

Following your PEG tube insertion

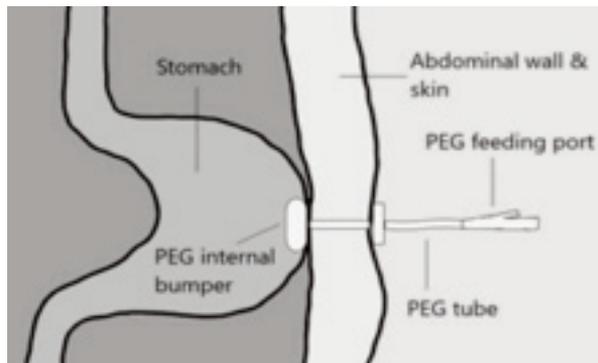
Information for patients and carers



Who is this leaflet for?

This leaflet provides you and your family/carers with the information needed to support you at home with a Percutaneous Endoscopic Gastrostomy (PEG) tube. A PEG is a small plastic feeding tube that goes directly into your stomach. This allows you to receive liquid feed (prescribed by your dietitian), water and medication directly into your stomach.

The area where the PEG tube enters your stomach is called the stoma site. Your stoma may take a month or more to heal and mature fully. It is normal for the PEG tube to discolour over time to a mid to dark brown colour.



Oral hygiene

Even though you may not be eating or drinking it is important to keep your mouth and teeth clean as plaque can build up very quickly. Brush your teeth at least twice a day. A mouthwash or artificial saliva may help if your mouth is dry.

How do I care for my PEG tube?

You will need to allow some time each day to care for your PEG and the stoma area where it enters your stomach.

Always wash your hands **before** and **after** you carry out any activity involving the PEG tube.

Keep the skin under the PEG tube clean and dry. The skin should be cleaned in the first 14 days with 0.9% saline and gauze, which will be provided by the hospital. After this mild soapy water and a clean cotton wool pad will be sufficient. You or your carer will be shown how to do this by either the nutrition nurses or the ward staff before you are discharged home. It is normal to have a small amount of mucous around the stoma.

We advise against using cotton wool products for cleaning or drying as the little fibres can get caught in the tract and lead to infections.

A dressing is not required unless you are advised by the hospital. Do not apply any creams or talcum powders unless clinically advised.

How do I flush the PEG?

Regular flushing (using a syringe to push water through the PEG) is important to prevent it from blocking. Flushing is recommended:

- before and after each feed
- before and after each medicine
- at least daily if the PEG tube is not in use, or as advised
- if on a continuous feed via a pump – flush before and after the feed and in between medicines.

Use freshly drawn tap water or cooled boiled water (if advised) to flush the tube. Use a purple 60ml Enteral syringe to administer at least 30 – 50mls of water.

How do I administer medication?

All medicines should be administered in a liquid or soluble form where possible. Always give each medication separately – do not mix them together. You will be advised to flush with 15mls of water in between each medication and before the first medicine and after the last medicine. This will help to prevent the tube from blocking.

Do not:

- crush slow release tablets or capsules. They are unsuitable for crushing because the whole dose is released at once
- crush drugs with enteric coatings as they are designed to be absorbed in the small intestine (bowel) and not your stomach via your gastrostomy tube
- add medicines to your enteral feed bag/bottle as it may cause physical/chemical reaction of the feed and cause a blockage.

For further advice please contact your pharmacist, who will be able to advise on the correct medication.

Trouble shooting**What if the PEG tube blocks?**

Inadequate flushing and medication administration are the two most common causes of feeding tube blockage. If your PEG tube blocks you will not be able to have your feed or administer your medication until this is resolved.

If you are unable to flush the PEG tube or you can see a blockage, try the following:

1. Ensure all the clamps are open and the PEG tube is not kinked.
2. Attach a 60ml purple enteral syringe and try to draw back (aspirate) to remove any excess fluid from the PEG tube.
3. Massage the PEG tube around the area of blockage, if obviously visible.
4. Try flushing with 20ml of lukewarm water using a 60ml purple enteral syringe using the push, pause technique ie. flush briskly, pausing briefly after approximately each ml of fluid (this will have been demonstrated to you). This helps to agitate the blockage and helps to unblock it.
5. Do not use excessive pressure as this could break the PEG tube.
6. Mix 1 teaspoon of bicarbonate of soda with 300ml warm water, then flush the PEG tube using 20ml of the solution in a 60ml purple enteral syringe using the push, pause technique. It can take up to 30 minutes to unblock a PEG tube. Keeping some bottled soda water in the house can be useful.
7. Never attempt to unblock the PEG tube by inserting sharp instruments.

If after trying all 7 steps you are unable to unblock the PEG tube please contact your community nurse.

What if my PEG tube falls out?

When you are discharged home from hospital the community nurse will be asked to order a spare tube that is similar – this should be kept in your house in case of emergencies. You may also be provided with an ENPLUG, which is a device that will keep the stoma tract open if the PEG accidentally falls out.

Within the first 8 weeks – if your PEG tube falls out within the first 8 weeks it is essential that it is replaced as soon as possible as the hole can heal over very quickly. Contact the Interventional Radiology (IR) Department Monday to Friday between 8am - 5pm on 01872 253962.

If your PEG tube falls out after 5pm, over the weekend or on a bank holiday, attend the Emergency Department at Royal Cornwall Hospital, where the doctors will arrange a new PEG tube.

After 8 weeks – it may be possible to have the PEG tube replaced at home by the community nursing team, please contact them as soon as possible.

What else should I look out for?

If the stoma site is sore, or there is any redness, pain, odour or discharge, contact your community nurse or GP. They may take a swab to identify if there is an infection. If so, your doctor may prescribe some antibiotics.

If you notice any feed leaking around the PEG tube, stop feeding and contact your community nurse.

Advancing and rotating the PEG tube

Some people may be prone to what is called 'Buried Bumper Syndrome', which is where the internal bumper of the PEG tube becomes buried and the stomach lining grows around it. To help prevent this developing, the PEG tube should be advanced and rotated. This should **not** be done for the first 14 days following insertion.

Advancement and rotation should be carried out at least once a week, no more than once a day. This will be done by the community nurse but you or your family can be trained to do this if you wish. To do this yourself:

1. Unclamp the fixation plate.
2. Push the tube approximately 2-3cm into the stomach.
3. Hold the end of the tube and rotate it 360° (a complete circle).
4. Finally, pull it back to the original position. The external fixation clip should sit 2-5mm from your skin (roughly the width of a pound coin).

Do **not** rotate the PEG tube if the site is discharging or not healed.

Can I have a bath or shower?

- Showering is not advised in the first 2 weeks.
- Do not bath or submerge in water for the first 4 weeks.
- After 4 weeks, once the site is fully healed, you may bath and shower as normal.

Contact us

Nutrition Support Team

Mon – Fri, 8am – 4pm

01872 252409

Home Enteral Feeding Dietitian

Mon – Fri, 9am – 4pm

01209318060

Pharmacy info line

For advice on prescribed medications for gastrostomy tubes.

01872 252593

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

