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Having a (PEG) Percutaneous Endoscopic Gastrostomy

An Information Guide

Advice Leaflet
Medical Division

Safe | Personal | Effective

www.elht.nhs.uk

Please read this information leaflet carefully. It gives relevant information about your test and how to prepare for it. Please note that the test may also be called an **endoscopy** or a **camera test**.

This leaflet will help to explain the procedure and allay some of the anxieties that you may have about it.

If you have any concerns or questions, the endoscopist or endoscopy nurse who assesses you before the procedure will be happy to discuss them with you.

This is an introduction to PEG feeding for people who have or are going to have a PEG tube inserted or for those who care for someone with a PEG tube. The information leaflet will help you to understand what happens when you have your PEG tube fitted and how you should care for it once it is placed. The people involved includes a doctor, nutrition nurse specialist, dietitian and a speech and language therapist who will be able to give more information as necessary and answer any questions you may have.

What is a PEG and how is it fitted?

A PEG is a small feeding tube which passes through the abdominal wall directly into the stomach. It allows nutrition to be provided without the need to swallow and thus is a method of providing long term nutrition and hydration. This may be required because a person cannot eat enough to meet their nutritional requirements. Common indications for a PEG tube include strokes (CVA), head injuries, cancer, neurological diseases such as multiple sclerosis and motor neurone disease or surgery to the head and neck. The food is usually provided in a special liquid form that is dripped into the stomach slowly with a special pump or syringe. Medications can also be taken through the tube.

In order to position the tube correctly an endoscope (camera) will be passed through your mouth, down the oesophagus (gullet) and into the stomach. The tube can then be inserted through a small incision in the abdominal wall.

Photographs may be taken to assist the medical team in your treatment. If you have any objections please highlight this to the endoscopist or nurse prior to the procedure. You can be assured that all patient information is strictly confidential in accordance with the Data Protections Act 1998.

What are the benefits?

It allows nutrition to be provided in cases where swallow is impaired or absent and thus is a method of providing long term nutrition and hydration.

Are there any significant risks ?

Sedation
A reaction to the sedative may cause breathing difficulties or heart irregularities. There is also a risk of inhaling secretions such as saliva; this risk is reduced by the nurse using a suction device to clear any secretions. Your oxygen levels are monitored throughout the procedure and oxygen is administered via a nasal cannula.

Damage to dental work or bridgework
The nurse will place a plastic mouthpiece in your mouth to help protect your teeth. Inform the nurse / endoscopist if you have loose teeth.

Bleeding
Bleeding which is usually self-limiting.

Infection
Infection is usually mild and affects only the skin around the exit site (risk: 1 in 10). However, the tissues of the abdomen can get infected (risk: 1 in 1000). Your doctor may give you some antibiotics to reduce the risk.

Chest Infection
The risk is higher if you already have problems swallowing and you need a sedative and local anaesthetic spray. A chest infection can be caused by reflux, where some of the food from the tube travels up the oesophagus.

Perforation
There is a small risk of making a perforation (tear) either from the endoscope or when inserting the tube into the stomach. If this occurs you may need further treatment which may include surgery.

Peritonitis
Inflammation of the lining of the abdomen (peritonitis), if some air or bowel contents leak into your abdominal cavity. Peritonitis can usually be treated with antibiotics and settles within 2-3 days. It may delay the time until the health care team can feed you using the tube.

Damage to organs
Damage to your liver or intestine, if your liver or intestine is stuck close to your stomach as a result of previous surgery (risk: less than 1 in 500) this can be life threatening.

Death
There is a small risk of death related to the procedure (risk: 2 in 100) but a higher risk related to the underlying conditions.

Alternatives

A PEG may not be an appropriate option for everybody. In these circumstances a long term Naso-Gastric tube may be considered.

Assessment

Initially you may have been seen by a speech and language therapist for a swallowing assessment or a PEG tube may have been discussed as an option prior to commencing treatment. You will then be assessed by a specialist nurse and a dietitian and discussed at a nutrition meeting where they will make sure that a PEG tube is suitable for you, and that you will benefit from it. During the assessment, you and your relatives will be given an explanation of the procedure along with the benefits and the risks. You will have the opportunity to ask questions.

Decision Making / Consent

The decision to place a PEG is usually straightforward and involves a discussion between the doctor and the patient and if appropriate their relatives before consent is obtained.

When the patient is not able to sign consent themselves it is important that their wishes are considered. This will involve a wider discussion between the doctor, other health care professionals and the patient's relatives / carers. The Consultant in charge will then make the decision whether the procedure is in the patient's best interest and sign the appropriate consent form on behalf of the patient.

The Preparation

If you are an out patient you will come into hospital the same day of the procedure and you should expect to stay in hospital overnight, while feeding and the community network is established. In some circumstances it may be possible to go home later on the same day.

Please inform the doctor or nurse of any allergies or bad reactions to drugs.

If you have any worries or questions at any time do not be afraid to ask, we are here to help and want you to be as relaxed as possible.

In order for good views of the stomach to be obtained it is essential that the stomach is completely empty. You must not eat /drink and remain nil by mouth for at least six hours prior to the procedure. The ward staff will organise any necessary changes in medication and blood tests prior to the procedure. If you are an out patient a letter will be sent to you with the relevant information and instructions.

A small needle will be placed, usually in the back of the hand through which an antibiotic will be given prior to the procedure to reduce the risk of infection.

During the Procedure

Your nurse will stay with you throughout the procedure. A probe will be put onto your finger to monitor your pulse rate and oxygen levels, and you will routinely be given oxygen via small tubes in each nostril. Your throat may be sprayed with a local anaesthetic spray to numb the area. You will be positioned on your left hand side and given sedation through the cannula to make you sleepy and relaxed.

To keep your mouth open slightly a small mouthpiece will be put gently between the teeth or gums. The endoscope will be passed through the mouthpiece over the tongue into your oesophagus (gullet) and stomach; it will not cause any pain and will not interfere with your breathing. Any saliva will be removed from your mouth by your nurse using a small suction tube.

You will be gently rolled onto your back so that the abdomen is visible and the most suitable area to insert the feeding tube will be chosen. The area of skin on the abdominal wall will then be cleaned by a second person, who may be another doctor or a specially trained nurse and a local anaesthetic injected into the area. A small cut is then made and a tube is inserted through the skin into the stomach and a wire is passed through the tube. This wire is brought out through the mouth. The PEG feeding tube is attached to the wire, and both are pulled out through the stomach wall before fastening.

After the Procedure

Observations will be taken half hourly for a period of time. Following the procedure you may experience a sore throat for 24-48 hours, this is normal. You will be given water through the PEG tube after six hours. Feeding via the tube will commence according to the dietitian's regime. If you experience any pain at the site of the PEG tube, painkillers may be given. If you can eat and drink then you will be able to do so after six hours, a light diet is recommended for the following 2 days.

Mouth care is very important and you should continue to look after your teeth and mouth even if you are unable to eat. The nurse will advise you on how to keep your mouth moist.

Feeding Regime

There are different feeding options that your dietitian will discuss with you. It is important that enteral (PEG) feeding fits in with your lifestyle. You can choose to have your feed overnight, during the day or a combination of both. This may require using a pump which delivers feed via the PEG tube into the stomach. Alternatively some people like to bolus feed using a syringe. The dietitian will arrange training for you and / or your carer and organise your feed prescription for home.

Further instruction will be given to you or your carer regarding the tube and how to look after it before your discharge.

The feeding tube may or may not be required on a long term basis. Having a PEG tube does not necessarily mean that you are not able to eat.

The speech and language therapist will advise you if it is safe for you to swallow and what consistency of food you can eat. The dietitian will continue to see you on a regular basis, to monitor your progress and provide support.

Contact numbers

If you have any questions regarding the test please ring the Nutrition Nurse Specialist or Endoscopy Unit at the hospital where you are going to have the test.

Nutrition Nurse Specialist	**01254 734059**
Burnley General Teaching Hospital	**01282 804661 or 805117**
Rossendale Primary Health Care Centre	**01706 235360**
Royal Blackburn Teaching Hospital	**01254 733191**

If you have problems after the procedure when you have gone home, we will provide you with contact information for advice at the time of discharge.

English

Our Service

If you have any further questions about your condition, treatment or procedure please telephone:

Emergency Department Telephone:	01254 734023	**Royal Blackburn Teaching Hospital**
Urgent Care Centre Telephone:	**01254 734023**	**Royal Blackburn Teaching Hospital**
Urgent Care Department Telephone:	**01282 804050**	**Burnley General Teaching Hospital**
Minor Injuries Unit Telephone:	01254 359036	**Accrington Victoria Hospital**
Main Hospital Switchboard:	01254 263555	**East Lancashire Hospitals NHS Trust**

URDU اردو

اگر آپ کے پاس آپ کی حالت، علاج یا طریقہ کار کے بارے میں مزید سوالات ہیں تو ٹیلی فون

ایمرجنسی ڈیپارٹمنٹ ٹیلی فون	01254 734023	رائل بلیک برن ہسپتال
ارجنٹ کیئر سینٹر ٹیلی فون	**01254 734023**	رائل بلیک برن ہسپتال
ارجنٹ کیئر محکمہ ٹیلی فون	**01282 804050**	جنرل ہسپتال Burnley
معمولی زخموں کی یونٹ ٹیلی فون	01254 359036	وکٹوریہ ہسپتال Accrington
مرکزی ہسپتال سوئچ بورڈ	01254 263555	مشرق لنکاشائر ہسپتالوں NHS ٹرسٹ

POLISH

Nasz serwis

Jeśli masz jakieś pytania na temat stanu, leczenie procedury prosimy o kontakt telefoniczny:

Emergency Department telefon	01254 734023	Szpital Królewski Blackburn
Telefon Urgent Care Centre	**01254 734023**	Szpital Królewski Blackburn
Departament Urgent Care telefon	**01282 804050**	**Burnley General Teaching Hospital**
Drobnych urazów telefon	01254 359036	Accrington Victoria Hospital
Główny Szpital Centrala	01254 263555	**East Lancashire Hospitals NHS Trust**

The Patient Advice and Liaison Service (PALS) can be contacted by patients, carers and their families who require help with problems or have concerns about services provided by East Lancashire Hospitals NHS Trust. Please telephone: 0800 587 2586 – there is a facility to leave a message on this number.

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