

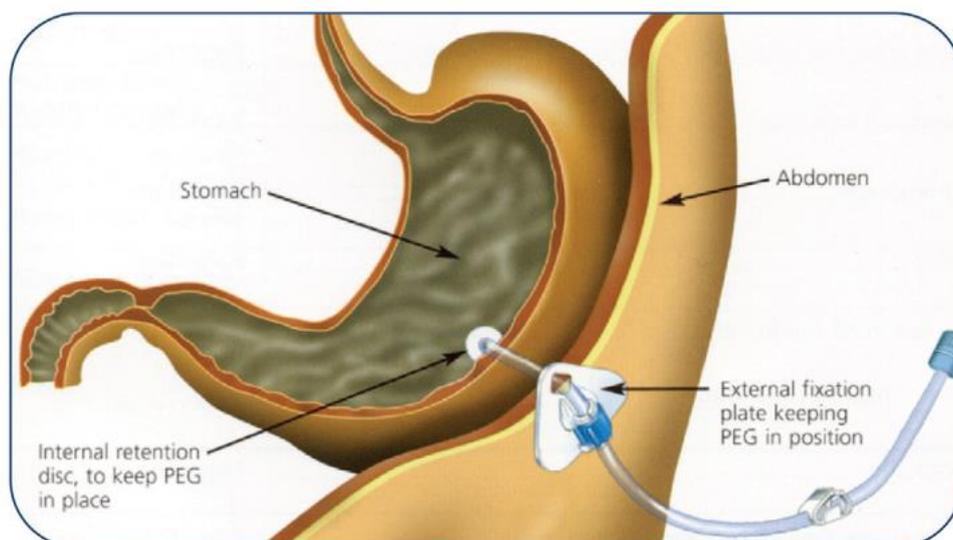
Percutaneous Endoscopic Gastrostomy (PEG)

Patient Information

This information leaflet has been written to explain what happens when you have a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube placed.

What is a PEG feeding tube?

- A PEG feeding tube allows liquid feed, water and medication to go directly into the stomach
- A PEG tube can be for short-term or long-term use; it is often used for patients who are experiencing swallowing difficulties due to illness or medical treatment



Picture: by kind permission Fresenius Kabi



One week before the procedure

If you are taking any of the blood thinning medication listed below, please phone our Endoscopy Nursing Team on 01225 821425 or 01225 821788, (Monday - Friday, 8am-5pm), and ask to speak to a registered nurse.

Warfarin	Edoxaban
Phenindione	Enoxaparin
Clopidogrel	Fondaparinux
Dabigatran	Apixaban
Rivaroxaban	Prasugrel

If you are taking medications for diabetes you should also contact the Endoscopy Nursing Team on 01225 821425 one week before your procedure if you have not received our 'Guidance for a diabetic person having an OGD' booklet.

Before the procedure

Contact the nutrition nurses at the RUH on 01225 821954 if you have been told that:

1. You are at risk of CJD or vCJD for public health purposes or
 2. You have any problems with your breathing.
- A blood sample will have been taken to check the clotting level of your blood (FBC and INR)
 - The doctor performing the procedure must have these results to check they are within normal limits in order for the procedure to take place
 - You must not have anything to eat or drink for six hours before the procedure
 - If you have a nasogastric feed this must be stopped six hours before the procedure.

On the day of the procedure

If medications are necessary they can only be taken with sips of water prior to the procedure. Otherwise you **must** be 'nil by mouth' for six hours before the procedure. Please bring your prescription and list of drug allergies with you.



Consent

A form will need to be signed by you to give consent to have the procedure. This form is usually completed in advance with the Nutrition Nurse Specialist or doctor looking after you in the clinic or on the ward. You can discuss questions with the Endoscopy Nursing Team or endoscopist undertaking the procedure.

The procedure will be explained to you and you will be given the opportunity to discuss any aspects of the procedure, including potential risks, before you sign the consent form.

Risks

There are risks which will be explained to you prior to signing the consent form. The risk of major complications during or following the procedure is around 3%. The risk of mortality is up to 2%. Around 17% of people have a minor complication.

Aspiration

Aspiration refers to the inhalation of saliva and stomach contents into the lungs. This can happen during the procedure especially for those people who are experiencing problems with their swallowing, have pre-existing respiratory (lung) disease, or haven't been six hours 'nil by mouth'. The risk of aspiration is around 1%.

Bleeding

Minor bleeding may occur which does not usually require additional treatment. The risk of this is 1 - 3%.

Infection

Infection can occur at the tube insertion site. Antibiotic therapy is given at the time of insertion to minimise this risk, with antibiotics the risk of wound infection is around 7%.

Leakage

This may occur around the PEG site, early on or develop later.

Tube dislodgement

Very occasionally the PEG tube can become dislodged or fall out and will need replacing. If this happens you should place a dry dressing over the site and contact one of the emergency numbers in the back of this booklet. Trained professionals can replace a tube through the existing hole. This needs to be done very soon (within hours) after an accidental displacement. For this reason you should seek help as soon as possible if your tube falls out.

Rare complications

There could be serious damage or perforation to the bowel or internal organs; this is a rare complication. This may lead to peritonitis (severe internal infection) which

will require urgent medical treatment, and rarely surgical treatment. Signs of perforation include a temperature and severe pain. The risk of peritonitis is 2%.

The procedure

The procedure takes place in the Endoscopy Department (Grace Penwarden Gastroenterology and Surgical Unit), department B57. It is performed with sedation and local anaesthetic will be used around the site where the PEG tube will be placed.

Sedation

A small needle will be placed in the back of your hand and the medication will be injected through it. Sedation may make you drowsy and you may not remember the procedure taking place. Sedation is not a general anaesthetic; you will not be unconscious.

Conscious sedation is a technique used here and in all other endoscopy units. The use of medication produces a state of relaxation enabling treatment to be carried out, but during which verbal contact with you is maintained throughout, i.e. you will be awake. Each person reacts differently to sedation, your thinking and movements may be slower than usual; therefore you cannot drive or be alone for 24 hours afterwards.

The endoscope is a slim flexible tube with a bright light at the end. It is passed through your mouth, to allow views of your stomach.

Antiseptic solution will be used to clean your skin and a small cut will be made on the skin above your stomach which has been identified by the endoscope.

The PEG tube will be pulled into position through this small hole.

What to expect following the procedure

It is common to feel bloated after the procedure because air in the stomach is passing through the bowel, but this should settle.

The site of the tube may be sore for two or three days. A dressing is rarely required, any dressing covering the site will be removed the day after the procedure.

The feeding tube will be tested with a flush of sterile water six hours after the procedure. If the test flush of water is satisfactory, you will then be allowed to eat and drink or the tube will be used to give feed and fluid.

Any pain and discomfort should subside a few days after the procedure; you may have medication to ease any pain.

The triangular fixation plate on the PEG should be sitting against the skin and should stay in this position for two weeks. It should not be undone or moved at all during these first two weeks.

General advice following the PEG insertion

The dietitian will undertake an assessment of what you are currently eating, to determine how much feed needs to be given through the tube.

If feeding via the tube does not need to be started immediately because you are able to eat and drink to meet your nutritional requirements, you will be taught how to manage and care for the feeding tube. You will need to flush the tube at least once a day with water to maintain tube patency.

If feeding does need to start immediately the dietitian will prescribe a feeding plan and you will need to stay in hospital for a few days. This will enable feeding to be established; you will be taught how to manage and care for the tube and feeding equipment.

The dietitian will also explain how the feed and equipment will be delivered to you at home after discharge.

Medication can be given through your tube and wherever possible will be in a liquid or dispersible form – a pharmacist can advise you further.

You will need to seek immediate advice if any of the following occur:

- Fever
- Pain on feeding through the tube or any increasing level of pain following the tube insertion
- Fresh bleeding around the stoma (hole)
- Leaking of feed or stomach contents around the tube
- The tube becomes blocked or difficult to flush
- The tube falls out
- If any of the above occur stop feeding and seek advice immediately (see relevant contacts at the end of the booklet).

Initial care

It is particularly important to clean your hands thoroughly before any contact with the feeding tube or feeding equipment. This will minimise the risk of infection.

In the first week following the tube placement, clean the site around the tube with sterile gauze and saline. This will be supplied by the hospital. You may take

showers during this first week, but avoid baths. If in any doubt about care of the skin around the tube please contact the community nutrition nurse or your district nurse.

Ongoing care

Flushing the PEG tube and preventing blockage

- Always flush the tube before and after administration of feed and medication
- Use 30 - 50ml of freshly drawn tap drinking water unless you have been advised to use an alternative
- If you are unable to flush the tube due to resistance gently massage the tube around the area where any blockage may be visible
- Try flushing with warm water or carbonated water. Do not use any other fizzy drink as they are acidic and will possibly make the blockage worse
- Try withdrawing liquid from the tube and use a pumping motion to try and flush.

Care of the skin around the PEG tube

Two weeks after the insertion of the tube:

- The skin can be cleaned daily with soap and water using a clean cloth
- You may resume bathing
- There is no need to have any dressings around the PEG site.

If you notice any redness, pain, odour or discharge you should contact your community nutrition nurse for advice.

Feeding through the PEG

There are two ways in which you can administer feed. The dietitian will discuss with you the amount of feed you require and the type of feeding which may be most suitable for you. With administration of any feed or medication it is essential that the tube is flushed with at least 30mls of water before and after.

It is important that you are positioned at an angle of at least 30 degrees whilst feed is given and should remain in this position for at least 30 minutes after feeding.

Bolus feeding

This refers to giving feed through a 50ml syringe which will fit directly onto the end of your feeding tube. The plunger should be removed from the syringe so the feed

is given using the barrel of the syringe like a funnel. This method of feeding will need to be undertaken several times a day as directed by the dietitian.

Pump feeding

A bag of feed can be administered using a pump. This requires a giving set (tubing) which connects the bag of feed to your feeding tube which is delivered by using a small pump. This will run for several hours per day.

Specific details and separate written instructions about the use of a pump will be given prior to use.

Advancing and Rotation of the Freka® PEG

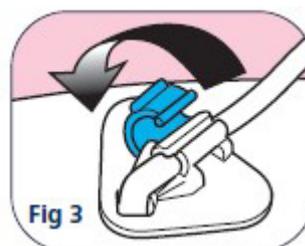
It is known that some people may be prone to what is called 'Buried Bumper Syndrome' (where the internal disc of the PEG tube becomes buried and the stomach lining grows around it).

To help prevent this developing, the PEG tube should be rotated and advanced. Rotation and advancement should be carried out at least once a week but not more than once a day.

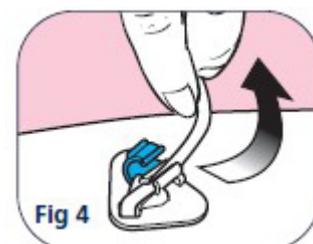
This should only be commenced 2 weeks after insertion

This means holding the end of the tube and rotating it 360° (a complete circle) and pushing the tube approximately 2 - 3cm into the stomach and pulling it back to the original position. Do not rotate the tube if the site is discharging or not healed.

1. Wash hands thoroughly with soap and water
2. Clean the external plate, if you are not sure how to ask your community or hospital nutrition nurse specialist.



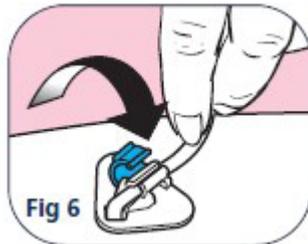
3. Open the fixation catch (see figure 3)



4. Detach tube from groove in fixation plate (see figure 4)



5. Move plate away from skin (see figure 5)
6. Clean tube and stoma area and the underside of the plate and dry. Push 2 – 3cm of the tube into the stomach and rotate, gently pull back the tube to feel resistance.
7. Place the fixation plate back to its original position (approx 1cm away from the skin). Re-insert tube in the groove (see figure 6) and close the fixation catch

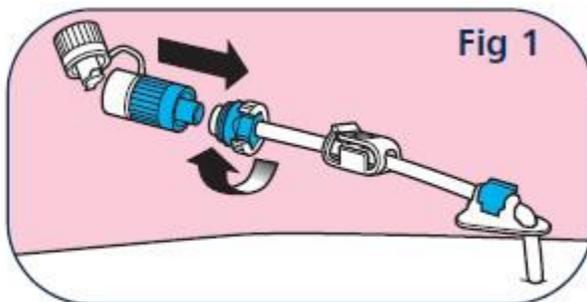


(see figure 7)

Your fixation plate should not be too tight or too loose. If you feel that it is, your healthcare professional will be able to advise you.

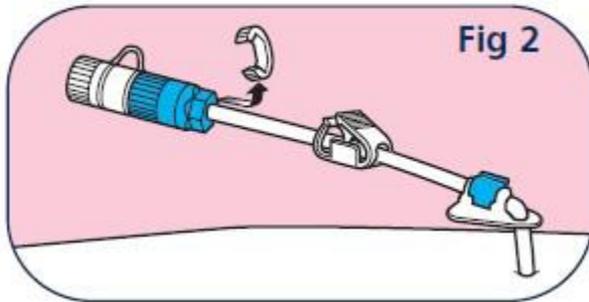
Attaching a new Freka® PEG luer lock adaptor

1. Wash and dry hands thoroughly.
2. Clamp the tube using the quick release clamp.
3. Unscrew and remove the existing luer lock.
4. Carefully cut off the external end of the tube, approx 1cm 5.
5. Slide the round fixation screw on to the PEG tube.
6. Insert the luer lock adaptor and screw onto the fixation screw (see figure 1).





7. Close the luer lock cap. Unclip the quick release clamp and remove the white fixation screw cuff (see figure 2).



General information

It is advisable not to keep the tube clamped when not in use, to help prevent damage to the PEG tube.

This information is relevant to the type of tube inserted at the Royal United Hospital. It is based on current research findings and follows manufacturer's guidelines.

Support at home will be organised and relevant contact numbers are at the end of this booklet.

You will receive one week's supply of all equipment you will need on discharge. Further equipment will be delivered to you, at home, during that first week.

You may like to make some notes

Further information

General enquiries and support should be directed to your Community Nutrition Nurse.

Careline 08452501058

If your enquiry is urgent and you do not get a timely response from your Community Nutrition Nurse please contact one of the numbers below:

In office hours contact your GP

Out of office hours Ring the out of hours helpline 08457 623636

Or call your GP out of hours service

The Nutrition Nurse Specialists at the RUH may be contacted for general advice on 01225 821954. They are usually available in office hours but there are occasions when the office is not staffed. For this reason we do not recommend leaving any messages of an urgent nature on this number.

Please bring this booklet with you if you need to attend hospital with any concerns about your feeding tube. This will ensure appropriate advice is given which is specific to this type of tube.

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath BA1 3NG
01225 428331 www.ruh.nhs.uk

Please contact the Patient Advice and Liaison Service (PALS) if you require this leaflet in a different format, or would like to feedback your experience of the hospital. Email ruh-tr.pals@nhs.net or telephone 01225 825656 / 826319