

# PEG Insertion

## What is a PEG?

A PEG stands for 'Percutaneous Endoscopic Gastrostomy tube. It is a thin flexible feeding tube that passes through the skin of the abdomen and into the stomach. It allows liquid food, fluids and medication to be fed directly into the stomach.

## What should I know before deciding?

The endoscopist will ensure you know enough information about the procedure to enable you to decide about your treatment. They will write this on the consent form as well as discussing choices of treatments with you.

## Consent form

Before you can have the procedure, the endoscopist will need to gain your consent. This will be required in writing. Before going to the procedure room, the endoscopist carrying out the procedure will come and speak to you. They will explain the procedure again and the risks and benefits. If you are happy to go ahead with the procedure then you will be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent, even after signing. A copy of the consent form will be offered to you. It is your decision whether or not to consent to the procedure. Ask as many questions as you like and please express any concerns about medication, allergies or past medical history.

## On arrival to the Endoscopy Unit

When you arrive in the department you will be asked to wait in the waiting area. An admissions nurse will confirm all your personal details, check your weight and height, take your blood pressure, temperature and pulse. They will also check if you have any serious medical conditions or any allergies and confirm your discharge arrangements with you.

The procedure will then be explained to you as well as the sedation (injection) and local anaesthetic (throat spray). You will then be shown where to wait for your procedure.

## Why do I need a PEG Tube?

You may need a PEG tube because you are unable to eat or drink enough to meet your nutritional needs. Certain conditions such as a stroke, motor neurone disease, and Parkinson's disease can cause swallowing to become difficult, making food and drink go down the 'wrong way' – into the lungs instead of the stomach. This can cause coughing episodes and may lead to a lung infection. Sometimes, you have a PEG fitted in advance because the treatment you are to have is known to cause problems with eating and drinking.

If you decide that you do not want a PEG fitted, it may mean that you are unable to maintain your nutritional needs and you will lose weight. This could affect the way you cope with your illness, recovery and treatment. However, it is your choice and you will be supported whatever your decision.

## Will it improve my medical condition?

Being fed using a PEG helps to provide good nourishment and you may have an improved sense of wellbeing as your energy levels increase. However, having a PEG will not change the progression of your underlying medical condition.

## Will the PEG stop me from eating and drinking?

If you have been assessed by an appropriate person (usually a speech and language therapist) and told that you can eat and drink normally, the tube will make no difference. A dietician will advise you on the type of food to eat.

The feed for the PEG tube comes in pre-packed bags and contains all of the nutrients you need. The feed is delivered to your home along with any connectors or equipment needed.



## Preparation for the procedure

To allow a clear view of the stomach please do not eat anything for **six hours**. You may drink clear fluids up to **two hours** prior to the procedure. You will stay overnight following the procedure, so please bring some overnight belongings with you.

## Please bring with you to your appointment:

- Your completed personal details form and your pre-assessment questionnaire.
- Any letters you have received from the hospital.
- Any medications or a list of medications that you are currently taking.
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- It is important to remember any asthma inhalers, angina sprays, blood pressure medication or diabetic medication.
- Please remove any nail polish from your fingernails.

You should not bring valuables or large amounts of money into hospital, as we cannot accept responsibility for them. If you wish to have sedation during the procedure, make sure someone is able to collect you.

## Medication

You may continue to take your usual medication up to the day of your procedure, but you must stop taking certain tablets. In some instances, your doctor may have asked you to stop medication for your stomach for two weeks prior to your procedure. If you are taking any blood thinning medication such as **Warfarin, Rivaroxaban** or **Clopidogrel**, or any other blood thinning medication you should have been informed of what to do. If you have any concerns or questions please telephone the department. Please take any blood pressure tablets as normal. If you are diabetic and you have not received an information leaflet, please telephone the department to confirm if you are on tablets, insulin, diet or a combination. The department will then send you a leaflet providing you with guidance.

## How long will I spend in the department?

If you are an inpatient, you will be brought down to the Endoscopy Unit when ready. If you are coming into hospital for this procedure you will be taken to a ward from the endoscopy unit. You will be taken to the procedure room.



The nursing staff will introduce themselves to you. All of your belongings will stay with you at all times. You will need to remove any false teeth just before the procedure begins.

The time on your appointment letter is for your pre-procedure assessment and not your appointment time. Occasionally we sometimes have to deal with unexpected emergencies and this can prevent us seeing you as quickly as we would like. We apologise if this happens to you. We will keep you fully informed and make sure you know the reasons for the delay.

### Is there an alternative procedure I could have?

There is not any suitable alternative for this other than having a nasogastric tube. This is not a long term solution though and it is more uncomfortable on a day to day basis. A PEG tube is most suitable for the long term.

### What happens during the procedure?

If you are an inpatient, you will be brought down to the Endoscopy Unit when ready. If you are coming into hospital for this procedure you will be taken to a ward from the endoscopy unit.

You will be taken to the procedure room. The nursing staff will introduce themselves to you. All your belongings will either stay with you or taken to a bed space in recovery. You will need to remove any false teeth just before the test begins.

**Throat spray:** This is a local anaesthetic spray to numb your throat. It has a slightly bitter banana taste. You may have the feeling of a 'lump' in your throat, but you will still be able to swallow. This is normal following the throat spray. The sensation of the spray lasts about 15-20 minutes. You will recover quicker using the spray and there will be no delay in you going home. The endoscopist will spray your throat with a local anaesthetic throat spray and you will be asked to lie on your left hand side.

**Sedation:** Midazolam is a sedative injection and may make you feel sleepy. It does sometimes have a short-term amnesic effect, which means you may not remember having the procedure.



Please do not take any sleeping tablets on the day of your procedure if you have had sedation.

A cannula will be inserted into a vein, usually into the arm or back of the hand and the injection will be administered through the cannula. You will feel relaxed and may not remember the procedure, but you will still be awake. You may be given some oxygen through a little piece of foam placed into one of your nostrils. A small clip will be placed on your finger to monitor your heart rate and oxygen levels throughout your procedure.

To keep your mouth open during the procedure, a plastic mouth guard will be placed between your teeth. When the endoscopist passes the gastroscope into your stomach, it may feel uncomfortable, but should not cause you any pain; nor will it interfere with your breathing.

The gastroscope is a long flexible tube (thinner than your little finger) with a bright light at the end. There is a camera on the end of the gastroscope which shows pictures of your stomach, which are used to make sure the position of the PEG is correct. The feeding tube is inserted through an incision in the abdomen. It rests in the stomach and exits through the skin. There is a small disc on the inside of the tube and a fixator device on the outside to stop it falling out.

The whole process takes around 30 minutes to complete.

### **What happens after the procedure?**

Immediately after the procedure you will be taken to the recovery area. Male and female patients are nursed in separate areas to maintain privacy and dignity at all times. Once the nurses in the recovery area are satisfied that you have recovered, you will be transferred to the ward as soon as possible.

### **Can there be complications or risks?**

The majority of procedures are straightforward. With any procedure there is a small chance of complications or risks.



Minor complications occur in about 20% of patients normally. Major complications occur in about 3% of patients nationally. This depends upon how fit you are before the tube being fitted.

### These can include:

- The sedative can affect your breathing making it slow and shallow. This is more of a risk if you already have a heart or lung problem.
- The Endoscopist may not be able to find a safe spot to put the tube in, or the needle may go through the skin into another organ, such as the bowel. If this happens, the procedure will not be able to go ahead.
- The endoscope could cause a tear in your gullet or stomach, although this is very rare.
- During the procedure, saliva or stomach contents could trickle down your wind pipe, causing a chest infection or pneumonia.

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### These can include:

- You may suffer from a sore throat or feel some wind in your stomach. These will settle after a few days.
- There is a small risk of damage to crowned teeth or dental bridgework.
- There may some bleeding when the skin is cut. This is usually minor and stops on its own.
- The skin may become infected when the PEG is in place. If this happens, the skin becomes red and sore and you should seek medical advice.
- Occasionally, stomach contents leak out around the tube, which can make the skin sore. If this happens you should contact the NUTRICIA Nurse for advice. The contact details are at the end of the leaflet.

## Students

Occasionally there may be students observing procedures in the department or the doctor may be a trainee under the supervision of an experienced endoscopist. In either case, you will be told of any student involvement beforehand. You do not have to let students be part of your care; please tell us if you do not want them involved.



## Frequently asked Questions and Answers

- 1. Will I have to stay in hospital?** Yes. You will be admitted to the ward following the procedure if you are not already in hospital. You can expect to stay in at least overnight or until you feel comfortable with the PEG tube. If you are to care for the tube yourself, instructions will be given to you by a specialist nurse who will assess if you need help with continuous care.
- 2. Will the procedure hurt?**  
You may feel some discomfort from the air that is pumped into your stomach during the procedure. You may feel uncomfortable and tender where the PEG has been placed. This usually settles after a couple of days.
- 3. Can my relatives/friends stay with me?**  
Your relatives or friends can stay with you until you go for the procedure. They will be shown where to wait for you on the department or they can go and get a drink in one of our coffee shops. They will be told when you are taken to the ward.
- 4. How soon can I eat and drink?** Most patients can have a drink after 4 hours.
- 5. How long will I need the PEG for?**  
The length of time the PEG is needed depends on how much you can take orally and also your medical condition. Some people recover sufficiently for the PEG to be removed. Some people find their swallowing never returns so they have to keep the PEG in long term.
- 6. How often should the PEG be changed?**  
The lifetime of the PEG varies, depending on how well the tube is cared for. If it does not need changing, it will be replaced with either another PEG or more frequently with a balloon gastrostomy. A Nurse will explain this to you.
- 7. How is the PEG removed?**  
To remove the original PEG the tube can be cut which softens the internal disc and it can be pulled out.
- 8. How can I take my medication?**  
Most medications can be obtained in liquid form to put down the tube. Your doctor can change your prescription if necessary.



## 9. How will I wash?

You cannot have a bath for the first three weeks, or until the site is healed properly. If you are fit enough you can shower. The nurses on the ward or a specialist nurse will advise you on how to care for the area before you are discharged.

## 10. What are the benefits of having a PEG fitted?

The benefit of having a PEG fitted is that all your nutrition and fluid needs can be met, either totally if you cannot eat or in addition to the food you are managing. If you have problems taking medications, these can also be put down the tube.

## Contact details

If you are unable to keep your appointment or if you have any questions please ask a member of staff on the day or telephone the department:

**Doncaster Royal Infirmary, Tel: 01302 644167**

**Bassetlaw Hospital, Tel: 01909 500990 Ext 2017**

### Contact Details/Advice for patients/Carers with PEG Tubes

**PEG Tube falls out:** Contact Emergency Care Practitioners (ECP'S) direct for immediate replacement  
**Tel: 0844 8706800**

**Wound Care:** Contact Nutricia Nurse, direct for advice  
**Tel: 0845 7623644**

**Blocked Tube:** Contact Nutricia Nurse, direct for advice  
**Tel: 0845 7623644**

**Spare Accessories:** Contact Nutricia Co-ordinator, direct  
**Tel: 0845 7623661**

**Training:** Contact the Dietitian department at DRI  
**Tel: 01302 642742**

## Patient Experience Team

The team are available to offer advice or information on healthcare matters. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email. The team can visit inpatients on all Trust sites.

### The contact details are:

**Telephone:** 01302 553140 or 0800 028 8059

**Email:** [pals.dbh@dbh.nhs.uk](mailto:pals.dbh@dbh.nhs.uk)

