

# Pexact gastrostomy

## GI Unit

### Patient Information Leaflet

#### Introduction

This leaflet is for people who are considering having a Pexact gastrostomy. It gives information about what this is, what the procedure involves, the benefits and risks of the procedure.

#### What is a Pexact gastrostomy and why do I need one?

A gastrostomy is a feeding tube inserted directly into the stomach through the abdomen. Placing a gastrostomy for either temporary or permanent use is an important decision to make.

A Pexact gastrostomy is a type of gastrostomy that is inserted during an endoscopy procedure. It avoids the need for a surgical operation and may avoid some of the risks of alternative options, especially for patients with head and neck cancer. The doctor looking after you will discuss it with you in detail before you make your decision.

## What are the benefits?

A gastrostomy is used to provide nutrition to people who cannot eat sufficient amounts of food to stay healthy. It may also be used to give medication. The gastrostomy may be in place temporarily or for long term use. If you have a nasogastric tube, this may replace it.

The tube is narrow and flexible and is not uncomfortable. When the tube is not in use, it is easily concealed under your normal clothing.

## What are the risks?

Inserting a Pexact gastrostomy is an important decision and complications can occur. It is important that we make you aware of these.

The doctors performing the insertion have extensive experience of inserting gastrostomy tubes although the particular technique for the Pexact tube is new at this Trust. The technique only differs slightly from other techniques and is felt to offer particular advantages for you. The team performing the procedure will be happy to discuss this further.

There are a few complications with the sedation which is used during the procedure. These risks are higher in the elderly or those with chronic chest or heart disease. The complications of the sedation are rare but can include:

- feeling or being sick
- small particles of food falling into the lungs and triggering an infection (aspiration pneumonia)

Infection around the insertion site and inside the abdomen can occur. However, preventative antibiotics are given at the time of placing the gastrostomy in order to reduce the risk of infection.

While the skin around the insertion is healing, the skin may appear red or moist. However, do report any significant change in appearance or discomfort as sometimes infection may develop and you may require antibiotics. This is quite rare. Your nurse (either hospital or community) will check the tube regularly.

Bleeding can occur from the skin or into the stomach but this is rarely more than a minor problem.

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. Perforation of the bowel leading to peritonitis (inflammation of the lining of the abdomen) is rare but may require emergency surgery.

Finally, there is a significant risk that you will have discomfort around the gastrostomy site at least in the early stages. This is a common symptom and does not necessarily mean any serious complication has occurred.

The risk of death as a result of a gastrostomy procedure is extremely rare but depends on the underlying reason for the gastrostomy and the condition of the patient. These risks must be weighed against the risk of dying without adequate hydration or nutrition, if a gastrostomy is not inserted.

## What are the alternatives?

A Pexact gastrostomy may not be an appropriate option for everybody. Other alternatives include:

- a PEG (percutaneous endoscopic gastrostomy) which is a similar tube also placed at endoscopy, but using a different technique.
- a RIG (radiologically inserted gastrostomy) which is also a similar tube placed using X-ray to guide the surgeon.
- a surgical gastrostomy, a similar tube placed using open or keyhole surgery.

Finally, a long term nasogastric tube may be considered. The doctor and team should explain the risks and benefits of each of these alternatives before you proceed.

## What does the procedure involve?

We will need to perform a gastroscopy before the gastrostomy is inserted into your stomach. This is an examination of your gullet (food pipe), stomach and duodenum using a thin, flexible tube with a light at the tip. This is known medically as a gastroscope and it is passed through the mouth.

This highlights the stomach showing us the best place to insert the gastrostomy. Air is passed down a channel within the gastroscope. The air may make you feel full and want to belch. The procedure does not hurt, but may make you feel a little uncomfortable for a short time.

## What preparation will I need?

You will have to stop eating or drinking for six hours before the procedure. Please wear loose fitting clothes – a shirt or blouse and trousers are ideal. If you wear glasses or dentures, you will need to remove them before the start of the procedure.

## How will the procedure be conducted?

- You will need to lie on your back on a trolley with your head supported by pillows.
- The nurse will place a cannula (small needle) in your arm or the back of your hand in order to give you some sedation.
- You will have a mouth guard placed between your teeth in order to let the gastroscope pass. This protects your teeth and also prevents you from biting the gastroscope.
- We will give you oxygen through a small tube placed just inside your nostrils and nurses will monitor you throughout the procedure.
- The doctor will gently pass the gastroscope through your mouth. They may ask you to swallow in order to allow the gastroscope to pass.

- The doctor will examine your stomach to find a suitable place to insert the gastrostomy. They will swab the skin in this place with an antiseptic solution and inject a local anaesthetic into the abdomen to numb the area.
- The doctor will make a small cut in the abdomen and pass the gastrostomy tube into your stomach. This should not hurt due to the numbing effect of the local anaesthetic.
- Once the tube has been placed, the doctor will gently remove the gastroscope. A small dressing will be placed over the feeding tube.

## What happens after the procedure?

When your procedure has been completed, we will take you into the recovery area to rest. The nursing staff taking care of you will monitor you.

You may need to stay in the recovery area for up to two hours after your procedure, depending on how quickly you recover. You should be able to go home after this time, providing you have gained full awareness and your recovery has been straightforward.

If you are staying in hospital, you will be taken back to the ward almost immediately.

Before you go home, we will give you aftercare instructions and information about how to look after your gastrostomy and feeds.

Please note that due to the sedation:

- You may not be able to co-operate during the procedure.
- You may not remember information given to you afterwards by your doctor. Your memory may be affected for up to 24 hours after the procedure.
- You will need a responsible adult to take you home afterwards by car or accompany you in a taxi. A responsible adult will need to stay with you overnight for your safety.

- You may not, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
- The effect of the sedation may be prolonged by other drugs you are taking.

## **How do I take care of my gastrostomy?**

A team including nutrition nurses and dietitians will be involved in your care. You may have met some of them before the procedure. They will ensure that you or your carers are able to look after your gastrostomy and connect the feeds when you go home.

Do not put anything down the tube that is not prescribed by your doctor as some medications may cause blockage and should be avoided. Do not tug on the tube as this may cause it to become fixed which may result in the need for surgery to remove it.

## **Should I ask questions?**

We want you to be fully informed at all times so you should always ask any questions you may have. The person you ask will do his/her best to answer your questions. If they do not know, they will find someone else who is able to discuss your concerns.

## **Is there anything I should tell people?**

If there is any procedure you do not want to happen, you should tell the people who are treating you. It is also important for them to know about any illnesses or allergies that you have suffered from in the past. Remember to tell the team about anything that concerns you or anything which might affect your general health.

## **Who is treating me?**

Your procedure will be carried out by a trained endoscopist. Within the GI Unit we have fully trained consultants, surgeons and nurse practitioners.

We are a teaching hospital which means that nurses, doctors and other health professionals receive part of their training here. Medical students may accompany the medical team treating you. While you are here, you may be asked if you would be willing to take part in a teaching session that is attended by medical students.

As a patient, you have an important part in the teaching work of the hospital, but if you do not want students to be involved in your care, please tell one of the nurses when you arrive.

## Consent

You will need to give your consent before the doctor or health professional treats you. As part of your treatment, some kind of photographic record may be made – for example, clinical photographs, video recordings or X-rays. You will be told if this is likely to happen.

The photograph or recordings will be kept with your notes and will be held in confidence as part of your medical record. This means that it will normally be seen only by those involved in providing you with care, or those who need to check the quality of care you have received.

The use of photographs is extremely important for other NHS work such as teaching or medical research. However, we will not use yours in a way that allows your identity to be recognised without your permission.

You will be asked to sign a consent form once the procedure has been explained to you. Health professionals must ensure that you know enough about the procedure before you have it, and that you are fully aware of the benefits and risks of the procedure. Once the consent form is completed you will be given a copy to keep. If you later change your mind, you can withdraw your consent after signing.

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

GI Unit on 01384 244113 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

**This leaflet can be downloaded or printed from:**

<http://dudleygroup.nhs.uk/services-and-wards/gastroenterology/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)



**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ, ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ برائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔