

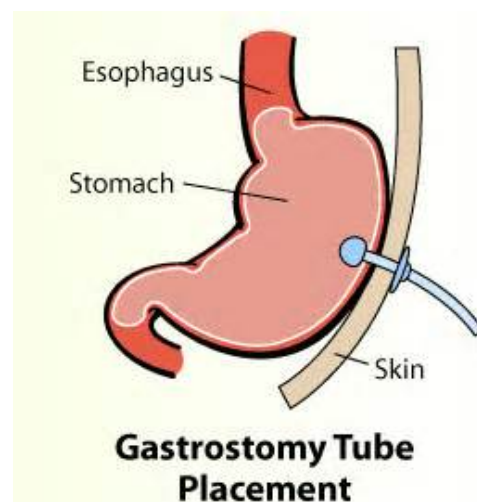
Having a PEG

If you need an interpreter, please contact us as soon as possible so that we can arrange for a qualified person to attend your appointments.

What is a PEG?

A PEG is a procedure during which a thin tube is placed through the skin of the abdomen into the stomach. The tube can then be used to introduce food, fluids and medicines into the stomach, so you can eat and take medication without swallowing. Since a PEG tube bypasses the throat and gullet, it is given to people who have difficulty with swallowing or for whom there is a risk of food 'going down the wrong way' into the lungs.

PEG stands for percutaneous endoscopic gastrostomy. Percutaneous is the term used for something that is inserted via the skin. Endoscopic refers to an endoscope, which is the instrument used to carry out the procedure. This is a thin black tube containing a camera and a bright light and is inserted through your mouth and into your stomach. Gastrostomy refers to an opening into the stomach.



Why do I need a PEG

The medical team caring for you are concerned that you are not receiving enough nourishment because you are not able to swallow or are having difficulty doing so. It is a safe and effective way of feeding and can easily be removed if it is no longer needed.

If, however, you suffer from reflux or regurgitation of food or acid, it is important to appreciate that these symptoms will not be improved by having a PEG and PEG feeding will not alter the outcome of your underlying disease or condition.

Is there an alternative?

Although sometimes tube feeding can be achieved by passing a thin tube through the nose and into the stomach (nasogastric tube), this method of feeding is more visible, less comfortable and is therefore more suitable for short term use. For people who need to be fed by a tube for more than 4 – 6 weeks, a PEG is more comfortable and easier to manage at home. PEG tubes are also more discreet as they can be tucked away under your clothes. No-one needs to know you have one unless you choose to tell them. If you would like to discuss the options available to you, please speak to a member of your medical team.

Are there any risks involved?

PEG insertion is a skilled procedure and is performed by a highly trained doctor or endoscopy practitioner who takes every care to reduce any risks:

- A perforation (tear) is an extremely rare, but serious, complication that may require surgery.

- Bleeding is a rare complication that does not usually need any further treatment. A small amount of bleeding, noticed in vomit or black stools, is not unusual. This can occur up to several days after the procedure and should not be a cause for concern. If heavier bleeding occurs (equal to more than a cupful), you may require further hospital treatment.
- The use of a sedative drug can, in a very small number of patients (1 in 1,000), cause the breathing or heart rate to slow down. For this reason, the nurse will put a probe on your finger to monitor your pulse and oxygen levels. You might also have your blood pressure monitored. The effects of the sedative are easy to reverse if necessary. If you are asthmatic, or have any breathing difficulties, please inform the nurse on your arrival and bring your inhaler with you if you use one.
- There is also a risk of infection around the site of the tube. Most infections respond well to antibiotics, but the skin and surrounding area need meticulous care at least once a day following the insertion of the tube.
- The insertion of the tube means that there is a tract between the outside skin and the stomach. It takes about 2 - 4 weeks for the tract to seal around the tube. Very rarely the tract fails to heal properly, allowing the contents of the stomach to leak out onto the skin. This will cause irritation and burning due to the high acid level.
- There is a small risk that the PEG can become displaced and even accidentally removed. If this happens, you should attend your local Accident and Emergency Department as soon as possible for the tube to be replaced. The tract will close very quickly when the tube is no longer there.

It is important that you are aware of and understand the risks before you agree to have a PEG tube inserted. A member of your medical or nursing team will be available to answer any questions that you may have.

What does the procedure involve?

Before the procedure is carried out, you will be asked to sign a consent form once the risks are explained to you. You will not be allowed to eat or drink for several hours before the procedure begins. If you have any other type of tube feeding, it will need to be switched off prior the procedure.

A small needle or cannula will be placed into a vein in your hand or arm. **Sedation** is given through the cannula. The type of sedation used is called conscious sedation and is not a full general anaesthetic. This means that although you will feel sleepy and relaxed and may not remember the examination, you will still be able to respond to verbal instructions. i.e. you are awake, but drowsy.

A mouth guard will be put into your mouth to protect you from accidentally biting your tongue or the endoscope. The back of your throat may be sprayed with a local anaesthetic to make the procedure more comfortable. An antiseptic solution will be used to clean the skin over your stomach and a local anaesthetic will be used to numb the area where the PEG tube is to be placed.

How is the PEG tube inserted?

The endoscope will be passed through the mouth guard, over the back of the tongue and into the stomach. Saliva and other secretions in your mouth and throat will be removed using suction equipment similar to that used by dentists. The endoscope will allow the endoscopist to see directly into your stomach.

A small incision (cut) is then made through your tummy and the tube will be passed down the endoscope and out through the incision in the abdomen before being secured in place. PEG insertion is mildly uncomfortable and usually takes about 15 minutes.

Preparation

If your appointment is before 1.00pm

Do not have anything to eat or drink from midnight the night before the examination, otherwise food or liquids will obscure the view of the endoscope and the examination will not be possible. You may have a small glass of water no later than 2 hours before your appointment time.

If your appointment is after 1.00pm

Have a very light breakfast before 8.00am. We would recommend toast and a cup of tea. **DO NOT** eat porridge or eggs. You may have a further drink (*without milk*) at 10.00am. After that, have **nothing** to eat until after the examination although you may have a small glass of water no later than 2 hours before your appointment time.

Special precautions

- If you are an outpatient, please complete the enclosed patient questionnaire and bring it with you. If one is not enclosed, please telephone 01753 634157.
- If you are asthmatic, please bring your inhalers with you and let the nurse know.
- If you are taking any regular medication for **diabetes**, please refer to a separate leaflet available by telephoning 01753 634157. It explains how to control your blood sugar around the time of your procedure as it is important to maintain a blood sugar above 5 mmol/l. Check your blood sugar level and if necessary suck some glucose tablets ahead of your procedure to achieve this. Please bring your diabetic pills or insulin with you to your appointment.
- If you are taking clopidogrel or **ticagrelor**, stop taking it 7 days prior to your procedure. However if you have had a **coronary stent** inserted less than 12 months ago, please do not stop taking the drug and let us know by telephoning 01753 634157.
- If you are taking warfarin, stop taking it 5 days before your procedure. However, if you are taking warfarin for a **metallic heart valve**, previous **venous thrombosis** (blood clot) or **pulmonary embolism**, please do not stop taking it and telephone us on 01753 634157 as we will need to make alternative plans to thin your blood around the time of your procedure.
- If you are taking dabigatran, rivaroxaban or apixaban, stop taking it 3 days before your procedure. However, if you are taking the drug for a **metallic heart valve**, previous **venous thrombosis** (blood clot) or **pulmonary embolism**, please do not stop taking it and call us on 01753 634157. We will need to make alternative plans to thin your blood around the time of your procedure.
- If you have a heart murmur, have had a heart valve replacement, suffer from kidney failure, please contact us for advice by telephoning 01753 634157.
- **Aspirin** in low doses is allowed. In the 7 days leading up to the procedure, do not take more than 75mg per day of aspirin.
- If you are taking any other regular medications, please continue these as normal.
- If you have a cough or a cold, please telephone us on 01753 634157 as it may be necessary to postpone your appointment.

General information

- It takes 1 - 2 hours for you to be admitted, assessed and for the PEG to be put in place. Afterwards, you will be transferred to another ward.
- Please bring a dressing gown, slippers and something to read.
- Please do not bring any items of value, such as jewellery or credit cards. We cannot accept any responsibility for loss or damage.

What will happen after the procedure?

Once you have recovered from the sedation, you will be transferred to a ward in the hospital to be monitored for 24 to 48 hours.

When the tube is first placed, you may feel a little uncomfortable. This discomfort may be caused by wind and will generally settle after a few hours, though pain killers can be given if needed. Discomfort may also make you reluctant to take deep breaths, but it is important that you do so to help prevent a chest infection. Your throat may also be sore.

Bathing and washing

Once the wound has healed you will be able to bathe or shower normally. The tube end must be closed and you must dry the area thoroughly.

Mouth care

When you are unable to eat it is very important to keep your mouth clean and moist. You should clean your teeth regularly and a mouthwash or artificial saliva spray (Glandosane) can be used if your mouth is dry.

How and when will feeding start?

Your dietician will have left instructions on the ward for your feeds. These will include the type, amount and rate of infusion. Usually, water is given initially and, if there are no problems, feed will be given the following day.

The feed is given via a pump over several hours or overnight. To prevent heartburn or reflux of feed into your lungs, it is important that you sit up or are well supported by pillows whilst your feed is flowing.

If you have had a PEG inserted because of a swallowing problem, the Speech and Language Therapy Team will review your swallowing from time to time following your discharge.

What about medication?

Where possible the pharmacist will provide all your medications in liquid form so as not to block the tube. If this is not possible and you need tablets, you will be given instructions as to how best to manage this.

Medicines are given using a large syringe. You must first flush the tube with at least 50mls of water, introduce the medicine and flush the tube again with another 50mls of water. This procedure must be followed for every drug given.

Who cares for the tube?

Your nurses on the ward will teach you or your carer how to care for the tube before you leave hospital. They will show you how to connect the feeds, clean the skin around the tube and check for any displacement.

Good, frequent care of the tube and site will prevent problems occurring. Tubes can become blocked because of the thickness of the feed and medicines passed through it. The tube requires regular flushing with water and if done meticulously after every feed and before, after and between every administration of medicine, problems can be prevented.

If the tube becomes worn, split or damaged it will need to be replaced. A tube is changed in the same way as it is inserted and it will usually be possible to use the same tract, avoiding further incisions into the abdominal wall. If well cared for, a tube can last for up to 3 years.

Who will be available to help with problems?

When you are discharged you will be given contact numbers for help and advice.

Removal

If you no longer require the tube for feeding it can be removed.

For a translation of this leaflet or for accessing this information in another format:



Please contact (PALS) the Patient Advice and Liaison Service on:
Frimley Park Hospital
Telephone: 01276 526530
Email: fhft.palsfrimleypark@nhs.net
Heatherwood Hospital
Telephone: 01753 633365
Email: fhft.palswexhampark@nhs.net
Wexham Park Hospital
Telephone: 01753 633365
Email: fhft.palswexhampark@nhs.net

| Frimley Park Hospital | Heatherwood Hospital | Wexham Park Hospital |
|---|---|---|
| Portsmouth Road Frimley Surrey GU16 7UJ | London Road Ascot SL5 8AA | Wexham Slough Berkshire SL2 4HL |
| Hospital switchboard: 01276 604604 | Hospital switchboard: 01344 623333 | Hospital switchboard: 01753 633000 |
| Website: www.fhft.nhs.uk | Website: www.fhft.nhs.uk | Website: www.fhft.nhs.uk |

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Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

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