



West Hertfordshire
Teaching Hospitals
NHS Trust



A guide to...

Having a Percutaneous Endoscopic Gastrostomy (PEG) Tube

Patient Information

If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217 187** or email westherts.pals@nhs.net



An Introduction to Gastrostomy Tube

This leaflet will provide you with information about gastrostomy tubes and how they are used to deliver artificial nutrition and medications. It will help you and your family understand why gastrostomy feeding is used. If you have any questions, please discuss them with your healthcare professionals.

What is a Gastrostomy Tube?

A gastrostomy tube is a feeding tube which allows you to receive liquid feed, water and medication directly into the stomach as long term nutrition support. A gastrostomy tube can be placed endoscopically (PEG), radiologically (RIG) or surgically. The most common ones used are PEGs and RIGs.

PEG

Percutaneous (through the skin)

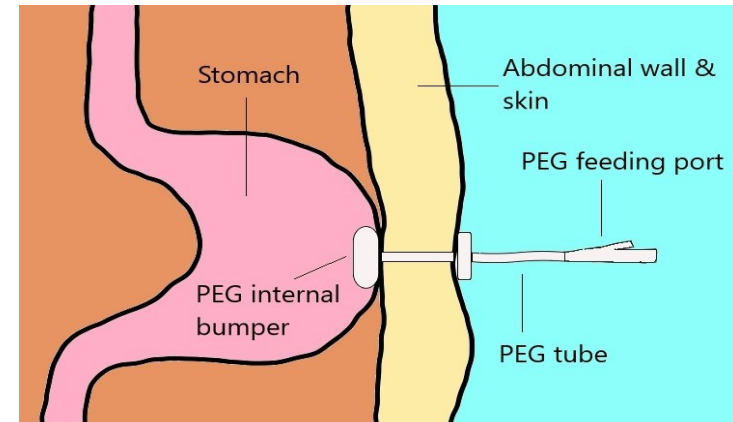
Endoscopic (camera used to examine the stomach)

Gastrostomy (opening into the stomach)

How is the tube inserted?

This procedure is performed in the endoscopy department and is carried out under conscious sedation and local anaesthetic.

Once sedated, a camera is passed through the mouth into the stomach. A suitable puncture site is identified. After local anaesthetic is given, the abdomen is punctured and a string is inserted and pulled out the mouth. A PEG tube is attached and using the string is pulled back through the mouth into the stomach and out through the puncture site. An internal bumper ensures it cannot fall out and an external bumper stops it from moving. The tube lies comfortably inside clothing and is unlikely to be damaged or pulled out of place unless it gets caught or treated roughly. The procedure usually takes 30 minutes.



Benefits of a Gastrostomy Tube

- It helps to maintain good nutrition and hydration if it is unsafe to receive any oral intake.
- It can supplement your oral intake if you are struggling
- It can be used to give most medications in the correct dose.
- It can be used to give additional fluid if required.
- It may (but not always) improve your quality of life.

Are there any risks or complications having a PEG?

PEG is a safe procedure. However, there are some risks and complications that can arise, as with any medical treatment. These will be discussed with your doctor.

- The area where the tube is inserted may become infected.
- There may be a leak around the tube causing irritation.
- There could be vomiting, gastro-oesophageal reflux, stomach cramps or diarrhoea.
- Artificial nutrition may regurgitate up the gullet and cause an aspiration pneumonia
- The tube can become blocked if not properly flushed.

You will receive training from the nutrition nurses on how to avoid these problems.

Looking after your PEG tube after insertion

First two weeks following insertion:

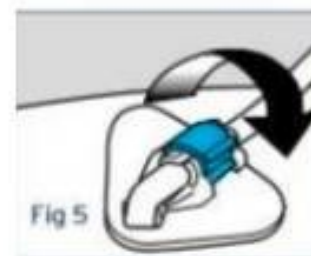
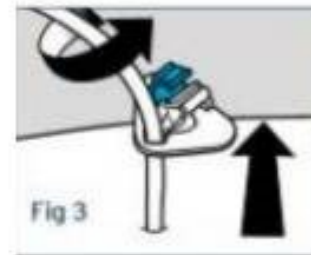
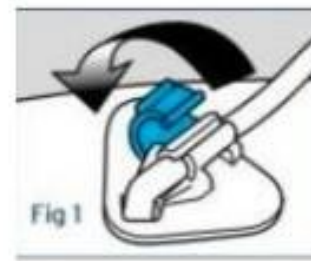
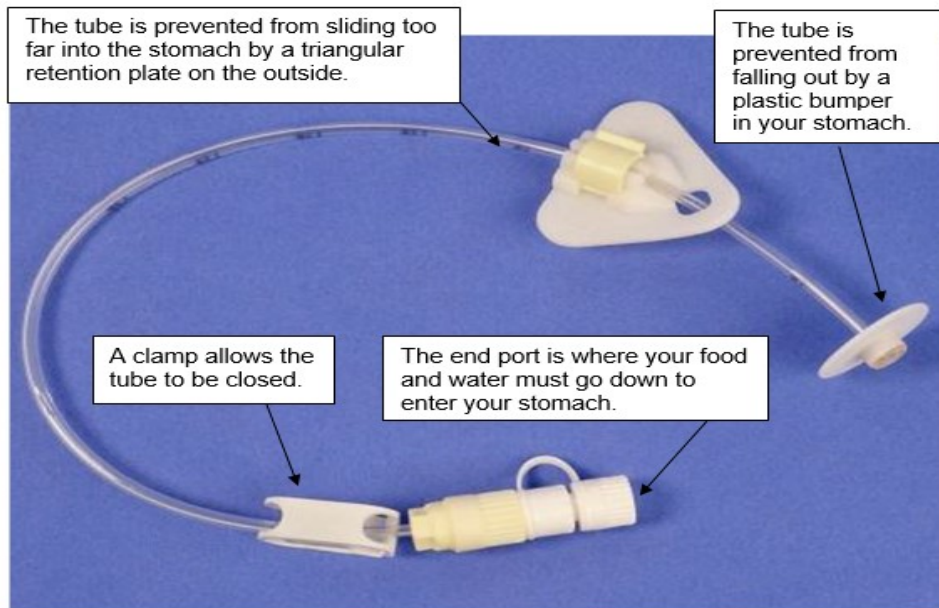
- Clean daily around the insertion site and under the fixation device with warm water. Dry thoroughly
- Do not release the fixation device (external bumper).

After two weeks post-insertion and onwards:

- Clean daily around the insertion site and under the fixation device with warm water. Dry thoroughly.

Weekly (after first two weeks post-insertion):

- Release the fixation device and advance the tube 2-3cm and rotate the tube 360°
- Leave the clamp open when not in use
- PEG s are replaced via endoscopy as and when needed.



Advance and rotate procedure:

1. Wash hands thoroughly with soap and water.
2. Open the fixation clip (see Fig 1).
3. Detach tube from groove in fixation plate (see Fig 2).
4. Move plate away from skin (see Fig 3).
5. Advance the PEG tube into the stomach by 6-7cm and rotate 360 degrees, then gently pull back the tube to feel resistance.
6. Place the fixation plate back to its original position (0.5-1cm away from the skin). Reinsert tube in the groove (see Fig 4) and close the fixation clip (see Fig 5).
7. Your fixation plate should not be too tight or too loose.

How will I take my medication?

If you are able to swallow you may be able to take your medication in tablet or liquid form orally. If this is not possible, medication can often be crushed or given in liquid form down the feeding tube but please confirm with your pharmacist to prevent blockages.

Will I be able to take a bath or shower?

After the RIG site is fully healed you can bathe or shower as normal. Always ensure the tube end is closed and the clamp applied. Dry the area thoroughly afterwards.

Can I go swimming?

Yes. Cover the site with a waterproof dressing when swimming. Make sure the tube end is closed and the clamp applied.

Who looks after the tube?

Giving feed, fluids and medications through the tube and care of the tube require daily attention. Some individuals manage the tube feed themselves, whilst others need support from relatives, carers and healthcare professionals.

How long will I need a tube for?

This depends on the individual. There are a variety of different tubes available. The feeding tube can last for two to three years, sometimes longer. If you need to have your feeding tube for a long time, your tube can be easily replaced. Your health care professionals can discuss this with you.

Can I still choose to eat and drink with a gastrostomy tube?

Your speech and language therapist will assess your swallowing and provide advice regarding the consistency and volume of foods and drinks you may be able to manage safely. If this is not possible, then the risks of oral intake will be discussed with you to help you make an informed choice. If you can eat, your dietitian will monitor your intake. Eating and drinking will not affect the tube.

Can the tube be removed?

If you are able to eat and drink enough orally and your swallow is considered safe, then your feeding tube may be removed. You can discuss this with your health professionals.

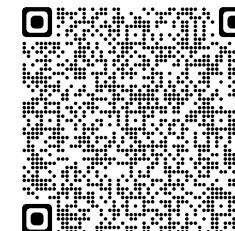
You and your family will have the opportunity to discuss the procedure with the consultant and other healthcare professionals so you have enough information to make an informed decision.

How to contact us

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Your community nutrition nurse is:

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