Insertion of a Percutaneous Endoscopic Gastrostomy (PEG) Tube

Endoscopy Department

Providing a range of NHS services in Gateshead, South Tyneside and Sunderland.
**Introduction**
This booklet is designed to give you some information about having a PEG feeding tube placed and the care you will receive before, during and after your procedure. We hope it will answer some of the questions that you or those who care for you may have at this time. It is not meant to replace the discussion between you and your doctor/nurse but helps you to understand more about what is discussed.

What does PEG stand for?
PEG stands for percutaneous endoscopic gastrostomy.

- **Percutaneous** is the term used for something that is inserted via the skin.
- **Endoscopic** refers to an endoscope. This is the name for the instrument that is used to carry out the procedure.
- **Gastrostomy** refers to an opening into the stomach.

What is a PEG?
A PEG is a way of directly introducing food, fluids and medicines through a thin tube inserted through the skin into the stomach. This allows you to be fed without swallowing.
**Why do I 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 leading to aspiration.

Sometimes it is recommended you have a PEG inserted before any treatment is started that might affect your ability to swallow food in the future. This will help you maintain good nutrition which is important to your recovery.

The food inserted through the PEG tube is a specialised prescribed liquid mix of the nutrition your body needs. Your dietitian will be able to provide more information about this and about ways of using the tube to feed.

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 does not alter the outcome of your underlying disease or condition.

**Are there any alternatives to having a PEG tube?**

Although tube feeding can sometimes be carried out by passing a thin tube through the nose and into the stomach, this method of feeding is more visible and less comfortable. It is only suitable for short term or emergency use and not for patients at home.

For people who need tube feeding for long periods of time, 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 and you do not have to let anyone know you have one unless you choose to. If you would like to discuss the options available to you, please speak to your medical team, dietitian or nutrition nurse.
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 an appointment will be arranged for the tube to be inserted. Should you decide not to go ahead with the PEG your doctors or nurses will discuss other options with you.

What are the risks and possible complications?
Although the procedure is relatively safe and major complications are rare, there are some risks involved in passing the endoscope and in making a hole in the stomach.
Rare complications can occur in around 2 in every 100 cases (2%), these include:
• Breathing problems either during or after the procedure
• Bleeding
• Bowel perforation
• Inflammation/infection in the abdomen
Should any of these complications develop it might be necessary to carry out an operation.
Most people will not experience any serious complications from their PEG placement. However, the risks of suffering a complication do increase with age and for those who already suffer from heart, chest or other medical conditions, such as diabetes or those who are overweight or smoke. In less than 1% of all cases the patient could die as a result of the PEG procedure.
Your doctor or nurse will discuss these risks with you. Minor complications occur occasionally and are mostly related to infection around 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 available to talk to you and answer any questions that you may have.

**What happens before the procedure?**

- You will be admitted to the hospital.
- Blood tests will be taken to check how well your blood clots. If you are taking any of the following blood thinning tablets such as Warfarin, Phenindoine, Acenocoumarol, Clopidogrel, Prasugrel, Dipyridamole and Ticagrelor, Dabigatran, Rivaroxaban, Apixaban or injectable preparations such as heparin, dalteparin, enoxaparin, tinzaparin or danaparinoid sodium, it is very important that you inform the doctor or nurse before you are admitted for the procedure. Failure to notify us may result in the cancellation of your appointment.
- You will be asked to sign a ‘consent form’.
- You will not be allowed to eat or drink for at least six hours before the procedure begins. Your medical team will give you more details on this.
- If you are having any other type of tube feeding this will also need to be stopped six hours before the procedure. If you need to take any essential medicines during this time please discuss this beforehand with your doctors or the nutrition nurse.
- A small cannula (needle) will be placed into a vein in your hand or arm and an infusion of antibiotics will be given. If you have any allergies you must let the doctor know.
How is the PEG tube inserted?
The procedure is carried out in the Endoscopy Unit, although very occasionally it may be done in the operating theatre. Once in the Endoscopy Unit you may be asked again if you fully understand the procedure.

A general anaesthetic is not required, however a sedative injection is used to help you relax. This is given through the cannula that has been put in your hand or arm.

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 passed through the mouth guard, over the back of the tongue and 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.

Local anaesthetic will be used to numb the area where the PEG tube is to be placed. This may sting initially. A small incision (cut) is made over the PEG site.

A thin, hollow needle will then be passed through your skin and into your stomach. A guide wire is then passed through the needle and is brought out of your mouth with the endoscope. The PEG tube is then attached to the guide wire and pulled down the gullet and though the hole made in your stomach. Although you will feel some pressure and some prodding over your stomach, you should not feel any pain.

Once in place either a small plastic disc or a small balloon 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 about 15-20 minutes.
What will happen after the procedure?
For a few hours after the procedure you will probably feel drowsy, your throat may be a little sore where the endoscope has been passed and you may feel a little discomfort in your tummy where the tube has been placed. Painkillers can be given if needed. If you are in any discomfort you may be reluctant to take deep breaths; however, it is important that you do so to help prevent chest infections occurring.
The dietitian or nutrition nurse will tell you when you can start using the tube, this is usually after six hours of PEG placement. If you are able to eat and drink normally you will be able to do this as soon as you are awake.

What will happen over the following days?
Either before the procedure or over the next few days you and your family will be shown how to use and care for your PEG tube either by the homecare team in your own home, or the ward nurses.
You will also be provided with an information booklet on caring for your PEG tube.

What to do in an emergency or if there are any problems?
If you notice pain during feeding, leakage of fluid from around the tube site or flesh bleeding within the first seven days of the PEG tube being placed, it is important that you stop using the tube and seek medical advice immediately. Contact the A&E department at South Tyneside Hospital by calling 0191 404 1000
If after seven days these symptoms occur then contact your district nurse or Nutricia Homeward nurse or your own GP for advice.
Glossary of medical terms used in this information:

Anaesthetic: a medicine that causes a loss of feeling or sensation.

Cannula: a tube inserted into the body to draw off fluid or to introduce medication.

Sedative: a medicine with a soothing, or calming effect.