friday 9am – 5pm	07500 064772 07776 506987

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

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		01753 636724	
East Berkshire West Berkshire		01635 273710	
Abbott Nurse advisor	Hannah Foster, Robert Brighton	07500 064772 07776 506987	Monday – Friday 9am – 5pm

Compassionate

Aspirational

Resourceful

Excellent

Abbott Hospital to Home		0800 0183799	
Nutrition Nurse	Sarah Lupai / 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), January 2024.

Next review due: January 2026.