

Department of Nutrition and Dietetics

Percutaneous Endoscopic Gastrostomy (PEG)

This information is intended for patients who may benefit from having a PEG feeding tube inserted to manage their nutrition and hydration needs. It should be given in conjunction with advice from the nutrition team as this procedure is not always appropriate for some patients.

What is a Percutaneous Endoscopic Gastrostomy (PEG) Tube?

A PEG tube is a special plastic tube inserted into your stomach to allow liquid feed and fluids to be given. It is usually inserted if you have problems swallowing or if you are unable to eat or drink enough.

The PEG tube (see diagram below) is held inside your stomach a soft plastic coated sponge (A). A fixation device holds the outside of the tube in place (B). The fixation device can be easily moved for cleaning and ensures the tube is kept in a comfortable position. A “Y” adaptor is connected to the PEG tube (C). The feeding tube (also called a giving set) can be attached to this for feeding. Syringes are also connected to this to give you liquid medications if required and to flush the tube with water. The PEG tube also has a clamp (D) which prevents fluid coming back up the tube.



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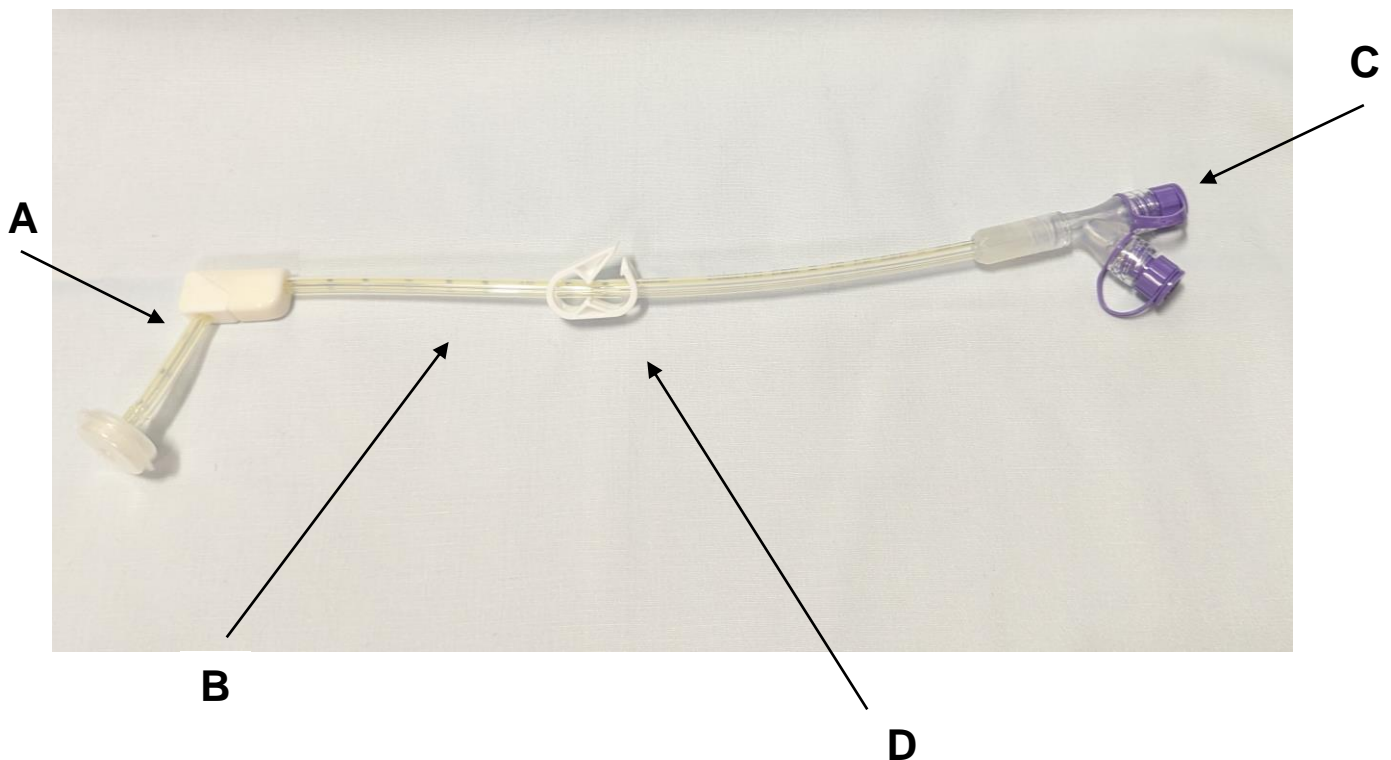


Photo taken within Trust

Your doctor or team of doctors may have proposed this as a possible appropriate method of feeding but before this happens you will have an individual assessment with the Nutrition Team either on the ward or in the out-patient clinic. This will consider your medical condition and the most appropriate and safest methods of providing nutrition and hydration. Many of the conditions that result in the need for a PEG tube for feeding can have a serious outlook in themselves. The risks of the procedure in these circumstances are much higher than normal and the outlook, even with treatment and feeding, can be poor.

If the PEG is considered to be in your best interests, then your doctors and the Nutrition Team will discuss the procedure and talk to you and your relatives if you wish, about the risks and benefits, to ensure that you are happy with the process and are able to make an informed decision.

If you are unsure why in your case the insertion of a PEG was proposed but then thought to be not suitable then this can be discussed with your doctors or the Nutrition Team.

If it is agreed that having a PEG inserted is appropriate, an appointment will be made with the Endoscopy Department. This can often take at least

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a week and alternative methods of feeding will be recommended in the short term.

How is the PEG tube inserted?

On the day of the procedure, you will be kept without any oral food or fluids before the tube is inserted. If you are in hospital, you will be taken from the ward to the Endoscopy Unit. If you are having a PEG as a day case, you will be given an appointment time to arrive in the Endoscopy Unit. At the start of the procedure, you will be given some sedation, via a needle in your arm, and an injection to numb the area of your abdomen where the tube will be inserted.

The PEG tube is inserted by using an Endoscope (a thin, flexible tube with a light at the end), which is passed through your mouth and enables us to look into your stomach.

A small cut is made through your skin into your stomach, through which, the PEG tube will be inserted and secured. After the procedure you will be given some antibiotics. The procedure takes approximately 20 minutes.

My doctor has told me I am at a higher risk from the usual PEG procedure; do I have any other options?

Yes, for patients who are at high risk from significant breathing problems such as those with progressive neurological conditions such as Motor Neurone Disease then we can offer a procedure called a nuPEG (nasal unsedated seated Percutaneous Endoscopic Gastrostomy).

The nuPEG procedure allows the PEG tube to be placed via the nose, whilst you are sat up and doesn't require any sedation. This method lowers the risk of the procedure as it is less likely to affect your breathing. You will be given a local anaesthetic spray via your nose and a very thin endoscope (flexible tube with a camera and light) will be used. We are sometimes able to give a pain killer through the vein (intravenous) to make things more comfortable.

A small cut is made through your skin into your stomach, through which a thread will be fed through and grasped by instruments attached to the endoscope. The thread will initially be withdrawn through the nose, we will then redirect this to come out of the mouth. The PEG tube will be attached

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and gently pulled through the hole in the stomach. This will then be secured.

After the procedure you will be given some antibiotics. The procedure takes about 20 minutes.

Afterwards

After the procedure, a nurse will take you back to the ward if you are an in-patient. If you are a day case patient, you will stay in the Endoscopy unit. Your blood pressure and pulse will be taken at regular intervals. After 4 hours, feeding can begin.

Day case patients will be reviewed after 4 hours and if you feel well we can discharge you home.

What will you be fed?

You will be seen by the dietitian who will prescribe your feed to meet your nutritional needs. A liquid feed, which is specially made to be given through the PEG will be used. This will provide you with all the calories, protein, vitamins, and minerals you require, and may be given using a feeding pump or a syringe depending on how much you need.

Potential benefits

Having a PEG tube will make sure that you receive enough nourishment, fluids, and medication daily, on a medium to long term basis. For some it is the safest and most comfortable method of feeding. If you have had an NG tube (nasogastric feeding tube placed into your stomach from your nose) in place, then this can be removed.

Potential risks

If it is found that you are not well enough to have an Endoscopy. For example, if you have breathing problems or blood clotting problems, the procedure will be cancelled on safety grounds and rescheduled when you are better. Alternative feeding methods will be recommended, until you are well enough to safely have the procedure.

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Having the PEG tube inserted is a safe procedure and major complications are rare. Serious complications may occur in up to 2 to 3 in 100 of cases and in some cases may result in the need for an operation.

Serious complications include:

- Bleeding – please inform the nutrition team or endoscopy staff if you are taking medication to thin your blood. This will need to be held for a short period of time, before the procedure, to reduce the risk of bleeding.
- Perforation (tear in the bowel, stomach, oesophagus, or abdominal organs).
- Infection or inflammation within the abdomen – we will give you a single dose of antibiotics after the procedure in order to reduce the risk of infection.
- Breathing difficulties caused by aspiration (inhalation of fluid into the lungs). This can occur either during or after the procedure.
- Reaction to medication given at the time of the procedure (sedation, antibiotics, pain relief) – please inform the nutrition team or endoscopy staff about any drug allergies you have.

Other more minor complications include:

- Accidental removal or partial removal of the tube.
- Infection of the skin around the tube.
- Pain.
- Dental damage.
- Slowing of the gut movements known as ileus which can result in vomiting. This usually settles over a few days or a week.

You will be monitored closely to prevent and treat such problems. These risks will be discussed before the procedure. If you are at all worried, please contact the nutrition nurses to discuss further.

Frequently Asked Questions

What if I am unable to give consent for the procedure?

Where you fully understand but are unable to sign a consent form, you can show your agreement and have this witnessed.

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For patients who cannot understand and are unable to decide, the medical team will need to make the decision in that person's best interest. They can be guided by knowledge of that person's wishes, where known, with help from the family or others close to them.

No other adult may give or withhold consent on behalf of another in these circumstances.

Will the team always be successful at placing the feeding tube?

No, it is not always possible to safely place the tube because of individual anatomical differences. If the team think that it is unsafe to proceed after looking with the camera, then they will stop and will talk to you about an alternative way of placing the tube or an alternative feeding method.

What if I vomit (be sick) after my PEG insertion?

It is not uncommon to occasionally vomit after your PEG insertion. If you feel the vomiting is excessive and out of keeping with your normal pattern, please contact the Nutrition team for advice.

Will I be able to eat and drink with the PEG tube in?

Yes, if a Speech and Language therapist or doctor advises you that it is safe for you to eat and drink the tube will not prevent you from doing so. Your PEG feed will be adjusted by a dietitian to take this into account.

Will I be able to go home with my PEG feed?

Yes, many people live in their own homes or nursing homes and manage their own feeding, sometimes with help from relatives or carers.

How will I know how to give myself the feed?

Training for you and your carers or relatives, will be arranged before discharge by the Community Nutrition Nurse. The Community Nutrition nurse will advise you how to use the feeding pump (if necessary) and how to set up the feed and administer it.

Where will I get my feed and equipment from?

You will be provided with a feeding pump, if required, before you go home plus a small supply of the feed, "giving sets" and syringes.

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Once you are at home a company called “Homeward” will deliver all the feed and equipment you need. This will be organised by the Dietitian.

Can I have a bath or shower?

Yes, you can. However, for the first four weeks following PEG insertion we would advise you to have a shallow bath, so the PEG site is not submerged in water. After this period, you can have baths as normal. You can shower as normal from the day of PEG insertion.

Who will I be able to contact if I have a problem with my feed at home?

Before you are discharged a Dietitian or the Nutrition Nurse will give you contact numbers for the:

- Community Nutrition Nurse
- Community Dietitians
- Feed Delivery Company.

Contact them if you have any problems.

Can I go out and about with my PEG feed?

Yes, your feed can be timed to enable you to go out or a “carry pack” will be provided so that you can be mobile while your feed is running.

Will I need to keep the PEG tube in forever?

No, if it becomes safe to swallow food and drink and you are managing to eat enough nutrients and drink enough fluid, the gastrostomy tube can be taken out. However, a period of 8 weeks, from insertion to removal is required.

Contact Numbers

If you have concerns or require any additional information or clarification, please contact any of the team members below who will be happy to answer your questions:

Clinical Nurse Specialist for Nutrition: 024 7696 6074

Community Nutrition Nurses: 024 7696 6094

Coventry Dietitians: 024 7696 6161

Patient Information

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6074 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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Document History

Department:	Gastroenterology
Contact:	27509
Updated:	November 2024
Review:	November 2027
Version:	8
Reference:	HIC/LFT/837/09