

# Freka Percutaneous Endoscopic Colostomy (PEC) aftercare sheet

## Gastroenterology

### Patient Information Leaflet

The aim of this leaflet is to provide written facts about your PEC tube and its aftercare.

## What is a PEC?

Percutaneous endoscopic colostomy (PEC) is an operation to place a plastic tube from the inside of the large bowel (colon) out through the skin of the abdomen. The tube attaches the bowel to the abdominal wall to prevent twisting and can be opened to allow wind (gas) to pass.

PEC can be used to treat

- Recurrent sigmoid volvulus – twisting of the section of the bowel above the rectum.
- Colonic pseudo-obstruction – when a person has the signs and symptoms of a blockage in the bowel, however doctors cannot find the blockage.

## Immediate post insertion (first 72 hours)

Like any interventional procedure, there are potential complications, but prompt recognition of these and early action reduces the risk of serious harm.

If any of the following “red flag” symptoms occur in the first 72 hours:

- Severe/disabling pain in tummy (abdomen).
- External leakage of bowel contents through tract (not through tube).
- Severe bleeding from site.

**Contact your team by referring to page 7 of this booklet.**

## Care of the PEC

A light gauze dressing may be placed around the tube after the procedure to absorb any blood from the incision, but this should be removed within 24 hours. The dressing is to be placed over PEC, **not cut and fitted underneath** the white fixation plate. Only use one piece of tape to hold the dressing intact.

After this, do not apply a dressing unless there is discharge (a leakage) around the tube.

The area should be cleaned with water daily with gentle but thorough drying.

The tube should be secured to the abdomen with tape. Ensure there is no dragging / tension at the site.

Ensure the white anchor plate (fixation plate) is flush against the abdomen (2-5mm away from the skin).

Any sutures around the tube can be removed after 10-14 days by practice nurses from your own doctor's surgery. This will be arranged upon discharge from hospital.



Fixation plate

## Using the tube

In colonic pseudo-obstruction, the PEC tube needs to be flushed and vented (opened) to prevent a build-up of wind (gas) which leads to distension (swelling) of the abdomen.

In recurrent sigmoid volvulus, the PEC tubes are simply left in place to stop the bowel twisting and you do not have to do anything with them. If, however, there is associated blockage, the tube should be flushed and vented.

## **“Venting” the tube**

The tube should be flushed with 20ml of cooled boiled water prior to venting to ensure the tube is not blocked.

The wind (gas) can then be released into the air or a disposal bag. There may be some leakage of the flushing fluid. The amount of gas released does not need to be measured.

The frequency of venting the PEC tube will be decided according to your individual needs.

## **Frequently asked questions**

### **Will I need a dressing?**

The nurse will place a small dressing on the site, as you will have a hole where the tube used to be. It is expected to heal within a few days, but you may experience some leakage of stomach contents for the first 24 hours after the procedure.

### **Can I have a bath or shower after my tube has been fitted?**

Yes. It is perfectly safe to have a bath or a shower with a PEC tube, but it is a good idea to shower only for the first two weeks after the tube has been inserted.

### **How often should a PEC tube be replaced?**

PEC tubes do not need to be replaced routinely and can last up to five years.

### **How often will my condition and PEC tube be reviewed?**

Your condition and PEC tube will be reviewed routinely and this will be based on your individual needs.

## **What action should be taken if the PEC tube is accidentally removed?**

If dislodgement occurs within the first month after placement, you must be monitored closely with urgent medical advice taken from your general practitioner (GP) or through one of the contact details below, as there is a risk of peritonitis (inflammation / infection in the abdomen).

If your condition is stable, the PEC tube has been in place for a longer period of time and it is being flushed and vented, then a size 14fr urinary Foley catheter with a 10ml balloon can be inserted into the stoma / hole to keep the tract site open. It is important to contact a healthcare professional using the contact details on page 7 should this occur.

If your PEC tube has been in place for over three months and is not being flushed and vented, then it is unlikely that it will need to be replaced. This will be agreed in advance with the doctor who supervised your PEC procedure. However, the site will need to be dressed until healing has occurred or the PEC tube has been replaced.

## **Is leakage of faeces from a PEC normal and what action is required?**

Faecal leakage may occur but will usually settle in a few days. If leakage occurs regularly, the PEC may need more regular venting. Leakage can be managed with barrier cream, used sparingly to protect the skin and an absorbent dressing. Seek advice using the contact details on page 7.

## **What can be done if a PEC tube is causing pain?**

Pain related to a PEC is usually caused by infection or tubing tension (being pulled tight).

## **Infection**

Superficial infection to the site of the PEC is common and requires no treatment except regular cleaning. Subcutaneous infection with pain, fever and spreading erythema may require antibiotic therapy. Please seek advice from your GP.

A swab for microscopy, culture and sensitivity may be required. If there is pus / exudate present, use of a suitable absorbent dressing is advised.

## **Excessive tension**

If you are experiencing excessive tension, ensure the white anchor plate (fixation plate) is flush against the abdomen (2-5mm away from the skin) to give room between the skin and plate.

If the PEC tubing is secured to your abdomen, ensure it is not dragging / causing tension at the stoma site

## **What should be done if the PEC tube appears blocked?**

Try flushing the PEC tubing with cool boiled water. Press along the tubing to try to soften the blockage. If the PEC tube is being vented and cannot be unblocked, it will need replacing. Seek prompt advice from the hospital team.

## **What action is required if the abdomen remains distended after having the PEC tube inserted?**

Consider venting more regularly or attaching a catheter bag for 'permanent' venting.

## **Where can I obtain spare parts for the PEC tube?**

Spare parts can be purchased via the hospital team that support your PEC procedure. In most cases, it will be necessary to order a feeding tube kit 'PEG ENfit Repair Kit for Freka PEG tubing'.

## Important contact details:

### Monday to Friday, working hours:

Nutrition clinical nurse specialists: 01384 456111 ext. 2305 or 01384 456111 and ask for bleep 8993

Medical secretaries for Dr Fisher / Dr Frost: 01384 244147

### Saturday / Sunday, working hours:

GI unit: 01384 456111 ext. 2731

Note: the GI unit does not work every weekend, and support will be dependent on a consultant or nurse with knowledge of PEC devices being available, which cannot be guaranteed.

### All other times:

Use out-of-hours GP services, or, in cases of serious concern, attend the Emergency Department.

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

Russells Hall Hospital switchboard number: 01384 456111

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

<http://dgft.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.**

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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.

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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.

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