

# Percutaneous Endoscopic Gastrostomy (*PEG*)

## Patient Information – Gastroenterology Department

### Understanding PEG insertion

Your doctor has determined that further examination of your gastrointestinal tract is necessary to help them evaluate or treat your condition. This information sheet has been prepared to help you understand the procedure. Please read it carefully. If you have additional questions, please feel free to discuss them with the endoscopy/enteral feeding nurse or doctor before the examination begins.

### What is a PEG?

PEG is the term used to describe a type of feeding tube that is placed directly into the stomach.

**Percutaneous** = Through the skin

**Endoscopic** = Inserted using an endoscope (thin, flexible tube with a camera lens)

**Gastrostomy** = Artificial opening into the stomach

### Why do I need a PEG?

A PEG tube provides direct access to the stomach. It is an effective way to deliver medication and nutrition when it is otherwise unsafe or impossible to eat due to a medical condition. For some people, even though they can eat and drink normally, it is a way of providing extra nutrition they need to stay healthy. Feeding tubes can remain in for a short time or permanently. Once a tube is inserted it can last for up to two years. A PEG tube is easily removed and/or replaced by a trained nurse. The specialist enteral feeding nurse will discuss replacement tubes that are available should you need one long term.

### What preparation is required?

For this procedure to be successful, your stomach needs to be empty.

**Do not** have anything to eat *or* drink **6 hours** before the procedure

### What about my current medications?

Please contact us as soon as possible on **0800 555 400** for further instructions if you are:

- Taking an anticoagulant medication such as warfarin, dabigatran, rivaroxaban *OR* anti-platelet therapy such as clopidogrel, dipyridamole or ticagrelor.
- Have a pacemaker *OR* internal cardiac defibrillator.
- If you are taking aspirin, please continue this as normal

All other essential medications such as heart medications, psychiatric medications, steroids and epilepsy medications, can be taken as usual with a small mouthful of water.

Please bring **all** your medications to the appointment, especially any nitrolingual sprays (GTN), asthma inhalers or diabetic medications.

If you are taking:

- **Empagliflozin** (Jardiance) or with fixed Metformin dose (Jardiamet)
- **Dapagliflozin** (Forxiga), with Metformin (Xigduo) or with Saxagliptin (Qtern)

Please do not take this on the day of your procedure. If you are taking insulin or need advice on how to manage your diabetes before the procedure, please contact your GP.

## Where can I park?

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Parking at Christchurch Hospital is limited. Please allow at least 30mins to find a car park.

Information about parking is available at:

[patients-visitors/pages/parking](https://patients-visitors/pages/parking)

## On arrival

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Please report to:     Gastrointestinal Endoscopy Unit  
                                 2nd floor  
                                 Riverside building  
                                 Christchurch Hospital.

The receptionist will check your details and a member of the nursing team will undertake a nursing assessment with you prior to the procedure.

## Consent

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Before the procedure can begin you will need to sign a consent form to agree to proceed.

A doctor will discuss the procedure with you and explain the possible complications and side effects before asking you to sign the consent form to proceed.

If you later change your mind, you are entitled to withdraw your consent at any stage of the procedure, even **after** signing the consent form.

## What can be expected during the procedure?

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A mild sedative will be administered to you at regular intervals through a small IV cannula placed into the back of your hand or arm. This will keep you relaxed and comfortable. It has a mild amnesia-like effect, so you may not remember all of the procedure.

You will receive oxygen throughout the procedure via a nasal cannula that sits in your nose. You will have a small peg-like device clipped on to your finger or ear. This device will monitor your heart rate and oxygen levels. A small mouth-guard will be placed between your teeth to protect them. If you have loose dentures these will be removed for safe-keeping during the procedure. The endoscopist will then gently insert the endoscope through the mouth-guard, down your oesophagus and into your stomach. There is plenty of room around the endoscope to allow you to breathe normally. A nurse may also use a small suction tube to clear the saliva from your mouth.

The endoscope is used to visualise the inside of the stomach, inflate it with air and to guide the endoscopist where to place the feeding tube. This may be uncomfortable and cause a little bloating, but it is not painful. The air will be removed at the end of the procedure.

Local anaesthetic is injected into the skin on your abdomen and a small cut (about 1cm) is made. Because the cut is so small it will not require any stitches. The endoscope is then removed, and the feeding tube will be passed down the oesophagus, into the stomach and is then '*pulled*' out through the cut skin.

The procedure usually takes about 15 to 20 minutes to complete.

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## After the procedure

You will be taken to the recovery area and your blood pressure, heart rate, breathing rate and oxygen levels will be monitored until you are awake.

Once you are more awake, you will be transferred to an inpatient ward for closer observation and to stay the night in hospital. After 2-4 hours you will start to flush the tube with water and administer prescribed food. You will also be able to have food by mouth if it is safe for you to do so.

The cut where the feeding tube is inserted (called the stoma) may cause some discomfort for up to a week. This can usually be managed with simple pain relief such as paracetamol. The stoma should be healed within 2 weeks, however is not considered mature until 6 weeks. For 6 weeks after its insertion you will not be able to swim or bath (shower is OK)

Before you are discharged home, the dietician and enteral feeding specialist nurse will provide education on how to manage your tube. You will also be given written information with contact details and supplies you will need at home.

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## After leaving the Gastrointestinal Endoscopy Unit

The sedation makes you forgetful and can impair your judgement and reflexes.

Even if you feel alert after the procedure you **must not do any of the following for 24 hours:**

- *Drive a car.*
- *Operate machinery.*
- *Drink alcohol*
- *Sign any legal documents or*
- *Ride on public transport alone*

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## Possible complications

Most endoscopies are safe and uncomplicated when undertaken by experienced endoscopists, but as with any procedure there is a small risk of side effects or complications. The endoscopist and specialist enteral feeding nurse will discuss these with you.

Possible complications/risks of a **PEG PROCEDURE**:

- Breathing difficulties related to the use of sedation.
- Perforation of the bowel wall or injury to solid organs
- Bleeding
- Inflammation/infection in the abdomen
- Sore throat
- Discomfort during or following the procedure.

- Aspiration of stomach contents into the lungs
- Unable to place the PEG tube.

After the tube is placed minor complications such as leakage around the tube, skin break down, blockage, displacement of the tube and pain can all be managed and treated at the time.

## Confirm your appointment

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Please telephone to confirm your appointment:  
**Phone: 0800 555 400**

If you do not have a relative or support person who can care for you 24 hours after the procedure, please talk to our staff about your 'after procedure' care options when you phone to confirm your appointment.

## Interpreter service

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If you require the interpreter service, please ask an English-speaking person to call us as soon as possible so we can arrange this for you. This service is free.

Please do not ask family or friends to act as an interpreter for you at this appointment.

## Questions

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If you have any questions or concerns that have not been answered, please call to discuss them with the enteral feeding nurse or doctor before the procedure. Enteral feeding nurse phone: (03) 364 0640 ext: 88745 or cell phone 027 351 2474 between the hours of 8am-4pm. Please leave a message, with your contact phone number so we can return your call if no one answers.

## Notes:

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## For more information about:

- hospital and specialist services, go to [www.cdhb.health.nz](http://www.cdhb.health.nz)
- your health and medication, go to [www.healthinfo.org.nz](http://www.healthinfo.org.nz)