PEG INSERTION

What is a PEG?
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.

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 Stroke, Motor Neurone Disease, and Parkinson 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 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 nutrition needs and you will lose weight, which will affect the way you cope with your illness, recovery and treatment. However if it is your choice, 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 well being as your energy levels increase. But having a PEG will not change the progression of your underlying medical condition.

Will the tube stop me from eating or drinking?
Provided that 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. It comes in pre packed bags and contains all the nutrients you need. The feed is delivered to your home along with any connectors or equipment needed.

Will it hurt?
Most patients tolerate the procedure without any difficulty. You will receive a small dose of sedation by injection and some local anaesthetic
to numb the skin of the tummy. Many patients do not even remember the procedure because of the effect of the sedation. Because the procedure involves insertion of an endoscope, you may feel a little bloated with air afterwards but this settles within 24 hours. Occasionally, the skin wound is sore but this discomfort can be managed with simple painkillers, such as Paracetamol. It is very unusual to experience severe pain after insertion of a PEG. If you do experience pain, after taking Paracetamol, please contact the PEG Nurse or your GP.

What are the benefits and risks of having a PEG inserted?
The benefit of having a PEG 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.

There are some risks involved with this procedure. There is a small risk of complications during the procedure to insert the PEG. The doctor or nurse 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 doctor will not be able to go ahead with insertion of the tube. There may be bleeding when the skin is cut. This is usually trivial and stops on its own. When the endoscope is passed through the mouth and into the stomach, it may cause a tear in the gullet or stomach. While the endoscope is in place it is possible for saliva or stomach contents to trickle down the windpipe, causing a chest infection or pneumonia. The nurses and doctor will be monitoring you closely during the procedure to minimise these risks. Before the procedure is carried out, you will usually be seen by one or two doctors to make sure you are fit enough for the procedure.

When the PEG is in place, there is a small risk that the skin may become infected at the place where the PEG tube passes through the skin. If this happens, the skin becomes red and sore and you should seek medical help. Occasionally, stomach contents leak out around the tube and make the skin sore. If this happens, you should contact the PEG Nurse as the tube may need changing. Rarely, the tube slips out of position or the lining of the stomach grows back over the tube so it stops working. If this happens, a contact number will be given to you before discharge for any problems you may have.

Major complications occur in about 3% of patients nationally. This depends upon how fit you are before the tube being fitted. A nurse will assess you and a decision will be made with the doctor to see if this procedure is right for you.
Minor complications occur in about 20% of patients nationally. This can range from wound infection to tube leakage.

**What are the alternatives?**
There is not any suitable alternative for this other than having a nasogastric tube. But this is not really suitable in the long term, and it is also more uncomfortable on a day to day basis. PEG is the most suitable for long term.

**What happens on admission to the Endoscopy Unit?**
You will have been sent an appointment letter and it is important that you follow the instructions carefully when to stop eating or drinking. Please let the Endoscopy Unit know on receiving your appointment letter, if you are taking Warferin, are diabetic, have a pacemaker or replacement heart valves, or allergic to latex.

A PEG Nurse will go through the procedure with you to make sure you are fully aware of what will happen and that you are aware of the risks and any alternatives. A nurse in the recovery ward will insert a small cannulae into a vein in your arm. This will enable the doctor to give you a sedative in the treatment room.

The doctor who will be performing the procedure will ask you to sign a consent form.

**What happens during the procedure?**
The PEG is inserted by a Gastroenterologist. An endoscope (a tube with a camera in it) is passed in to the stomach, through the mouth. The camera on the Endoscope 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, and you will be given a sedative to make you drowsy while it is happening.

**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, instruction will be given by a PEG Nurse who will assess if you need any help with continuous care.
How and when will I be fed?
There are two main ways to give feed. Bolus feed is a syringe feed down
the tube several times a day. Or there is an electric pump that pumps feed
automatically over a period of time. Your dietician will discuss the option
which will suit your lifestyle best. It is important that you are propped up
to about a 45° angle to help you digest the feed better.

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 your medical condition. Some people recover sufficiently for
the PEG to be removed. Some people find their swallowing never returns.

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 need changing, it will replaced with either another PEG or
more frequently with a balloon gastrostomy. The PEG Nurse will explain
this to you, if and when needed.

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.

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.

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 Endoscopy or ward
nurses will advise you how to care for the area before you are discharged.

For any further information, or if you would like to speak to someone
about having a PEG tube fitted, please contact the PEG Nurse at DRI on
01302 366666 ext. 4728.

If you have any queries about your appointment date or time, contact
the Endoscopy secretary on 01302 381373. If you are ill or cannot attend
for your appointment, please contact the Endoscopy Department at DRI
on 01302 381424 or Bassetlaw Hospital on 01909 502016. PEG Specialist
Nurse - can be contacted through switchboard 01302 366666.