

Information about

Percutaneous Endoscopic Gastrostomy (PEG)

Your doctor, nurse or allied health professional (dietitian, speech pathologist) has suggested you consider having a PEG inserted.

The usual reason for PEG placement is to supplement what you currently eat or drink when you are unable to manage sufficient nutrition by mouth. It is a simple and safe way of receiving food, fluids or medications in patients who are unable to eat enough or unable to swallow safely.

What is a PEG?

PEG stands for **P**ercutaneous (through the skin)**E**ndoscopic (via an endoscope), **G**astrostomy (to the stomach). It is a hole specially created in the stomach to allow insertion of feeding tubes through the abdominal wall directly into the stomach.

Special Considerations

The decision to proceed to a PEG tube is often not easy, particularly if the decision is being made on behalf of another person. The key question you will want to answer is "Will quality of life be improved with PEG feeding?" Close discussion with family members, nursing and medical staff and church contacts is often helpful.

Aspirin and other anti-inflammatory medications (arthritis tablets) should be stopped 5-7 days prior to the procedure as they increase the risk of bleeding.

If you have diabetes, heart valve disease, a pacemaker, or are taking blood-thinning tablets (e.g. warfarin), it is important to discuss this with your doctor beforehand. You should also tell your doctor if you are allergic to any antibiotics.



An information leaflet for patients and interested members of the general public prepared by the Digestive Health Foundation

THIRD EDITION 2012

it is a simple and safe way of receiving food when there are problems with swallowing or eating.



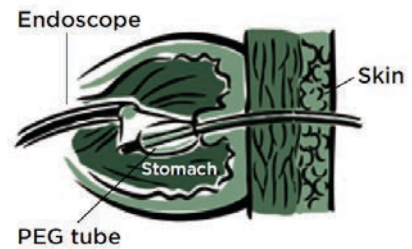
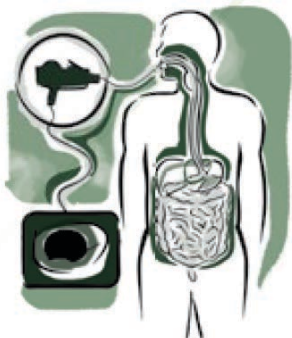
How is a PEG tube put in?

You need to fast (have nothing to eat) for 6 hours before the procedure. You may be allowed to drink clear fluids (water, soda, sport drinks etc.) up to 2 hours before the procedure but your doctor will advise you on this.

You will be given sedation by injection to make you feel more comfortable and your throat may be sprayed with a local anaesthetic. Children may require a general anaesthetic. A mouth guard is placed between your teeth to protect your teeth and the endoscope. Oxygen is given and your vital signs are closely monitored. Antibiotics are often given to reduce the risk of infection.

An endoscope (flexible fiberoptic tube with a camera at the end) is passed through your mouth into your stomach to select a suitable position to place the PEG tube. Local anaesthetic is injected into the skin of the abdominal wall and a small cut made. This cut is usually located below the ribs and slightly to the left of the midline in the upper abdomen. The PEG tube is then placed inside the stomach and will come out of your body through the cut. The position of the tube in the stomach is then checked by the endoscope after placement.

This whole procedure usually takes 20-30 minutes.



What happens after the procedure?

All patients will recover from the sedation, or anaesthesia, in the hospital recovery area for a few hours. Some patients may need to stay one or more nights after the procedure to recover and start a feeding regime. If you are discharged that day you must NOT drive, ride, travel unaccompanied, operate machinery, or sign legal documents on the day of the procedure. It is also advisable to have a friend or relative take you home and stay with you overnight.

Will I be in pain?

Your throat may be slightly sore for a few days after the procedure. The cut on your abdomen where the tube is inserted may be sore for up to a week. Simple oral analgesia such as paracetamol, tramadol or codeine is usually adequate for pain relief.

Commencing feeding through the PEG

Clear fluids, often water, will initially be given through the PEG tube 6-24 hours after its insertion. Once this is tolerated, feeds and medications may then be given through the tube. Your dietitian will advise on the type and quantity of feeds, and full instruction and demonstration in feeding technique is usually given before discharge. Liquid nutritional supplements can be given continuously through a pump or intermittently through a large syringe or flask. Feeding pumps can usually be hired from your local hospital or chemist shop.

Depending on your condition, you are usually able to continue to eat and drink by mouth in addition to using the PEG to supplement your nutritional requirements. However, in some people where it may be unsafe to continue to eat or drink by mouth, then the PEG tube will be necessary for all feeding. Medications can also be given through the PEG tube but care is needed as some medications can clog up the tubing. Your pharmacist can advise.

Are there any risks?

The insertion of a PEG tube is a safe procedure but sometimes complications can occur. There is a greater risk of complications if you are malnourished. It may be wise to have the PEG tube placed before too much weight is lost or consider a period of nasogastric tube feeding prior to PEG placement.

Minor complications occur in about 1 in 10 people. The most common are oozing from the wound, formation of granulation tissue (also known as "proud flesh") or infection in the wound. Less common events include leakage around the tube, increased vomiting, bleeding from the wound or accidental tube dislodgement. Serious complications are rare. Death is a remote possibility with any endoscopic intervention.

PEG feeding usually gives great nutritional benefit although care must be taken with feeding to prevent feeds refluxing into the lungs and causing chest infections. The feeds must be stored correctly to prevent bacterial contamination.

What care does the PEG site need after the procedure?

Bathing with mild soap can start 24 hours after the PEG tube insertion. Dry around the PEG tube site and under the bolster/T-bar after bathing. Keep this site clean and dry. The PEG tube should sit snugly against the skin but not cause any deep indentations. Rotate the tube a full circle every day.

How long does the tube last?

These silicone tubes can last up to a year but will eventually need to be replaced. These tubes can become blocked by food residue or medications and should be flushed properly after each use. The silicone also eventually deteriorates, becomes brittle and may split. Occasionally the tube will accidentally fall out. If this happens, it is important to have another tube placed as soon as possible to prevent the hole closing over. A temporary tube can be used if a dedicated PEG tube cannot be obtained. Any follow up or problems with the PEG should be referred to the Endoscopy Unit where the tube was inserted.

For more information contact the Gastrostomy Information and Support Service (GISS) on 03 9843 2011 and at www.scopevic.org.au/giss

The tube can be replaced by another tube or by a low profile device (also called a "button"). It is usually a simple process but may sometimes need another endoscopy. Buttons are preferred by most children because they are easy to disguise under clothing, harder to pull out and are safe to swim with. You should discuss these options with your doctor when your tube is due to be changed.

Patients can be fed indefinitely through a PEG. When a tube is no longer needed it can be simply removed and the exit hole will quickly close over. Occasionally however it may require a small operation by a surgeon to repair the hole once the tube is removed.

Digestive Health Foundation

This information leaflet has been designed by the Digestive Health Foundation as an aid to people who may need a PEG tube or for those who wish to know more about this topic. This is not meant to replace personal advice from your medical practitioner.

The Digestive Health Foundation (DHF) is an educational body committed to promoting better health for all Australians by promoting education and community health programs related to the digestive system.

The DHF is the educational arm of the Gastroenterological Society of Australia (GESA). GESA is the professional body representing the specialty of gastrointestinal and liver disease. Members of the Society are drawn from physicians, surgeons, scientists and other medical specialties with an interest in gastrointestinal (GI) disorders. GI disorders are the most common health related problems affecting the community.

Research and education into gastrointestinal disease are essential to contain the effects of these disorders on all Australians.

Further information on a wide variety of gastrointestinal conditions is available on our website - www.gesa.org.au

dhf
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If you have further questions you should raise them with your own doctor.