

Percutaneous endoscopic gastrostomy (PEG)



What is a Percutaneous Endoscopic Gastrostomy (PEG)?

A PEG is a small plastic tube that is inserted through your skin and underlying tissues directly into your stomach. The PEG will allow you to receive liquid food and medication directly into your stomach to replace water and medication or supplement what you take by mouth. When it is not being used the tube can be capped off so that it can't be seen under your clothes.

Why do I need it?

If you're having difficulty eating a PEG will help you to receive the essential nourishment that your body needs. It may be required just for water or medications.

You will be assessed before the procedure to ensure that this is the best and safest option for you. Your doctor and/or nutrition nurse will discuss the PEG tube with you, the procedure, any risks and the after care and management. The PEG will be placed in the Endoscopy department sometimes it may not be possible and a similar feeding tube called a RIG can be placed in the X-ray Department.

How do I prepare for it?

You should have nothing to eat and drink for 6 hours before the procedure, although you can drink a small cup of water up to 2 hours before the test if you are very thirsty.

If you are taking medication to thin your blood such as warfarin, clopidogrel, ticagrelor, or newer anticoagulants ("NOACs" such as rivaroxaban, dabigatran, apixaban) your clinician will discuss

temporarily stopping the drug to reduce the risk of bleeding.

You will have a routine MRSA screen and require a blood test to check your INR (clotting) either at your GP surgery or another health provider.

Please bring a list of regular medications with you to your appointment; these can be taken as usual. Please also bring your feeding regimen if you have one.

If you have an implanted cardiac device, require a hoist, have any concerns about your fitness for the test or are unsure about whether to stop taking medicines, please inform us using the number on your appointment letter. The booking staff will not be able to offer you advice but can arrange for clinical staff to contact you at home.

What will happen?

On the ward before the procedure you will be given antibiotics through a cannula (needle in your vein). An endoscopist and/or nurse will explain the procedure to you.

You will be asked to lie on your back. The endoscopist will give you an injection to make you feel sleepy and relaxed. A plastic mouthguard will be put between your teeth. The endoscopist will pass a gastroscop (long, thin, flexible tube) through your mouth and into your stomach. The tube will not cause you any pain, and will not interfere with your breathing. You may feel bloating or the urge to belch during the procedure, caused by air which is passed through the gastroscop. If your mouth fills with saliva, the nurse will remove it with a suction catheter.

A local anaesthetic will then be injected into your upper abdomen. A needle then a small tube will be put through the skin and into your stomach. You may feel a sense of painless pressure while this is done.

What happens afterwards?

The procedure usually takes about 20 minutes. If you are an outpatient you should be prepared to be in the Endoscopy Unit for up to four hours in total, for preparation and recovery. Some outpatients need to be admitted for a few days to learn how to use their tube. If you are an inpatient you will be monitored in the recovery area until you are able to go back to the ward.

When can I begin to have food through my PEG?

You can begin to have liquid food through your PEG after four hours (this may already have been discussed and arranged with your dietitian). If you are coming in for the day for the procedure you will be asked to bring your feeding regimen in case you have to stay overnight. Over the next few days a feeding regime will be set up and you and other relevant people will learn how to manage your new feeding system. It should then be possible for you to receive liquid food through the tube for as long as it is needed. The tube usually lasts for several years and can be replaced if necessary.

When you are discharged home you will be visited in your home by the gastrostomy nurses who will help you to look after the PEG tube. You will be given information and contact numbers if you have a problem.

A nurse will also visit you at home to show you how to use the feeding pump.

Are there any risks or complications?

There is a slight risk to crowned teeth or dental bridgework, and you should tell the endoscopist if you have either of these.

- There is a small but definite risk of the tube becoming dislodged, leaving a hole in your stomach. If this happens within the first few days this may be serious and require an emergency operation.
- Very rarely, a blood vessel may be punctured accidentally when passing the needle into the stomach. This can result in bleeding. This may stop by itself, or if not, you may need a blood transfusion. Very rarely, you may need an operation to stop the bleeding.
- A gastrostomy is usually safe, but as with any medical procedure there is a small risk of infection and you will be given antibiotics before the procedure to minimise this risk.
- Sometimes there may be a leak around the tube. Your skin may become red and sore under the external fixator (triangle) that holds the tube in place. You need to keep the area around the tube very clean and dry. You will be given some information about this before you leave the hospital.
- The overall mortality directly as a result of the PEG insertion is approximately 1%.

Final points

Don't worry if you do not remember all you have read, as you will have plenty of opportunity to discuss the procedure and your condition with

the doctor or nutrition nurse doing your assessment.

If you are unable to sign the consent form, this procedure will be discussed fully with you and your family and/or carers.

Contact us

If you have any queries please contact the Endoscopy Booking Office using the contact telephone number on your appointment letter. The office is open Monday – Friday 9am – 4pm.

Or the nutrition nurse on 01872 252409. This is an answer phone and your call will be returned as soon as possible to answer any questions.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

