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Information for Patients

Your Guide to PEG Feeding

Endoscopy Unit

The aim of this leaflet

Your medical team has referred you to discuss having a Percutaneous Endoscopic Gastrostomy (PEG) tube. This leaflet is designed to help you decide whether or not you want the feeding tube. You can also speak to your Hospital Doctor, GP, Specialist Nurse, Advanced Nurse Practitioner, Dietitian or Speech and Language Therapist for more information and advice.

DEFINITIONS

- **Percutaneous** = through the skin
- **Endoscopic** = the use of an instrument called an endoscope (camera) to examine the stomach
- **Gastrostomy** = opening in the stomach

What is a PEG tube?

A PEG tube is a feeding tube which passes through the abdominal wall into the stomach so that feed, water and medication can be given without swallowing.

The PEG tube is inserted during a minor operation in the endoscopy department. If you are an outpatient, you will be admitted to hospital for the procedure and can expect to remain in for at least 3 days afterwards.

Why is a PEG tube needed?

PEG tubes are used for people who have swallowing problems or who are unable to take enough food or fluid to meet their nutritional requirements.

How long does the tube last? For how long will I need the tube?

A PEG tube can last several years if well cared for; it may need to be replaced if needed for a long time. Different people will need the tube for different periods of time. It may only be needed until your food or fluid intake improves or your swallow improves. Others may need a PEG tube for the rest of their lives. This should be discussed further with your doctors.

Do I need to stop my blood thinning medication before I have a PEG?

There are many different blood thinning medications (also known as anti-platelet or anticoagulant medication). These affect the way your blood clots and it is important that you inform your doctor or nurse of any you are taking at the time a PEG tube is

being discussed. It is also important to inform your doctor or nurse of any other medication as well. Common blood thinning treatments include Aspirin, Clopidogrel, Warfarin, Dabigatran, Rivaroxaban, Apixaban and injections such as Dalteparin, Enoxaparin and Fondaparinux. It is usually possible to continue aspirin but other blood thinning medications will need to be stopped before the procedure. Each medication is different so the number of days you need to be off this medication will be discussed with you but it may be for up to 7 days before the procedure.

How do I prepare for a PEG tube?

You need to be an in-patient in the hospital, and you will be asked to put on a hospital gown. Blood tests will have been checked beforehand to make sure your blood clots normally and if you usually receive blood thinning treatment this will usually be stopped before the procedure.

If you are still taking food or fluids by mouth, you should have no food for at least six hours and no fluid for at least three hours prior to the procedure. If you have a feeding tube in your nose the feed should be stopped six hours prior to the procedure. You will be given an antibiotic beforehand and you may require fluids in the form of a drip while you are waiting. If you have any allergies, you must let your doctor know. You will be transferred on a trolley to the endoscopy department for your procedure.

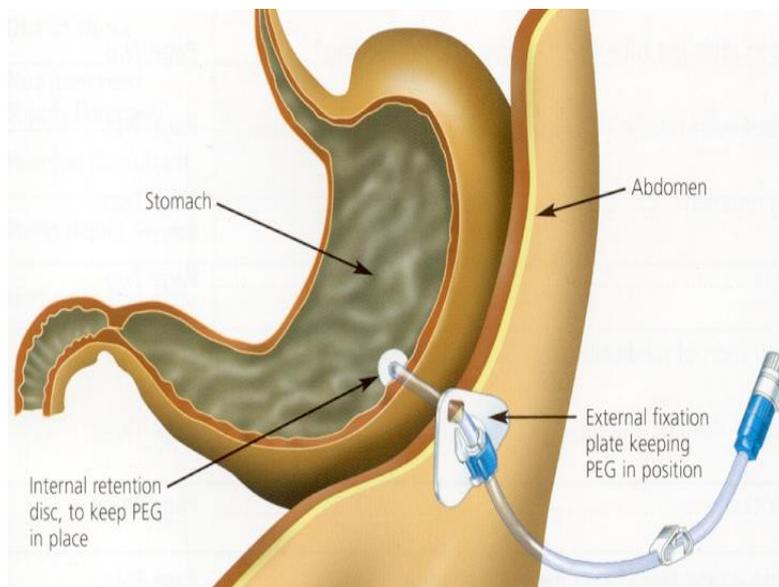
How is the PEG tube inserted?

The PEG tube is inserted under sedation and the procedure takes approximately 20 minutes. A flexible tube called a gastroscope is used to place the tube. The gastroscope is passed through the mouth, throat and into the stomach. A local anaesthetic is injected into your skin and a small opening made through which the PEG tube is placed.

Following the procedure you will probably feel drowsy for a few hours. You may have a sore throat and you may have some discomfort around the site of your PEG.

Diagrams of a PEG tube





Risks of the procedure

Having a PEG tube inserted is a routine procedure with a low risk of complications. As with any treatment the risks have to be weighed against the benefits and every effort will be made to reduce the risk of complications.

- Many patients needing a PEG tube cannot swallow properly and may have muscle wasting and/ or a delayed cough reflex. As a result of these problems, there is a small risk of breathing difficulties and pneumonia if food or secretions should enter the windpipe. A nurse will remove secretions from your mouth during the procedure to reduce the risk.
- There are some risks related to sedatives, which could affect your breathing. The dose of sedation needs to be judged for each patient by the Endoscopist. Your body oxygen will be monitored throughout the procedure and you will receive supplementary oxygen via the nose.
- While inserting the feeding tube there is a small risk of internal bleeding (haemorrhage) or puncturing of the bowel (perforation). However, you will be monitored closely during and after the procedure.
- Very rarely, if the PEG tube becomes displaced or is not properly secured during the few days following the procedure there is a risk of peritonitis (inflammation of the lining of the abdominal wall).

How is the tube used for feeding?

After insertion the PEG tube will not be used for at least 4 hours. Following this period, water is given via the PEG using a pump for 4 hours and then feeding will start.

The Dietitian will discuss the feeding options with you. You will receive a specially prepared liquid feed which contains all the nutrients you need in a day. The liquid feed can be given by attaching a syringe to the tube or by using an electronic feeding pump. When you are at home your GP will prescribe this feed for you. You

(or your relatives/ carers) will receive training to carry out whichever method is the most suitable for you.

Normal foods cannot be passed down the tube. It should only be used for prescribed liquid feed, water and suitable medication.

Caring for your PEG tube

A dressing may be placed around the PEG site following insertion which can be removed in one to two days. After this the PEG site will need to be cleaned on a daily basis. After two weeks the external fixator of the shaft of the PEG tube will need to be released, so that the shaft can be pushed into the stomach and turned daily. This is necessary in order to prevent the internal plug becoming trapped within surrounding tissue. No further dressing will be routinely required. The tube will also need to be flushed daily with water to prevent blockage.

You (or your relatives/ carers) will receive appropriate training and support to enable you to care for the tube.

What feeding equipment is required?

This depends on how the feed is to be given: you may require an electronic feeding pump and/ or syringes.

Either you (or your relatives/carers) will be shown how to use the equipment before you leave hospital. On discharge you will be given a supply of feed and equipment. Further supplies will be arranged and this will be discussed before you are discharged.

Will I still be able to eat and drink?

This will depend on your medical condition and the safety of your swallow. Your medical team will provide you with appropriate advice. If there are no problems with your swallow, you will still be able to eat but it may be necessary to consider the timing of PEG feeding.

If your swallow is unsafe and you are at risk of choking you may be advised not to eat or drink. In this situation all of your nutritional requirements and medications will be given through the PEG.

How will it affect my life?

As with anything new, PEG tube feeding will have an impact on your lifestyle and your routine. Talk to your Dietitian on how best to manage PEG tube feeding with your lifestyle.

How will I take my medication?

If you are able to eat and drink you may be able to continue to swallow your medication. If this is not possible medication can often be given in a liquid form down the feeding tube. Having the feeding tube can often make it easier to ensure you receive all your medication. Your doctor and pharmacist will review your medication before you leave hospital.

Will I be able to bath, shower or swim?

For the first two weeks special care is needed to keep the PEG tube clean. You will be able to shower during this time however it is not advisable to have a bath. After that, once the area around the tube has healed, it is perfectly acceptable to have a bath or go swimming.

What problems might occur?

Caring for your tube correctly will help to prevent problems. Possible problems may include tube blockage, skin infection, leakage around the tube, or tube displacement. You will be given training and written information on how to care for your tube and how to deal with problems before you leave hospital. At home you will receive support from a Specialist Nurse and a Dietitian.

As stated above, once the tube has been in place for over a fortnight it is important to release and turn the shaft of the tube into the stomach each day to prevent the internal bumper becoming trapped in the surrounding tissues.

After you leave hospital there is always help available. If at any point the PEG tube is no longer needed it can be removed, though for some designs of PEG this is best done by means of another endoscopy.

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**“This document is available in Welsh /
Mae’r ddogfen hon ar gael yn Gymraeg”.**