



## **‘Cut and push’ removal of a Freka Applix Percutaneous Endoscopic Gastrostomy (PEG)**

### **Why does my PEG need to be removed?**

There are two possible reasons for removing your PEG. It could be that your dietician/doctor has decided that you are now able to take sufficient food orally. Alternatively it might be because your tube is not functioning correctly, therefore, it needs to be changed.

### **How is my PEG held in place?**

The Freka PEG is held in place inside your stomach by a circular piece of plastic about the size of a 10 pence coin. This is what stops it being accidentally pulled out. Because of this piece of plastic it is not possible to remove your tube by pulling it from the outside.

### **What does ‘cut and push’ mean?**

The manufacturers of this type of PEG recommend that it is removed endoscopically. However, for some patients this method is not always possible. Therefore, for some patients ‘cut and push’ is an alternative way to remove the PEG. The PEG tube is cut close to the skin on the outside and the circular piece of plastic (the internal flange) is pushed into your stomach.

Before the procedure takes place, one of the nursing team will explain the procedure in full and you will be asked to complete a patient consent form.

### **What happens to the internal flange after the procedure?**

Once the above procedure has been completed, the internal flange will pass through your system and leave through your bowels when you go to the toilet. It’s painless and most people do not realise that the flange has been passed.

### **Can I eat and drink?**

Yes, patients are able to eat and drink as soon as the PEG tube’s been removed.

### **Will I get food/stomach contents leaking out of the hole once the tube has been removed?**

At first, some patients experience a small amount of leakage but the hole in the stomach wall usually heals within 24 hours and the hole in the skin within a few days. You will be given a small dressing to use for the first few days. (Generally we ask you not to eat or drink for the couple of hours prior to your outpatient appointment.)

### **Will I be able to bathe straightaway?**

You will be able to shower straight away, however, we advise you to wait 24 hours before taking a bath.

### **What if I’m just having my tube changed?**

## Information for Patients

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If you still need a tube for feeding then a new replacement tube will be inserted into the hole immediately following the 'cut and push'. This will be discussed in more detail with you as the replacement tube will be different to your original PEG.

### **Are there any risks involved in 'cut and push'?**

There is a small risk that the internal flange could get stuck somewhere in the stomach or bowel. This could then cause an obstruction and require urgent medical attention. If you have previously had any bowel/stomach surgery, ulcers or disease this method of removal is unlikely to be suitable for you as the risk of the flange getting stuck may be greater

### **How would I know if the internal flange had got stuck?**

If the internal flange had got stuck, you are likely to experience one or more of the following symptoms within a few days of the procedure:

- Vomiting
- Abdominal pain
- Constipation

### **What do I do if I experience any of these symptoms?**

If you experience any of the above symptoms during office hours, you are advised to call the Nutrition Nurses on the numbers stated below. Outside of these times you should contact your GP and let him/her know that you have recently had a PEG removed by the 'cut and push' method. It is important to note that if you are feeling very unwell you should go directly to your nearest Emergency Department (A&E).

### **What happens then?**

You will probably need hospital admission and the internal flange will need to be removed either by an endoscopy or surgery, depending where in the stomach/bowel it is.

### **Is there an alternative to 'cut and push'?**

Yes, there is an alternative; you could have the tube and internal flange removed via an endoscope as recommended by the manufacturer. This procedure would be similar to the one you had to have the tube put in. Remember that endoscopy is not possible for everyone and that it does carry risks of its own. A member of the nursing team will discuss this option with you in full.

### **Who should I contact if I'm worried?**

If you have any concerns regarding PEG removal please contact the Nutrition Nurses where you had your PEG inserted, Monday - Friday 0900-1600

- Queen Elizabeth Hospital 0121 371 4561
- Heartlands, Good Hope and Solihull Hospitals 0121 424 1435

Out side of these hours or in an emergency please contact your GP or nearest Emergency Department

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](mailto:patientexperience@uhb.nhs.uk).