

PEG Insertion



Information for patients and service users

Welcome to the Endoscopy unit at Weston General Hospital.

You have been referred by your doctor to have a procedure called PEG Insertion

This leaflet explains the procedure, why it is necessary and any preparations you may need to make before your appointment.

If you have any questions or concerns after reading this leaflet, please do not hesitate to ask the doctors on the ward looking after you or if you are an out-patient, contact the Endoscopy unit on 01934 881095

If you are an out-patient, you should have been given a telephone number for you to contact the Patient Access team to confirm your appointment.

Once your appointment is booked, if you are unable to keep your appointment please notify the Patient Access Team as soon as possible on 01934 881021. We will be able to give your appointment to someone else and arrange another date and time for you.

Please bring a list of current medication that you are taking with you to your appointment.

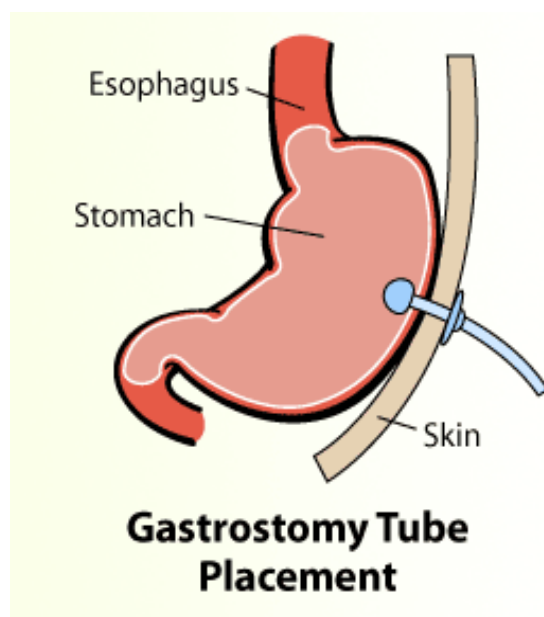
The Endoscopy Unit is situated in the main hospital building on the 2nd floor.

Introduction.

This booklet has been written for people who are having a PEG tube inserted. We hope it will help you understand the procedure and how it is performed. If there is any part of the booklet you do not understand please ask your doctor, nutrition nurse or dietitian.

What is a PEG?

A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing nutrition, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.



What does PEG stand for?

Percutaneous is the terminology used for something that is inserted via the skin.

Endoscopic an endoscope is the name for the instrument that is used to carry out the procedure.

Gastrostomy an opening into the stomach.

Why do people need a PEG tube?

A PEG tube bypasses the throat and gullet and can therefore be used for people who have difficulty swallowing or if there is a risk of food going “the wrong way” into the lungs.

Although this can be achieved by passing a thin tube via the nose and into the stomach 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 more discreet as they can be tucked away under your clothes.

If you suffer from reflux or regurgitation of food or acid it is important that you understand these symptoms are likely to continue following PEG insertion.

PEG feeding will not alter the outcome of your underlying disease or condition. Some people who are unable to meet their nutritional needs by eating and drinking alone may have a feeding tube to support them nutritionally. Feeding tubes may be placed in people when they are relatively well, if they are about to undergo treatment which may make them feel unwell, reduce their appetite or their ability to eat such as radiotherapy. PEG tubes are not always permanent.

What happens before the procedure?

Before you make a decision on whether or not to have a PEG feeding tube a member of the medical or dietetic team on the ward or your GP will discuss the procedure and show you the equipment used this is an opportunity for you to discuss the risks and benefits with experts

If you decide to go ahead a date and approximate time will be arranged for the PEG to be inserted.

Are there any significant risks?

Although the procedure is relatively safe and major complications are rare, there are risks involved in passing the endoscope and in making a hole in the stomach.

There is a risk of the following:

- Damage to crowned teeth or dental bridgework.
Less than 1% risk
- A reaction to the sedative. The sedative can affect your breathing making it more slow and shallow.
Less than 1% risk
- Bleeding from the PEG site or from the abdomen.
Less than 2.5% risk
- Perforation - a tear in the wall of the bowel. This would require a stay in hospital and treatment with antibiotics and may require surgical repair. Less than 1% risk
- Infection of the PEG site or within the abdomen or chest. Less than 5% risk
- Troublesome leakage around the PEG tube Less than 10% risk
- Failure of PEG placement: Sometimes the stomach lies in such a position that a PEG tube cannot be placed. Some patients are too unwell to have the procedure performed.

The day of the Procedure.

Before the procedure is carried out you will be asked to sign a consent form. If you are unable to sign a consent form we will ask your next of kin to sign on your behalf. You will not be allowed to eat or drink for **six hours** prior to the procedure

A small cannula will be placed into a vein in your hand or arm before you leave the ward. This is so a sedative and a pain killer can be given for the procedure. This will help you relax but is not a general anaesthetic. There will be a trained endoscopy nurse with you throughout the procedure to support and reassure you.

PEG Insertion.

Once in the Endoscopy unit the doctors performing the procedure will be asked if you fully understand what is going to happen during the procedure.

A general anaesthetic is not given for this procedure so you will not be asleep however you will be given a sedative injection to help you relax.

- A mouth guard will be put into your mouth to protect your teeth and to stop you from accidentally biting your tongue or the endoscope.
- A device for recording the pulse and breathing will be attached to your finger, and you will be given oxygen via a nasal sponge that goes just inside your nostril.
- The nurse may need to clear saliva from your mouth during the procedure using a small suction tube.
- You will be asked to lie on your back. You will be given an intravenous sedative by the Endoscopist before inserting the gastroscope.

- The stomach is gently inflated with air so that the lining can be seen clearly. The air is sucked out at the end of the procedure.
- An Antiseptic solution will be used to clean the skin over your stomach.
- A local anaesthetic will be used to numb the area where the PEG is to be placed. This may sting initially.
- Although you will feel some pressure and some prodding over your stomach you should not feel any pain.
- An assistant will then make a small incision in the abdomen wall through which a wire is inserted and pulled up through the mouth.
- The wire is attached to the peg tube and pulled back through the mouth into position.
- Once in place a small disc inside the stomach stops the tube from being pulled out. Another disc on the outside stops the tube falling into the stomach.

After the procedure.

- You will be taken to the recovery area before returning to your ward.
- You may have a mild sore throat but this will pass and is nothing to worry about.
- When the tube is first placed it can feel quite uncomfortable. Initially this may be due to wind and generally settles after a few hours. However some people find the pain or discomfort at the site of the

tube may persist for up to a week . Pain killers can be given during this period if needed.

- Over the next few days you and your family/carers/ nursing home staff will be shown how to care for your PEG tube by a home enteral feeding nurse. If you are still in hospital, the ward nurses and dieticians will supervise the use of your PEG tube.

Are there any risks after the PEG has been put in?

Occasionally the skin around your tube can become inflamed and uncomfortable. The risk of this can be reduced by keeping the area clean and dry.

Rarely the skin on the inside of the stomach can grow over the bumper. This is known as buried bumper syndrome. This can be prevented by rotating the tube on a daily basis. This should only be done once your Home Enteral Feeding Nurse has instructed you on how to do so.

Rarely a PEG tube can be accidentally pulled out . If this happens you should contact your home enteral feeding nurse immediately and they will advise.

Details of the Home Enteral Feeding Team will be supplied to your hospital dietitian.

Can the PEG be removed?

If the PEG is no longer needed then it can be removed. Once removed, the hole in the stomach heals over within 24 hours and stitches are not required.

PEG tubes normally last around 2 years and then Require replacement.

If you have any of the following please contact your home enteral Feeding Nurse:

Warning signs:

- **Pain on feeding**
- **Prolonged or severe pain post-procedure**
- **Fresh bleeding**
- **External leakage of gastric contents**
- **Redness or discharge from the insertion site**

If you experience any of these symptoms then **stop** any current feed **immediately** and do not put anything else through the tube.

If these occur within the first 72 hours following insertion then contact the Endoscopy Department on 01934 881095. Or contact Emergency Department on 01934 647101 if Endoscopy is closed. **This is to obtain urgent medical attention.**

As of June 2017 the emergency department at Weston General hospital is closed overnight, between 22:00 and 08:00. Therefore contact either Musgrove Park Hospital Emergency Department on 01823 333444 or Bristol Royal Infirmary Emergency Departments on 0117 923 0000

If these signs occur after 72 hours of insertion then please contact your GP in the first instance.

Help us prevent the spread of infection in hospital.

Please make sure your hands are clean. Wash and dry them thoroughly and/or use gel provided.

If you have been unwell in the last 48 hours please consider whether your visit is essential.

If you need this leaflet in a language other than English or would like to receive this information in large print, Braille or audio, please contact the Patient Advice and Liaison Service (PALS) on 01934 647216

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For details on how to contact us via email, please visit our website.