

Percutaneous Endoscopic Gastrostomy (PEG)

(For patients who have capacity to consent to treatment)

Nutrition & Dietetics

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Introduction

This leaflet has been written for those people who have been advised to have a Percutaneous (through the skin) Endoscopic Gastrostomy (PEG).

This procedure may be undertaken at New Cross Hospital, Wolverhampton or Cannock Chase Hospital, Cannock. Your appointment may be at either site.

This leaflet tells you why you need the procedure, how to prepare for it, what to expect on the day and immediately afterwards.

If you have any remaining concerns or queries when you have read the leaflet, please telephone the Nutrition & Dietetic Service, the nutrition nurses or the Endoscopy Unit. You will find the telephone numbers at the end of this leaflet.

What is a PEG?

A PEG is a plastic feeding tube that comes out of your stomach through the skin. Through this you will be able to put specially prepared nutritious fluids and medication.

Consent

You will be asked to sign a consent form to give permission to have the procedure done. The consent form will be completed with you after you have had a discussion with the doctor, nurse or dietitian.

You will also be asked to give your permission for the hospital to retain and store in the laboratory any tissue samples removed at the time of the endoscopy (if this is necessary).

Please bring your copy of the consent form (the yellow copy) to your appointment with you.

What are the benefits of having a PEG?

The main benefit of having a PEG is to allow access directly to your stomach to provide adequate nutrition to enable you to maintain a healthy weight.

This is necessary if you are unable to swallow at all or if you cannot eat or drink enough. It maybe that neither of these applies now but your doctor expects you to have problems eating and drinking in the near future.

Another benefit of a PEG is to enable medicines to be given directly into the stomach as well as essential nutrition and fluid.

What are the risks of having a PEG inserted?

You have been advised to have a PEG tube inserted to support your nutrition. However there are risks of side effects or complications when having a PEG tube inserted.

- Aspiration (inhalation of stomach contents) which can cause a chest infection. Serious complications while undergoing the procedure or in the immediate 7 days after the procedure are uncommon, but for patients who need a PEG tube to support their feeding because of an underlying medical problem that prevents them swallowing, the risk of chest infections is higher than for someone having this procedure without that problem. Your doctor or nurses will discuss your individual risk with you
- Perforation: on rare occasions the procedure might result in a perforation (a hole) of the stomach or bowel, which could cause peritonitis (inflammation of the lining of the abdomen)
- Bleeding: the procedure may cause bleeding from damage to other organs in addition to the stomach and bowel, for example, the liver. Bleeding could also occur at the site of the PEG tube placement
- You may suffer from a sore throat or feel some wind in your stomach. This will settle in a few days
- You may get an infection around the stoma site, although an injection of antibiotics is given to help reduce this risk
- After the procedure, some people experience some abdominal pain which can be relieved by paracetamol. Rarely patients experience more severe abdominal pain requiring admission to hospital.
- Drug reaction
- Unable to place the PEG

- A rare, complication of PEG tube placement can include tumour seeding (spread of the cancer cells) to the PEG site in patients with a cancer in the mouth or throat. PEG tubes are still recommended to provide nutrition during treatment for cancer in the mouth or throat and it is felt this benefit outweighs the rare risk of spreading cancer cells
- Missed lesions: Although this procedure is being undertaken to provide endoscopic treatment for your underlying condition it is also the best test to detect any other abnormalities. However, no test is perfect and there is a small risk that we may miss other lesions including polyps and rarely cancers
- Covid 19: as government guidance changes, the Trust will adhere to infection prevention recommendations.

Complications could result in emergency admission, repeat endoscopic procedure, surgery, blood transfusion or, uncommonly result in death.

Information for women of childbearing age

If you are pregnant or think that there is a possibility you could be pregnant, please contact the Endoscopy Unit on the telephone number at the end of this booklet. We will need to discuss your individual circumstances as it may be necessary to cancel or delay your appointment.

Are there any alternatives to having a PEG?

An alternative to a PEG is a naso-gastric tube. This tube goes through the nose and into the stomach. This type of tube is possible for some people but not those who are having surgery to the mouth or neck area. These tubes are often easier to place, but tend to come out more easily.

The PEG is designed to give you full nutrition and fluids. If you don't have this you may become dehydrated very quickly and you will lose weight. This means that you will become weak and your condition will worsen.

Sometimes it is not possible to place a PEG endoscopically. Another alternative is called a RIG (Radiologically Inserted Gastrostomy tube) which is a feeding tube placed under X-ray control.

How is the PEG placed?

The tube is placed into the stomach during a Gastroscopy. This does not hurt because you will have some sedation and a local anaesthetic (this is explained later on).

What is a Gastroscopy?

This is a way of looking into your stomach with an endoscope. An endoscope is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth down your gullet (oesophagus) and into your stomach.

The procedure itself takes 10 to 15 minutes, although you are likely to be in the room for up to 30 minutes so that we can make you comfortable.

How do I prepare for the Gastroscopy?

Your stomach must be empty during the procedure. Please do not have anything to eat for six hours before your appointment.

You can drink water until 2 hours before your appointment.

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area.

A Nurse will invite you into an office to ask you questions about your health and to explain the PEG insertion procedure. You will have the chance to ask any questions that you may have.

There may be a slight delay before you are taken through for your procedure, however a relative or friend is usually welcome to wait with you.

If you take anticoagulant tablets (such as Warfarin, Rivaroxaban, Dabigatran, Apixaban or Edoxaban), or antiplatelet drugs (such as Clopidogrel, Prasugrel or Ticagrelor), or if you are a Diabetic, please telephone 01902 694191 (New Cross) or 01543 576736 (Cannock) and speak to a Nurse, as we may need to alter your medication before your procedure.

You can take all other medications as normal.

What happens before the procedure?

In the examination room you will be asked to remove your glasses (contact lenses can stay in) and to remove false teeth (a denture pot will be provided).

Local anaesthetic throat spray

A local anaesthetic may be sprayed on to the back of your throat to make the area numb. Having the spray makes it more comfortable when the endoscope is passed down your gullet. If you have difficulty in swallowing, it may not be appropriate to use local anaesthetic spray. The endoscopist will discuss this with you.

What sedation will I have?

This is an injection given into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the gastroscopy being done. After the PEG insertion you will be kept in the recovery area lying on a trolley until you are fully awake.

It is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. You will be drowsy for 24 hours after the procedure. It is strongly recommended that you do not drink any alcohol, do not drive any vehicle, do not operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

Very rarely sedation may not be advisable because of other health problems.

What happens during the procedure?

You will be made comfortable lying on your back on the trolley. A mouth guard will be placed between your teeth (or gums) this keeps your mouth slightly open and prevents you from biting the gastroscope. A nurse will hold this in place.

You will be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the procedure a monitor is placed on your finger to check your pulse and oxygen levels.

To help reduce the risk of infection, you will also have an antibiotic injection given through a vein in your arm or hand.

The procedure will be carried out by a doctor or nurse. They will pass the gastroscope over your tongue to the back of your throat. The gastroscope will pass into your gullet and then into your stomach and the first part of your intestine.

You may feel the gastroscope move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure that good views are seen.

During the gastroscopy the nurse will use a sucker, similar to that used by a dentist, to remove any saliva collecting in your mouth.

How is the PEG inserted?

When the doctor or nurse has a good view of the inside of your stomach the skin will be cleaned and you will be given an injection of local anaesthetic into the skin over your stomach, where the PEG is to be inserted. When the anaesthetic has taken effect, a small hole (a stoma) is made in your stomach where a wire is threaded through and withdrawn through the mouth as the gastroscope is removed. The PEG tube is then attached to the wire and pulled into the mouth, down the throat and into the stomach. A section of the tube is pulled through the stomach to the outside of the abdomen and the PEG is now in place. A nurse will put a connector (to stop the tube leaking) and a flange (to keep the tube firmly in place) onto the PEG tube. No stitches are required. A dressing will be placed at the PEG site and this should be left in place for the next 2 days.

What happens after the procedure?

You will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. After 4 hours, if you are able to, you will be offered something to eat and drink. Please tell us of any specific dietary requirements at least 24 hours prior to your procedure. You will have some written instructions to take home. Remember you need to have an adult to accompany you and stay with you overnight. This depends on your overall medical condition.

Will a PEG stop me from going out?

No. The tube can be tucked away under your clothes. You should continue to lead your life as normal.

How do I look after my PEG?

Before you go home you or your carers will be shown how to look after your tube. This includes how to feed through it, keep it clean and where to get your equipment including the feed. There are different ways of feeding through the tube and your dietitian will advise you on this. You will be given full written information.

You and your carers will be given contact numbers in case there are concerns with your PEG after you have gone home.

If necessary you will be visited at home by a nurse or dietitian or if you come to the hospital frequently we will keep in close contact with you at clinic.

If properly looked after, a PEG tube can last 2 to 3 years or more.

Can the PEG tube fall out?

There is a "bumper" on the end of the PEG tube, inside the stomach, to keep the tube in place making it extremely unlikely for the PEG to come out unintentionally. If, however, your tube did fall out it is important that you attend the Emergency Department as soon as possible as PEG sites can close very quickly.

How is the PEG tube removed?

The PEG tube is usually removed endoscopically, that means having a gastroscopy test again to safely remove the tube. Occasionally the tube can be removed by a technique called 'cut and push'. This involves cutting the tube and allowing the bumper to pass through the bowel naturally. This method is not as common as there is a risk of the tube becoming stuck in the bowel which would require an operation to remove it.

Training

The Royal Wolverhampton NHS Trust Endoscopy Unit is a Regional Centre for Endoscopy Training. You may be asked if you would be willing to be examined by a trainee consultant or trainee nurse endoscopist.

All trainees are under the direct supervision of an expert consultant trainer until they are fully competent; the consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Clinical Photography

Clinical photography is the visual recording of clinical conditions for use in your patient record. They are used by health care professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as X-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching doctors, nurses and other medical professionals, as well as research, audit and quality assurance purposes.

If you require any further information, please contact us on these numbers:

Nutrition nurses

01902 695336

Monday to Friday, 08:30 to 17:00

Nutrition & Dietetic Service

New Cross Hospital

01902 695335

Duty Bleep: 01902 307999 Pager: 7426

Monday to Friday, 08:30 to 17:00

Endoscopy Unit

Endoscopy Booking Office:

01902 694052 or 01902 694057

Monday to Friday, 08:30 to 16:30

PALS (Patient Advisory & Liaison Services)

Patient Information Centre

New Cross Hospital

Wolverhampton, WV10 0QP

Telephone: 01902 695362

Monday to Friday, 08:30 to 16:30

E-mail: pals@rwh-tr.nhs.uk

www.pals.nhs.uk

Useful External Agencies:

Patients on Intravenous & Naso-Gastric Nutrition Therapy (PINNT)

PO Box 3126

Christchurch

Dorset BH23 2XS

www.ninnt.com

Guts UK

The Charity for the Digestive System.

3 St Andrews Place

London

NW1 4LB

Tel: 020 7486 0341

email: info@gutscharity.org.uk

<https://gutscharity.org.uk/>

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。