

Percutaneous Endoscopic Gastrostomy (PEG)

This leaflet provides essential information to prepare you for your forthcoming procedure. You have been advised to have a **Percutaneous Endoscopic Gastrostomy (PEG)** as a means of providing or supplementing your nutritional intake. This leaflet covers frequently asked questions. A PEG nurse will contact you before your procedure to ask you some questions and will answer any concerns you may have.

What is a Percutaneous Endoscopic Gastrostomy (PEG)?

A percutaneous (through the skin) gastrostomy is a tube that connects the stomach to the outside of the body through the abdominal wall. They are designed for use with special feeding solutions which supply all the nutrients needed to maintain weight and health for patients unable to eat normally. This can be a temporary or permanent arrangement. The procedure involves a tube being inserted through the abdominal wall. An endoscope is passed through the mouth and into the stomach. This enables the endoscopist to position the tube accurately. These tubes will be inserted under local anaesthetic with sedation and analgesia.

In some patients the sedation may make you forget the procedure.

Preparation

Your stomach must be empty to allow a clear view of the gastrointestinal tract, therefore you **must not** eat for **6 hours** before your appointment time and have only clear fluids up to **2 hours** before your appointment time.

- You will need a blood test prior to this procedure. Please inform the endoscopy office if you have not.
- **If there is a possibility of pregnancy, please contact the Endoscopy Unit.**
- **Anticoagulants** - please ring the nurses' enquiry line for advice on stopping any anticoagulants before the procedure - see the 'useful contacts' at the end of this information sheet.

Patient with diabetes, please follow the instructions below:

- **Insulin dependent diabetic patients** should contact the diabetic specialist nurses before the procedure - see the 'useful contacts' at the end of this information sheet.
- **Tablet controlled diabetic patients**, please ring the endoscopy nurse's enquiry line for advice - see the 'useful contacts' at the end of this information sheet.

On the day of the procedure

- Please take your blood pressure medication.
- Please leave your valuables at home.
- Please bring any inhalers or heart medication with you.
- Bring an exemption certificate in case you are prescribed medication, if this applies.
- Bring a book or a magazine to read. You may be in the unit for 2-3 hours. Please check with your nurse the time for your friend/relative to collect you.
- The waiting areas in the Endoscopy Unit are mixed sex facilities. However, when patients are required to undress, same sex facilities are provided to maintain your privacy and dignity.
- Please do not wear nail varnish on your fingers.

Admission to the Endoscopy Unit

A nurse will escort you to an admitting room. They will record your medical details and vital signs, and then explain the procedure. You will need to undress and change into a hospital gown for this procedure. You will be asked to sign the consent form on admission if you have not already done so. The consent form is a legal document which confirms your agreement to the procedure and your understanding of its benefits and potential risks and complications.

What happens during the procedure?

In the treatment room, you will meet two other nurses who will be assisting the endoscopist. Your nurse prepares you for the procedure by inserting a small needle into the back of your hand for the medication. Your throat will be sprayed with a local anaesthetic to numb it. You will need to remove any dentures and lie on your left-hand side. A probe will be placed on your finger to monitor your pulse and general condition. Nasal catheters will be placed just inside your nose to administer oxygen throughout the procedure. A mouthguard will be inserted between your teeth to keep your mouth slightly open, allowing the endoscope to pass. Air will be used to inflate your stomach to obtain optimum views. If you have a lot of saliva in your mouth, your nurse will use suction to remove it. You may be aware of the sensation of the PEG being inserted but hopefully you will not be in any discomfort. We can adjust your medication accordingly if required.

After the procedure

- Following insertion of the PEG you may experience some tenderness in the abdomen. This can be relieved with regular analgesics. This will be administered via an IV infusion during the fasting period; you cannot eat or drink for 4 hours after your procedure.
- You will rest in recovery with continued monitoring of your blood pressure, pulse and operation site to observe for any indication of procedural complications.
- A dietitian may see you in the Endoscopy Unit to give you details on the feed regimen you will require.
- Some patients can be discharged home, whilst some others will be admitted to the hospital. When a bed is ready, you will be transferred to a ward for observation overnight. After the 4-hour fasting period, the ward nurse will flush the tube with sterile water. If there are no complications, the ward nurse will commence the feed regime prescribed by your dietitian. The following morning the ward staff will instruct you on how to care for your PEG tube and give you written instructions from the manufacture on further care and maintenance.
- Before discharge, if there have been no complications, your doctor will review you, your operation site and confirm you are happy with the aftercare instructions ready for discharge.

Discharge

You will need to be collected from the ward by a responsible adult as you should not drive today. You are advised to only perform tasks you are comfortable to do so while the surgical site is healing. Care should be taken not to dislodge the tube in the first 3 weeks of insertion. You will have an information booklet with contact numbers of the specialist you may require. Your GP and hospital consultant will be sent details of your procedure.

Risks

All procedures of this nature carry a small risk of:

- Bleeding or perforation to the mucosal lining and infection to the PEG site.
- There is also a slight risk to crowned teeth or dental bridgework from the endoscope.
- A reaction to the medication used.

Benefits of the procedure

- No exposure to radiation.
- Better visualisation.
- More comfortable and less obtrusive means of long-term feeding.

Alternatives

- Radiological inserted gastrostomy

What are the benefits of having a PEG tube?

A PEG tube allows you to receive sufficient nutrition for the duration of your requirements. It also allows you to regain lost weight or maintain original weight, as well as helping prevent the consequences of malnutrition such as pressure sores, lack of energy, depression and problems fighting infection. The PEG has an external fixator to keep it in the stomach preventing it from becoming dislodged.

What are the problems associated with PEG tubes?

Infection around the site of insertion is the most common problem, therefore you will be given intravenous antibiotics before the procedure. Keeping the site clean and dry will also cut down the risk of infection. If the tube falls out or has moved (migrated) within 2-3 weeks of insertion, you will be referred to the surgeon for a replacement as the tract would not be completely formed. PEG tubes can get blocked with medications or feeds. Therefore, it is important to flush the tube well after any medication or feed, and regularly in-between.

How is the feed given?

The feed will be supplied on prescription and may be given during the day, night or continuously. The dietician will advise on the most suitable feeding pattern for you. When you are sent home, we will provide you with a week's supply of syringes that you will need to flush the feeding tube. A pump and regular supply of nutrition feeds will be delivered to your home on a monthly basis. Training on the pump will be provided by Abbott Nutrition Team. The tube can be discretely hidden beneath clothing. If you are able to swallow, food and drink may be taken by mouth.

Can the tube be removed?

Yes, if you recover the ability to swallow normally, or the tube is no longer required, it can be removed. This is a pull technique removal which will be done in Endoscopy. The hole in the stomach usually seals within a few hours and completely heals within a few weeks. The tube can also be replaced, although most tubes will last several years if looked after well.

Medical questionnaire

This next section (on pages 4 and 5) is for you to complete prior to arriving at the Endoscopy Unit. **Please bring this with you on the day of the procedure.**

It is important that you fill it in accurately so that the nursing staff can provide you with the best care possible. If you have any concerns or questions, please call the nurses' enquiry line - see the 'useful contacts' at the end of this information sheet.

<u>HEART</u>	Yes	No
Heart disease		
Valve surgery, angina, heart attack		
When did you last have chest pain.....		
High blood pressure		
Rheumatic Fever		
Stroke		
Circulation (e.g.) thrombosis)		
Other		
Did any of above require anticoagulants		
Nursing notes		

<u>LUNG</u>	Yes	No
Lung Condition (e.g. emphysema, asthma)		
Coughing up blood		
Other		
Nursing notes		

<u>LIVER/KIDNEY/URINARY TRACT</u>	Yes	No
Liver Condition (e.g. jaundice, cirrhosis)		
Kidney (e.g. kidney stones, infection)		
Urinary Tract (e.g. infection, blood in urine)		
Nursing notes		

<u>INFECTIOUS DISEASES</u>	Yes	No
TB		
Hepatitis (B or C)		
HIV/AIDS		
MRSA/ Other		
Have you ever been notified that you are at risk of CJD or vCJD for public health service		

<u>GASTROINTESTINAL TRACT</u>	Yes	No
Stomach (e.g. ulcers, hiatus hernia)		
Bowel (irritable bowel, polyps, cancer)		
Nursing notes		

<u>OTHER CONDITIONS</u>	Yes	No
Diabetes		
Epilepsy		
Anaemia		
Glaucoma		
Addison's disease		
Nursing notes		

<u>OTHER DETAILS</u>	Yes	No
Dentures		
Hearing Aid		
Glasses/contact lenses		
Body piercing		
Metal joints or any bones pinned		
Are you sensitive/allergic to anything? (e.g. antibiotics/latex/foods/adhesive etc)		
Nursing notes		

<u>LIFESTYLE</u>	Yes	No
Do you smoke		
Do you take any illegal substances?		
Do you drink alcohol (If yes – how many units/week – 21 male/ 14 female)		
Nursing notes		

Nursing notes

To ensure that your examination is a success, please follow all the instructions carefully:

- **Drink** - you can have clear fluids up to **2 hours** before your gastrostomy tube insertion/change; this includes black tea or coffee (without milk).
- **Diet** - you can eat a light snack or have a feed up to **6 hours** before gastrostomy tube insertion/change.
- Please wear loose, comfortable and washable clothing.
- If you are taking **any anticoagulation therapy** (medicine to thin your blood), please ring the nurses' line (see 'useful contacts'), unless you have been given specific instructions in your appointment letter or by phone.
- If you have an active DNAPR or Power of Attorney for Health, please bring the documents with you.

Please tick the checklist below to ensure you have read all the information and are ready for your procedure:

- | | |
|---|--------------------------|
| I have read this patient information sheet | <input type="checkbox"/> |
| I have understood the information provided | <input type="checkbox"/> |
| I have read the consent form (if given/sent one) | <input type="checkbox"/> |
| I have arranged transport (if having sedation) | <input type="checkbox"/> |
| I am aware of when I should stop eating and drinking | <input type="checkbox"/> |
| I have contacted the diabetes nurse (if required) | <input type="checkbox"/> |
| I have contacted the anticoagulant clinic (if required) | <input type="checkbox"/> |
| I have contacted the BCSP office about my pacemaker check (if relevant) | <input type="checkbox"/> |
| I have completed the medical questionnaire on pages 4 and 5 | <input type="checkbox"/> |

If you are unsure about anything, please contact us.

Your procedure could be cancelled if you have not followed the instructions properly.

Additional information

To view the Lister and New QEII site maps for navigating your way around our hospitals, please visit our Trust website - www.enherts-tr.nhs.uk

Useful contact details

East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Endoscopy Unit - Lister and New QEII:

- Lister: Telephone 01438 288603 - Option 1
- New QEII: Telephone 01707 247728

Anticoagulation Clinic:

- Lister: Telephone 01438 285335
- New QEII: Telephone 01707 224032

Nurses' Enquiry Line:

- Telephone 01438 288603 (please ring between 8am - 10am and 4pm - 6pm) - Option 2

Diabetic Specialist Nurses:

- Telephone 01438 284560
- Telephone 01438 284645
- Telephone 01438 284615

This is not an emergency service. Messages left on the answerphone may not be answered for 24-48hrs.



Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

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