

Percutaneous endoscopic gastrostomy (PEG)

Endoscopy Unit

Patient Information Leaflet

Introduction

This leaflet is for people who are having a percutaneous endoscopic gastrostomy (PEG). This leaflet gives information about what a PEG is, what happens during the procedure and the benefits and risks.

What is a PEG and why do I need one?

A percutaneous endoscopic gastrostomy or PEG is a feeding tube inserted directly into the stomach through the abdomen.

Placing a PEG for either temporary or permanent use is an important decision to make. The doctor looking after you will discuss it with you in detail before you make your decision.



What are the benefits?

A PEG is used to provide nutrition to people who cannot eat enough food to stay healthy. It may also be used to give medication. The PEG 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 PEG feeding tube is not in use, it is easily concealed under your normal clothing.

What are the risks of a PEG?

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

There are a few complications with sedation which is used during the procedure. The risk of complications is slightly 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 PEG 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 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 is rare but may require emergency surgery.

Peritonitis is inflammation of the lining of the abdomen, if some air or bowel contents leak into your abdominal cavity. Peritonitis can usually be treated with antibiotics and settles within two to three days. It may delay the time until the healthcare team can feed you using the tube.

The risk of death as a result of a PEG procedure depends on the underlying reason for the PEG and the condition of the patient.

These risks must be weighed against the risk of dying without adequate hydration or nutrition if a PEG is not inserted.

What are the alternatives?

A PEG may not be an appropriate option for everybody. In these circumstances, a long term nasogastric tube may be considered.

What does the procedure involve?

We will need to perform a gastroscopy before the PEG 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 PEG.

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.
- 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 prevents you from biting the gastroscope.
- We will give you oxygen through a small tube placed just inside your nose and nurses will monitor you throughout the procedure.
- The endoscopist will gently pass the gastroscope through your mouth. They may ask you to swallow in order to allow the gastroscope to pass.
- The doctor or specialist nurse will examine your stomach to find a suitable place to insert the PEG. They will swab this place with an antiseptic solution and inject a local anaesthetic into the abdomen to numb the area.

- The doctor or specialist nurse will make a small cut in the abdomen and pass the PEG tube into your stomach. This should not hurt due to the numbing effect of the local anaesthetic.
- Once the PEG has been placed, the endoscopist 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 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 PEG 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 PEG?

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 PEG 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 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 Endoscopy 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, 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 by only 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:

Endoscopy Unit on 01384 456111 ext. 2371 (9am to 5pm, Monday to Friday)

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

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

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