

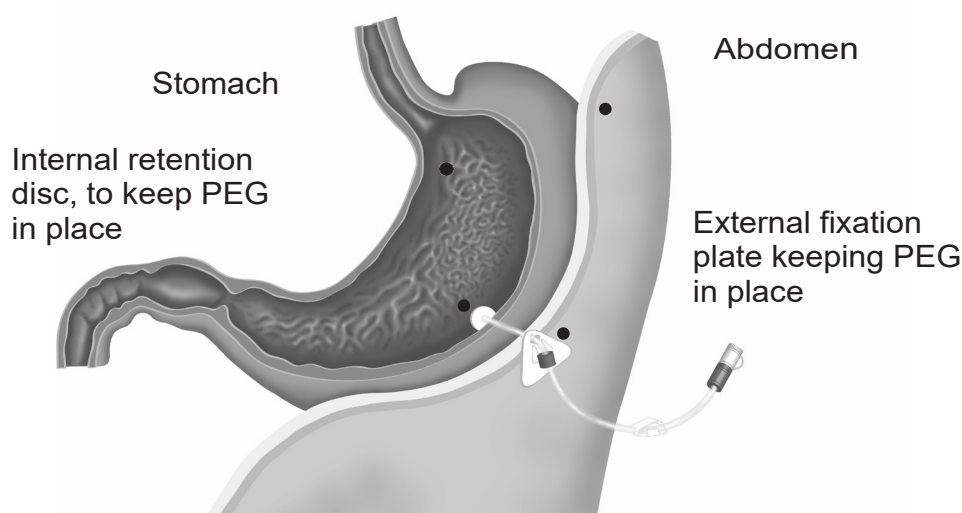
Having a PEG tube inserted?

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's performed. If there is any part of the booklet you do not understand please ask your doctor, nutrition nurse or dietitian.

What is a PEG?

A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.



What does PEG stand for?

Percutaneous is the terminology used for something that is inserted via the skin.

Endoscopic: an endoscope is the name for the instrument that is used to carry out the procedure.

Gastrostomy: an opening into the stomach.

Why do people need a PEG tube?

A PEG tube bypasses the throat and gullet and can therefore be used for people who have difficulty with swallowing or if there is a risk of the food going “the wrong way” into the lungs.

Although this can also be achieved by passing a thin tube via the nose and into the stomach, for people who need tube feeding for long periods of time, a PEG is often more comfortable and

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easier to manage at home. PEG tubes are also more discreet as they can be tucked away under your clothes therefore, no one need know you have one unless you choose to tell them.

If you suffer from reflux or regurgitation of food or acid, it is important that you realise that this problem will not be improved by having a PEG.

PEG feeding will not alter the outcome of your underlying disease or condition.

What happens before the procedure?

Before you make a decision on whether or not to have the tube inserted, a member of the nursing or medical team will discuss the procedure, show you the type of tube used and talk to you about the risks and benefits. Please don't be afraid to ask questions as this is your opportunity to ensure that you are completely happy and understand the process.

If you decide to go ahead, a date and approximate time will be arranged for the tube to be inserted. It doesn't matter if you can't decide straight away; you can take as long as you need to make your decision.

Should you decide not to go ahead with the PEG, your doctors or nurses will discuss other options with you.

Risks and complications

Although the procedure is relatively safe and major complications are rare, there are risks involved in passing the endoscope and in making a hole in the stomach. Should there be any major complications it might be necessary to carry out an operation.

There is a major complication rate of about 3%. This includes:

- breathing problems either during or after the procedure
- bleeding
- bowel perforation
- inflammation/infection in the abdomen

There is a 0.7-2.1% mortality directly related to PEG placement. Minor complications occur in about 20% of cases and are mostly related to infection around the site of the tube and leakage from the site of the tube.

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 willing to discuss this with you.

The day of the procedure

Before the procedure is carried out, you will be asked to sign a consent form.

You will not be allowed to eat for six hours prior to the procedure but clear fluids (e.g. water/squash/black tea and coffee) may be taken up until two hours before the procedure. If you are having another kind of tube feeding this will also need to be switched off six hours before. Please be aware that a small needle or cannula will be placed into a vein in your hand or arm, before you leave the ward.

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This is usually done in the Endoscopy Unit although very occasionally it may be done in the operating theatre.

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

A general anaesthetic is not given for this procedure so you will not be asleep, however you may be given a sedative injection to help you relax.

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 and a bright light, is then passed through the mouth guard, over the back of the tongue and on into the stomach. Saliva and other secretions in your mouth and throat are removed using suction equipment similar to that used by the dentist.

An antiseptic solution will be used to clean the skin over your stomach. A local anaesthetic will be used to numb the area where the PEG tube is to be placed. This may sting initially.

Although you will feel some pressure and some prodding over your stomach, you shouldn't feel any pain.

Once in place a small plastic disc inside the stomach stops the tube from being pulled out. Another plastic disc on the outside stops the tube falling into the stomach.

Sometimes a small dressing is placed over the tube, but this is often not needed.

PEG insertion usually takes 20-30 minutes.

After the procedure

Once you have recovered from the sedation, you will be able to return to your ward.

When the tube is first placed, it can feel quite uncomfortable. Initially this may be due to wind and, generally settles after a few hours.

However, some people find that pain or discomfort at the site of the tube may persist for up to a week. Pain killers can be given during this period if needed.

Because of discomfort you may be reluctant to take deep breaths. However, it is important that you do to help prevent chest infections occurring.

In most cases feed can be given via the PEG tube about four hours after insertion. If you are able to eat and drink you will be able to do this as soon as you are awake in most cases. If you have had your throat sprayed with local anaesthetic you will need to wait about an hour, before you will be allowed to eat and drink.

The following days

Over the next few days you and your family will be shown how to care for your PEG tube either by a nutrition nurse or the ward nurses. You can take as long as you need to learn this.

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Please ask for the booklet on caring for your tube if you have not already been given it.

If you are being discharged within 72 hours of having your PEG inserted, you will be given an additional information sheet on problems to look out for and a contact telephone number should these occur.

People involved in your care

During your stay you are likely to come into contact with the following healthcare professionals: Endoscopy nurses, Medical staff, Nutrition nurses, Dietitians and Ward nurses

Contact telephone number

If you have any queries or concerns regarding the information in this leaflet or the procedure itself, please contact the Nutrition Nurses at the hospital where you are having your PEG inserted.

Nutrition Nurses for the Queen Elizabeth Hospital Birmingham Tel: **0121 371 4561**

Nutrition Nurses for Birmingham Heartlands, Good Hope and Solihull Hospital
Tel: 0121 424 1435

Monday – Friday (not bank holidays) 08:00–16:00 An answering machine is available out of hours

Community Nutrition Nurses (Birmingham only): 0121 683 2300

Patient Support Group

P.I.N.N.T. – a support group for patients receiving parenteral or enteral nutrition therapy.

Address: P.I.N.N.T.

PO Box 3126

Christchurch Dorset BH23 2XS

Email: PINNT@dial.pipex.com

Website: www.PINNT.com

Department address and contact information:

Nutrition Nurses

Rooms 4–59, 4th Floor,

East Block The Heritage Building (Queen Elizabeth Hospital Birmingham)

Mindelsohn Way, Edgbaston Birmingham, B15 2TH

Telephone: 0121 371 4561

If you require this information in another format, such as a different language, large print, braille or audio version please ask a member of staff or email patientexperience@uhb.nhs.uk.