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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Percutaneous Endoscopic Gastrostomy

Digestive Disease Care Group

Because of difficulties with your swallowing or the fact that you are not meeting your nutrition needs via the oral route, you have been advised to have a Percutaneous Endoscopic Gastrostomy (PEG Tube).

What is a PEG Tube?

A PEG tube is a small feeding tube which goes directly through the skin of your abdomen (tummy) and into your stomach.

We are a large teaching Trust and so we are involved in teaching students and in research work. Qualified doctors and nurse practitioners in training to perform endoscopy may perform your test under supervision by a skilled endoscopist. You may also be asked to take part in research. If you do not feel happy about this, please tell a member of staff. You have the right to refuse and your decision will not affect your treatment in anyway.

What are the benefits of a PEG tube?

PEG feeding is really only indicated when no other feeding methods would be appropriate or tolerated by a patient. The benefit is that it is more comfortable than having a tube passed through your nose and into your stomach and is much safer than feeding through your veins, which has a much higher risk of various complications. The main advantage from a carer's point of view is that it is a very easy way to feed patients who otherwise cannot care for themselves and is one of the safer methods to use.

What are the risks of a PEG tube?

- The risk that food and liquid in the stomach can still “go the wrong way” sometimes into the lungs and can cause complications.
- It is possible that the passage of the tube into the stomach may damage other internal organs. Although this risk is small, should it happen then an operation maybe necessary to repair the damage.
- Infection around the site of the tube insertion sometimes happens. This can be minimised by certain measures, which will be advised to your carers by the nursing staff. Occasionally antibiotics are necessary.
- You must tell the nurse if you have any loose teeth, caps or crowns, as there is a risk they could become dislodged.

Are there any alternatives to this procedure?

You could be fed for a short period through a tube placed through your nose into your stomach, there isn't any other long-term option available. You will need to discuss this with your Nurse Consultant, Specialist Nurse or Doctor.

What will happen if I don't have the procedure done?

If you decide to have nothing done then you could be at risk of developing chest infections and may find it increasingly difficult to swallow foods and liquids. This could lead to malnutrition.

Will the PEG tube be permanent?

This varies from person to person. It may be that the condition causing difficulty with your swallowing will improve so that you will be able to swallow normally and the tube removed after some weeks or months. For other people the tube has to be permanent. A PEG tube will usually last about three years before it needs changing. This is normally a simple procedure, which can be done in the endoscopy unit without any need for a stay in hospital.

What anaesthetic or sedation will I be given?

You will be given sedation and may be given a local anaesthetic throat spray (depends on the safety of your swallow). Sedation involves an injection given into your arm, which will make you slightly drowsy and relaxed. You will not be unconscious.

The drugs used in sedation may affect your memory or concentration for up to 24 hours. Many patients remember nothing about the procedure or even what the doctor has said to them afterwards.

For these reasons, you must have a friend or relative collect you from the Gastroenterology Unit and we recommend they stay with you. You must not drive, ride a bike, operate machinery or sign important documents for 24 hours following sedation.

A side effect of these drugs is to slow your breathing – this should not normally happen but sometimes patients can be oversensitive to the drug. This is the main reason we do not give high doses of these drugs. We also will give you oxygen during the procedure.

If you are worried about any of these risks, please speak to your consultant or any member of their team.

Getting ready for your PEG

Any other feed you may have had through a tube in the nose will be stopped for at least six hours before the procedure. If you have a safe swallow, you will be asked not to eat or drink anything for six hours before the procedure.

The PEG procedure

In the endoscopy room you will be asked to lie comfortably on your side or on your back. You will be given an intravenous injection of sedative to make you slightly drowsy and relaxed. The endoscope (a thin tube which allows the doctor/nurse to look inside), will then be passed easily through your mouth and down into your stomach. Using the light from the tip of the endoscope shining through the skin, a suitable point somewhere between your umbilicus (tummy button) and rib cage, will be chosen to place the feeding tube.

The skin at this point will be numbed with the local anaesthetic and the tube placed in the stomach.

The whole procedure usually takes about 20 minutes and is not normally painful. You may experience some pain following the procedure which is normal. You will be given regular pain relief to ease this discomfort.

After your PEG procedure

- If you are an inpatient you will go back to the ward and be observed regularly by nursing staff. If there are no other problems such as with your mobility, you should be able to go as soon as you can tolerate your prescribed feeding regime. This is normally within a few days of PEG placement.
- Liquid feeds are normally given via the feeding tube four hours after placement. You and your carer will be given an instruction leaflet on the care of your PEG tube.
- If you are an outpatient, you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.

For next 24 hours you must not

- Travel alone.
- Drive any vehicle e.g. car, scooter or ride a motorcycle or bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions, sign any business or legal documents.
- Drink alcohol.
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Further Appointments

Further appointments are usually not necessary but if you need any advice regarding things going wrong or the tube blocking, you will be given contact numbers before you leave the department to allow you or your carers to contact someone for advice

Important: If you have:

- ❖ **Diabetes**
- ❖ **Are taking: (Warfarin tablets, Clopidogrel (plavix) tablets)**
- ❖ **Anticoagulants:**
 - Warfarin
 - Heparin/Fragmin/Clexane
 - Dabigatran
 - Rivaroxiban
 - Synthrome
 - Apixaban
 - Fondaparinux
 - Edoxaban
- ❖ **Antiplatelet therapy:**
 - Clopidogrel (Plavix)
 - Prasugrel (Efient)
 - Ticagrelor (Brilique)
 - Dipyridamole (Persantin) and aspirin
- ❖ **Are on dialysis**
- ❖ **Have suffered a heart attack within the last three months**
- ❖ **Any allergies**

You must contact the Gastroenterology Unit as soon as you receive this information leaflet.

Tel: 0151 706 2720

Text phone number: 18001 0151 706 2720

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any questions or queries please contact:

Nutrition Nurses:

Tel: 0151 706 3650

Tel 0151 706 2000 and Bleep 4595/4024

Text phone number: 18001 0151 706 3650

Text phone number: 18001 0151 706 2000 Bleep 4595 4024

Or contact the Gastroenterology Unit during the following hours

Monday – Thursday	0800 – 2100 hrs
Friday	0800 – 1700 hrs
Saturday/Sunday/BH	0800 – 1600 hrs

Tel: 0151 706 2656

Text phone number: 18001 0151 706 2656

Clinic appointment enquiries

Tel: 0151 706 5555

Text phone number: 18001 0151 706 5555

The Emergency Department (A&E) is open 24 hours

Tel: 0151 706 2051/2050.

Text phone number: 18001 0151 706 2051/2050

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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