

Percutaneous Endoscopic Gastrostomy (PEG) Tube Insertion

Patient information - Gastrointestinal Endoscopy Unit

Understanding a PEG Tube Insertion

This information sheet has been prepared to help you understand the procedure.

Please read carefully

The specialist 'PEG' nurse may contact you before the procedure to discuss the procedure with you and will be able to answer any questions you may have.

What is a PEG?

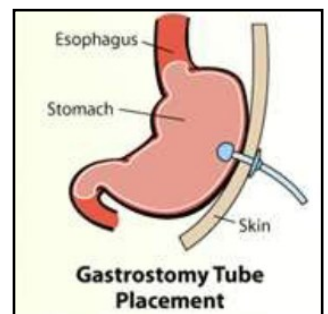
PEG is the term used to describe a *Percutaneous Endoscopic Gastrostomy*.

Percutaneous = Through the skin

Endoscopic = Inserted using an endoscope (thin, flexible tube)

Gastrostomy = Artificial opening into the stomach

During this procedure a flexible feeding tube is passed down the oesophagus, through the stomach and through the cut made in the skin.



Why do I need it?

A PEG tube provides direct access to the stomach. It is an effective way to deliver Medication and or 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 PEG nurse will discuss replacement tubes that are available should you need one long term.

Will I still be able to eat and drink?

After your PEG tube is inserted if it is safe for you to eat and drink you can still do so, as well as having liquid supplements through the PEG tube.

What preparation is required?

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

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

What about my current medications?

Please contact us as soon as possible for further instructions if you are:

- Taking an anticoagulant medication such as warfarin, dabigatran, rivaroxaban *OR* anti-platelet therapy such clopidogrel, dipyridamole or ticagrelor.
- Have a pacemaker *OR* internal cardiac defibrillator.
- Are taking iron supplements.
- 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 need advice on how to manage your diabetes before to the procedure, please contact your GP. Information is also available on www.healthinfo.org.nz

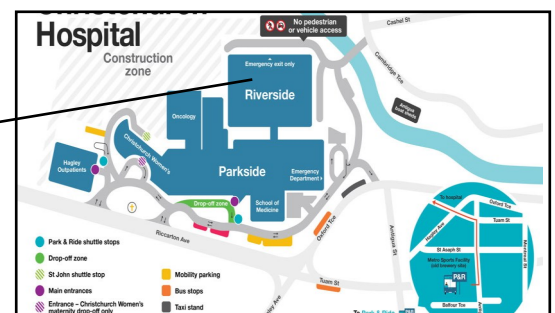
Where can I park?

Parking at Christchurch Hospital is limited. Please allow time to find a car park. Information about parking is available at:

<http://www.cdhb.health.nz/patients-visitors/pages/parking.aspx>

On arrival

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 brief nursing assessment prior to the procedure.

Consent

Before the procedure can begin you will need to sign a consent form to agree to proceed. This consent form has been sent to you in the mail, so you can read it and think of any questions you would like to ask before agreeing to proceed.

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

If you later change your mind you are entitled to withdraw your consent even *after* signing.

How is a PEG put in?

A mild sedative and pain relief will be administered through a small needle placed in the back of your hand to help you relax. This will be given at regular intervals throughout the procedure to keep you comfortable. This medication has a mild amnesia-like effect, so you may not remember having the procedure at all.

You will also be given antibiotics. Please inform the nursing staff if you have any drug allergies.

You will also 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. This device will monitor your heart rate and oxygen levels.

A small mouth-guard will be placed between your teeth. If you have loose dentures these will be removed for safe-keeping during the procedure. The Endoscopist will then gently insert the endoscope (thin, flexible tube) through the mouth-guard, down your oesophagus, into your stomach and then the duodenum.

Air will be used to inflate the stomach so the Endoscopist can clearly see all the surfaces. This may be uncomfortable and cause a little bloating, but it is not painful. There is plenty of room around the endoscope to allow you to breathe normally.

Local anaesthetic is injected into the skin and a small cut (about 1cm) is made. Because the cut is so small it will not require any stitches. 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 only about 15 to 20 minutes to complete.

Once the feeding tube is placed you will be transferred to the recovery area.

After the procedure

In the recovery area and your blood pressure, heart rate, respirations and oxygen levels will be monitored until you are more awake.

Once you are more awake, you will be transferred to an inpatient ward for closer observation and to stay the night in hospital. Eventually you will start feeding through the tube if you are unable to take anything by mouth.

The cut where the feeding tube is inserted (called a stoma) may cause some discomfort for up to a week. This can be managed with medications like paracetamol (Panadol). The stoma wound should heal in 5 to 7 days.

Before you are discharged home, the dietitian and specialist PEG nurse will provide education on how to manage your tube. You will also be given written information with contact details in addition to feeding equipment to take home.

A copy of the procedural report will be sent to your referring doctor.

Are there any risks?

The majority of *PEG* insertions are safe and uncomplicated when undertaken by experienced Endoscopists and nursing staff, but as with any procedure there is a small risk of side effects or complications.

Complications such as infection of the abdominal wall, damage to the oesophagus (food pipe) stomach or bowel (such as perforation) may occur at the time of the procedure which would require urgent treatment or even an operation. However, these complications are rare.

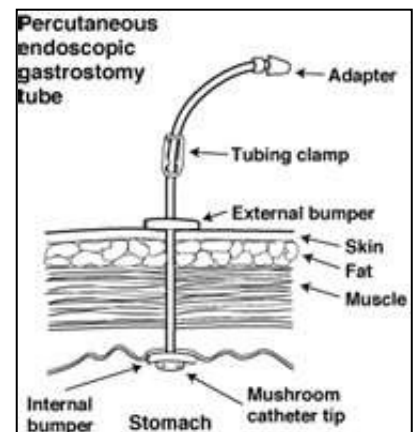
After the tube is placed, minor complications such as wound infection or leakage are easily treated at the time.

How are the feeds given?

Your dietitian will prescribe the formula and method of feeding that will best suit your requirements. Liquid formula can be delivered either through a large syringe, a tube connected to a hanging bag or a mechanical pump.

The specially prepared formula has all the nutrients that you would normally get from a healthy balanced diet.

Supplies of the formula will be given to you before you leave hospital. After this, it will be delivered to your home for as long as it is needed.



Questions?

If you have any questions or concerns that have not been answered, please call to discuss them with the specialist *PEG* nurse or doctor before the procedure.

Specialist *PEG* Nurse Phone: (03) 364 0640 **Ext:** 88745 **OR Cell phone:** 0273 512 474

Please leave a message, with your contact phone number so we can return your call if no-one answers when you ring.

Confirm your appointment

Please telephone to confirm your appointment:
Phone: (03) 364 0921

Interpreter service

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

For more information about:

- *Your health and medication*, go to: www.healthinfo.org.nz
- *Hospital and specialist services*, go to: www.cdhb.health.nz