Information for patients

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

You have been advised by your doctor to have a Percutaneous Endoscopic Gastrostomy (PEG).

This leaflet tells you what it is and how you will be prepared for it.

What is a PEG?

A PEG is a surgical procedure where a small opening is made through your abdominal wall (tummy) into your stomach. A PEG tube (a plastic tube about 7mm [¼"] wide) is inserted through the opening to allow liquid feed, medicines and water to be passed into your stomach. The PEG tube is held in place by a small plastic disc against your skin on the outside of your abdomen. (See diagram below).

Why do I need a PEG?

Sometimes people are unable to eat normally, due to illness, disease of the digestive tract (oesophagus [gullet] and stomach) or have difficulty swallowing, for example, following a stroke. When this happens, nourishment (special liquid food and drinks) has to be given in some other way.
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What are the benefits of having a PEG?

PEG feeding is thought to be the best method of feeding for patients who are unable to eat normally for more than 2 - 4 weeks, as it is convenient, comfortable and safer than other methods.

Does having a PEG mean I will not be able to eat and drink normally again?

It will depend on why you need to have a PEG. For some people a PEG will be the only safe way of taking food, drinks and medication. Some people may still be able to eat and drink normally but may need to supplement (top up) their diet using a PEG. Your dietitian, doctor and specialist nurse will discuss this with you before you decide to have a PEG inserted. If, in the future, you no longer need your PEG tube, it can be removed.

What will happen before my PEG is inserted?

If you are not already an inpatient you will be admitted to hospital before your procedure so routine health checks, for example, blood tests, can be carried out.

If you are taking anticoagulant (blood thinning) medication, you will need to stop taking these before your PEG is inserted. Your doctor or specialist nurse will discuss this with you.

Your doctor or specialist nurse will explain and discuss any risks and possible complications. This is just to make sure you understand everything before you sign the consent form.

You will usually need to stay in hospital for about 3 days after your PEG tube is inserted. Your doctor or specialist nurse will discuss this with you.

How will I need to prepare for having a PEG tube inserted?

Your stomach needs to be empty so the procedure can be done safely. You will have nothing to eat and drink for at least 6 hours before the procedure.

You will be given antibiotics either before or after the procedure; this will help to reduce the risk of infection.

When it is time for your procedure you will be taken from your ward, usually in a chair or on a trolley, to the Endoscopy Unit. One of your ward nurses will go with you and hand over your care to the nurses in the Endoscopy Unit.
How is a PEG tube inserted?

The procedure is done in the Endoscopy Unit. You will be taken into an examination room and asked to lie down on a trolley. You will be given extra oxygen to breathe through a soft plastic tube in your nose. Your pulse and oxygen levels will be checked by putting a small plastic clip on your finger.

If you have any false teeth you will be asked to remove them. A small plastic guard will be put gently between your teeth to protect them. Do not worry, this is all routine and is not painful. A nurse will stay with you during your procedure and make sure you are comfortable.

You will be given a local anaesthetic (painkilling drug) throat spray and a sedative drug to make you feel comfortable and relaxed before the procedure starts. This involves injecting medication (drugs) through a cannula (a fine tube) inserted into a vein in the back of your hand or arm, using a small fine needle. Your endoscopist (a doctor or nurse trained to do endoscopies) will then pass a gastroscope (a thin, flexible tube which gives the endoscopist a clear view of the inside of your stomach) through your mouth or nose, down your throat and into your stomach.

The gastroscope shines a light inside your stomach which can be seen on the outside of your abdomen and shows the assistant where to inject a local anaesthetic to numb a small area of skin. A stoma (small opening) is then made on the outside of your abdomen and through the wall of your stomach. The PEG tube is then passed into your stomach, gently pulled through the stoma and held in place on the inside of your stomach by a soft sponge disc, and by a small plastic disc on the outside, next to your skin.

The procedure usually takes about 20 minutes.

What are the risks and possible complications of having a PEG inserted?

Having a PEG tube inserted does have some risks and possible complications. Your specialist nurse or doctor will discuss these with you before you consent (agree) to the procedure.

These are:

- **sedation.** Sedation can affect your cardio-respiratory system (heart and lungs). 1 patient in every 100 can suffer from over sedation.\(^1\,^2\) If this happens you will be given drugs to reverse the effect.

- **aspiration.** Fluid from your stomach can leak into your lungs, affect your breathing and cause an infection.\(^1\,^2\) This is one of the reasons why you must not eat or drink for 6 hours before the procedure.
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- **Bleeding:**
  - **in your oesophagus or stomach.** 1 patient in every 1,000 can suffer from bleeding.\(^1\)\(^2\) If bleeding happens during your procedure steps will be taken to stop it.
  
  - **from your PEG insertion site.** When the opening is made through your abdominal wall into your stomach there is a small risk of bleeding. This is usually minor, but can occasionally be severe and even life-threatening.

  To reduce the risk of bleeding a sample of your blood will be taken before your procedure to make sure your blood is clotting correctly. If you are taking anticoagulants to thin your blood, you will need to stop taking these at least 5 days before your procedure.

- **perforation (hole) in the wall of your oesophagus, stomach or duodenum (small intestine).** 1 patient in every 15,000 can suffer a perforation.\(^1\)\(^2\) If this happens you may need an operation to repair it.

- **difficulty positioning your PEG tube.** Occasionally it is not possible to place the tube safely by endoscopy. In this case another way to help you feed will be discussed with you.

**How will I feel after my PEG tube has been inserted?**

The effects of sedation will stay with you for at least 12 hours. For the first 12 hours after sedation you:

- **must not** make important decisions or sign any legal documents
- **must not** lock the toilet or bathroom door in case you need assistance.

You may:

- have a sore throat for the first 24 - 48 hours
- feel bloated. This is due to the air put in your stomach during your procedure. This usually settles within a few hours.
- have some soreness in your abdomen where your PEG tube has been inserted. This usually settles within 7 - 10 days.

**You must** tell one of your nurses if you:

- have severe pain in your neck, chest or abdomen
- develop a temperature above 38ºC (100.4ºF) or feel feverish
- start vomiting (being sick) or develop nausea (feeling sick).
What problems can happen after my PEG tube has been inserted?

Your PEG tube could:

- **accidentally fall out.** Although your PEG tube is fixed securely in position it can sometimes fall out. If this happens you must contact your specialist nurse, district nurse, GP or the GP Out of Hours Service, **immediately.** (See contact numbers).

If your tube becomes dislodged (partly falls out) and it is not noticed, the special liquid food, drinks or medication may leak inside your abdomen and cause peritonitis (a severe infection) which can be life-threatening.

- **develop an infection at the wound site.** This risk is reduced by careful skin cleaning. You will be given antibiotics before the procedure to help reduce this risk. However, infections could still develop that will need further antibiotic treatment. Sometimes the tube may have to be removed because of infection.

- **develop over-granulation (thickened sore skin) around your stoma.** This is common and may be uncomfortable. To help avoid this it is important you carefully follow the aftercare advice. See leaflet, ‘PEG - Discharge and aftercare advice’. There are many ways to treat this problem. Please contact your specialist nurse for more information.

- **leak.** If your tube becomes loose, fluid can leak from your stomach on to your skin, this can cause irritation. To help avoid this it is important you carefully follow the aftercare advice. See leaflet, ‘PEG - Discharge and aftercare advice’. There are many ways to treat this problem. **You must** contact your specialist nurse, district nurse, GP or the GP Out of Hours Service, for advice **immediately.**

- **become blocked.** The tube can become blocked from time to time. To help avoid this it is important you carefully follow the aftercare advice provided. See leaflet, ‘PEG – Discharge and aftercare advice’. If your tube remains blocked or you are not happy to try and unblock it yourself, contact your specialist nurse, district nurse, GP or GP Out of Hours Service. (See contact numbers).

How will I be fed through my PEG tube?

You will be given specially prepared liquid feeds through your PEG tube, depending on your needs. Some people may still be able to eat and drink normally but receive extra feeds, fluids and liquid medicines through their PEG.

Your dietitian will decide how much special liquid feed you need each day. You will be given your feeds at set times during the day. Your feed will be given using a syringe. This is called a bolus feed. Sometimes a special pump can be used instead.
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of a syringe; this is set to deliver the right amount of feed through your tube at the correct rate. You and your carer(s) will be shown how to use both these methods of feeding.

Only your special liquid feeds, water or liquid medicines must be passed (fed) down your PEG.

Ordinary food must not be liquidised and passed down your PEG.

Most people are able to manage their own PEG feeding at home with the help of relatives, carers, district nurse, specialist nurse and GP. Do not hesitate to contact your nurse or doctor should you need help or advice with your PEG. Your specialist nurse will also be available to visit you in your own home, if needed.

Contact numbers

University Hospital of North Tees

Department of Nutrition and Dietitics
telephone: 01642 624768
Monday - Friday, 9.00am - 4.00pm

Specialist nurses
telephone: 01642 624682
Monday - Friday, 9.00am - 5.00pm

Endoscopy Unit
telephone: 01642 624387
Monday, Wednesday and Friday, 8.00am - 7.00pm
Tuesday and Thursday, 8.00am – 9.30pm
Saturday, 8.00am – 2.00pm

Nutricia Nutritional nurse
telephone: 08457 623654
Monday - Friday, 9.00am - 5.00pm

Outside of these hours please contact Nutricia Nutritional Nurse advice line telephone: 08457 623636.

If you have any worries or concerns you should contact your GP during normal surgery hours. Outside surgery hours, you should contact your GP's surgery for the Out of Hours Service number.
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Further information is available from:

NHS Choices
telephone: 111 (when it is less urgent than 999)
Calls to this number are free from landlines and mobile phones.
or via the website at www.nhs.uk

References:


Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we’re doing well or if there’s anything which we can improve, that’s why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

telephone: 01642 624719
Monday – Friday, 9.00 am – 4.00 pm
Messages can be left on the answering machine and will be picked up throughout the day.

freephone: 0800 092 0084
Mobile: (can use text): 0779 506 1883
Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

telephone: 01642 617617
24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

telephone: 01642 833551 or email: information.governance@nth.nhs.uk