

Patient  
Information

# Day case Percutaneous Endoscopic Gastrostomy (PEG) Tube procedure

## Introduction

This leaflet gives you important information about the day case Endoscopic Gastrostomy (PEG) tube procedure. It is essential that you read this leaflet if you are having a PEG tube inserted, replaced or removed.

## What is a Percutaneous Endoscopic Gastrostomy (PEG)?

PEG stands for:

- **Percutaneous** – which means ‘through the skin’.
- **Endoscopic** – an endoscope is a flexible instrument used to examine the inside of your stomach.
- **Gastrostomy** – an opening into your stomach into which a small tube is inserted so that you can receive nutrition, fluid and medication.

A PEG tube allows liquid feed, water and medication to go directly into your stomach.

A PEG tube can be used for short term or long-term use. It is often used for patients who are having swallowing difficulties due to illness or medical treatment.

A PEG tube is designed to remain in place for many years.

It is normal practice to have a PEG insertion procedure in the Endoscopy Unit. Occasionally a gastrostomy tube is inserted surgically or radiologically. If your doctor thinks that this is the best option, it will be discussed with you.

Any medication that thins your blood will need to be stopped **other than aspirin** (which you can remain on) before the insertion of a PEG. Please contact the Endoscopy Unit on the Medication Advice Line (answer machine). The telephone number can be found at the end of this leaflet.

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## What happens during the PEG procedure?

- You will be asked not to have anything to eat or drink for at least 6 hours before the procedure.
- You will be seen by a nurse who will check your personal details.
- You will be asked a series of questions including any history of operations or illness that you may have had or are presently suffering with. The nurse will also ask about any known allergies or if you have had a bad reaction to any medications in the past. Please bring with you a list of the medications you are currently taking.
- If you are having a PEG inserted or a PEG traction removal you will be offered sedation. If you do have sedation, you will need to make sure that you have a responsible person to take you home and stay with you overnight.

For the time that you are in the unit we want to provide a safe, supportive and pleasant environment so please do not be afraid to ask if you have any worries or questions at this stage.

Please note that your appointment time is your arrival time in the unit and not the time you will have your procedure. There will be a waiting time between your arrival and having your procedure done.

## Before the procedure

- The procedure, potential complications and risks will be explained to you.
- You will be asked to sign a consent form. Signing this form means you have agreed to have the procedure done and that you understand why it is needed. This does not take away your right to ask for the procedure to be stopped at any time.
- For this procedure you may need to remove your clothes and wear a hospital gown. When it is time for your procedure, a nurse will escort you into the theatre and will stay with you throughout.
- In the theatre room any dentures will be removed and a local anaesthetic spray will be applied to the back of your throat. This will make your throat feel numb.

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- You will then be made comfortable on a trolley.
- Your pulse and blood oxygen levels will be monitored throughout the procedure and your blood pressure will be checked as necessary.
- To protect your teeth and the endoscope (tube), a plastic mouth guard will be placed between your teeth or gums when dentures are removed. The endoscope will then be inserted through the mouth piece. When it reaches the back of your throat you will be asked to swallow to help the endoscope go down into your stomach. This will not interfere with your breathing. Some air will be passed through the endoscope to inflate your stomach and allow a clearer view. You may feel wind like discomfort and belch some air up during the test, but please do not be embarrassed as this is normal.
- At the point where your PEG tube is to be placed into your stomach, some local anaesthetic will be injected into the skin and a small hole will be made. A guide wire will be passed through the small hole and pulled up through your mouth using the endoscope. The PEG tube is attached to the guide wire and pulled back to the stomach and out through the small hole. This should not be painful but it may be a little uncomfortable.
- Any saliva in your mouth will be removed using a small suction tube.
- When the endoscope is taken out, most of the remaining air in the stomach will also be removed.
- The PEG procedure normally takes about 20 minutes.

## After the procedure

- After the procedure, the nurse caring for you will take you from the theatre to the recovery area where your pulse and blood pressure will be monitored. This is called the recovery period. You may feel a little bloated or have some discomfort in your stomach following the procedure.
- Your throat will still feel a little numb from the throat spray, but this will wear off gradually. Your throat may then feel sore; this could last for the rest of the day.

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- You will remain nil by mouth/nil via PEG for 4 hours until your PEG is flushed with sterile water. The endoscopy nurse will take this opportunity to teach you how to flush your PEG daily or when needed.
- There are several ways you can be fed via your PEG tube. A dietitian will tailor this to your needs while you are in hospital.
- The PEG tube will not interfere with normal eating and drinking. Eating and drinking will depend on your swallow function; this will be monitored by your speech and language therapist if appropriate.

## Potential complications/risks

As with all procedures there may be complications. These can include:

- Infection
- Haemorrhage
- Perforation of an internal organ
- Aspiration pneumonia
- Peritonitis

## How to care for the PEG tube?

You will be provided with information and training on how to care for and manage your PEG and feeding equipment.

Following discharge, you will be supported at home by the Home Enteral Feeding Team based at Gloucestershire Royal Hospital or the Head and Neck Specialist Dietitian.

## Tube removal

If you have been referred to the Endoscopy Unit to have your Corflo® PEG tube removed. In most cases this is done by traction (steady firm tension applied to the tube). Alternatively, it may have to be endoscopically removed if complications are foreseen.

- You will need to be nil by mouth/nil by PEG for 6 hours before your appointment time.
- Report to endoscopy reception at the time stated on your appointment letter. Please note that this is your arrival time and not the time that the procedure will take place.

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- You will meet with one of the endoscopy nurses who will explain the procedure, complete the necessary paperwork and record your blood pressure, pulse and respiratory level.
- It is recommended that you have this procedure with conscious sedation. This is not the same as general anaesthetic. You will be awake but drowsy and more relaxed. You will need someone responsible to take you home and stay with you for 24 hours.
- You will be asked to sign a consent form before going into the endoscopy room.
- An endoscopy nurse will escort you to the room and you will be made comfortable on the trolley.
- You will have a local anaesthetic gel applied around your stoma site (the hole your tube goes into) and you will be offered sedation at this stage.
- Your tube clamp and adaptors will be removed.
- After 3 to 5 minutes, you will be asked to take a deep breath and the tube will be pulled out. Patients have described the feeling as a sharp pain which only lasts for a few seconds. You may need to take pain relief if the stoma site is sore or uncomfortable after the procedure.
- If traction removal, as described above, is not possible then you will have the tube removed endoscopically while in the theatre.
- Once your feeding tube has been removed the stoma site (the hole the tube has come out from) should heal internally, within about 24 hours, but externally, the stoma may take a few days to heal completely.
- The stoma site will be covered by a gauze pad. It is normal for the stoma site to bleed a little after your tube has been removed.
- You will need to be collected from the Endoscopy Unit and have a responsible adult with you at home for the next 24 hours.
- Remove the gauze pad after 24 hours.
- After the procedure it is normal to wait for 4 hours before you can eat and drink.

Please refrain from taking a bath or swimming for 48 hours after the removal of the PEG. It is perfectly safe to shower.

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Leakage from your stoma site should be expected for 1 to 2 days. If you notice any leakage from the stoma 3 days after the removal, please seek advice from your GP.

### Tube replacement

If your feeding tube has been replaced and the previous stoma site (the hole the tube has come out from) has been used to insert a new one. The site may feel tender and sore for the next few days.

- For tube replacement, patients do not always need sedation as it is generally a painless procedure. However, you do have a choice and if you would like sedation you will need to be collected from the Endoscopy Unit and have someone with you for the next 24 hours.
- You can remove the gauze pad 24 hours after the procedure.
- Do not eat, drink or use your new tube for at least **4 hours** after the procedure.
- The morning after the tube replacement, you should return to caring for the tube and site as normal. Clean site daily, advance and rotate tube daily/weekly.
- If you have had a **balloon gastrostomy tube** placed then you will be given a leaflet about the care of the tube. You will also be given a spare tube, 5ml syringes and 5ml plastic bottles of sterile water (for checking the balloon. The nutrition nurse specialists will contact you at home to arrange a visit to explain how to check the water in the balloon and arrange a date for the tube to be replaced at home in 3 months.

### Contact information

#### Medication Advice Line (answer machine)

If you have any questions about your medication, please leave a message. A member of staff will return your call normally within 24 hours, Monday to Friday only.

#### Cheltenham General Hospital

Tel: 0300 422 3370

Monday to Friday, 8:00am to 6:00pm



## Patient Information

### Gloucestershire Royal Hospital

Tel: 0300 422 8232

Monday to Friday, 8:00am to 6:00pm

Saturday and Sunday, 9:00am to 12:00 midday

### Enteral Nutrition Nurse Specialists

Tel: 0300 422 5645

Monday to Friday, 8:30am to 4:30pm

Outside of these hours, please leave a message and a member of the team will get back to you.

## Further information

### Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT)

Website: [www.pinnt.com](http://www.pinnt.com)

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85