

Percutaneous endoscopic gastrostomy (PEG) insertion

Information for patients

This information leaflet answers some of the questions you may have about having a PEG insertion. It explains the risks and the benefits of the procedure and what you can expect when you come to hospital. The advice varies depending on the time of your appointment and, if you have diabetes, how your diabetes is treated. If you have any more questions, please do not hesitate to contact a member of staff.

Endoscopy Unit

Denmark Hill Nurses' Station	020 3299 4079
Denmark Hill Reception	020 3299 3075
PRUH Nurses' Station	01689 864028
PRUH Reception	01689 864120 (male)
PRUH Reception	01689 864723 (female)

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your name and date of birth and check your ID band. If you do not have an ID band we will also ask you to confirm your address. If we do not ask these questions, then please ask us to check. Ensuring your safety is our primary concern.

What is a PEG insertion?

It is a procedure to put a feeding tube through the skin of your abdomen (tummy) and straight into your stomach.

We pass an endoscope into your mouth and down into your stomach. An endoscope is a long, flexible tube, just thinner than your little finger, with a camera in the tip that sends pictures of the inside of your stomach to a video screen to guide us when we are putting in the feeding tube (PEG). You will be given a local anaesthetic to numb your skin before we make a small cut in your tummy through which we pass the tube.

Why do I need to have a PEG insertion?

So you can have nutrition and/or medication, either instead of, or as well as, what you can eat by mouth. You may need it for a short time only, for about four weeks or more. We can easily take out the feeding tube if you no longer need it.

Having a PEG insertion does not mean you cannot eat by mouth if you are able to do so safely. (Some patients have this procedure because they cannot swallow safely and risk pneumonia if food goes down the wrong way and into their lungs.)

The reasons why you are having a PEG insertion should have been fully explained to you before your appointment. We will not go ahead with the procedure until you are clear about why you need it. Please discuss this with the doctor who sees you on the day of your procedure.

What are the benefits?

The tube can be used for liquids, to keep you hydrated; liquid feeds; and medication. You can still eat and drink normally if you are able to do so safely.

What are the risks?

A PEG insertion is a safe procedure and serious complications are rare.

But they can include:

- **Sore throat** – your throat may be sore for a day or two after the procedure. This is not serious and will get better.
- **Dislodged teeth, crowns or bridgework** – there is a small chance that loose teeth, crowns or bridgework can be dislodged during the procedure. If you have any of these, please tell the endoscopist.
- **Bleeding** – because we make a cut in your abdomen (tummy), it is common to have some bleeding during a PEG insertion. This lasts for no more than a few seconds. We will put a gauze dressing over the PEG site to help control this. The dressing can be taken off after a few hours.
- **Pneumonia** – if you are very frail you can develop pneumonia after a PEG insertion. This is also a risk if you have very severe breathing problems such as COPD (bronchitis or emphysema) or cystic fibrosis. Your lung condition will need to be improved as much as possible before a PEG insertion.
- **Skin infections** – you can develop infections around the PEG site. We make every effort to minimise the risk of infection during the procedure.

- **Leaking of clear or straw-coloured liquid** – it is common for clear or straw-coloured liquid to seep from the PEG site for up to 7 – 10 hours after insertion. This is normal and will stop by itself.
- **Failure to site** - Occasionally we will not find a safe place to locate the PEG tube using an endoscope and you may require a x-ray assisted procedure to safely place the PEG tube.
- **Reactions to the sedative** – we give you the smallest dose of sedative possible to prevent you from having side effects. If you do have a reaction, we can give you medication to reverse the effects of the sedative.

Are there any alternatives?

We can provide you with long-term feeding in a number of ways. You can be fed through a tube that is put into one of your nostrils and runs down into your stomach (nasogastric/NG tube). This has its own risks and some people find it difficult or unsightly to use long term.

You can have a feeding tube put in using x-ray guidance rather than an endoscopy. This is called 'radiologically inserted gastrostomy (RIG)'. Some people prefer this type of feeding tube, and it is used by those who cannot have a PEG insertion. You can have a low-profile button gastrostomy put in. This is a type of PEG because it involves having an endoscopy, but the procedure is very different.

Please discuss with your hospital specialist whether a RIG or a button gastrostomy is suitable for you. The decision about which type of gastrostomy you have must be made well before your appointment and will depend on a number of factors which will be explained to you.

Consent

We must by law obtain your written consent to any procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff.

Do I need to prepare for the procedure?

We need to get a clear view, so your stomach must be empty. Do not have anything to eat or drink – including anything through a nasogastric (NG) tube – for six hours before the PEG insertion. If you are having a new PEG tube inserted, we will admit you to hospital following the procedure and you will stay in for at least 72 hours afterwards.

Do I need to stop taking my medication?

If you take warfarin, aspirin or clopidogrel, please ring the Endoscopy Unit Nurses' Station for advice on 020 3299 4079 at least one week before your procedure. You must stop taking them before the procedure, but we need to make sure you do so safely.

If you are diabetic, please read our advice, *Preparing for your OGD – information for patients with diabetes*, which also covers what you should do about your medication if you are having a PEG insertion. If you have not received it, please ring the Endoscopy Unit Reception using the relevant number on the front of this leaflet and we will send you a copy.

If you are taking any other medications, in general you can take these as usual, unless your doctor has advised you otherwise.

What happens when I arrive for the procedure?

Your appointment time is approximate. When you arrive, a nurse will fill out an assessment form with you if you have not already done so. The endoscopist who is going to carry out your procedure will come and explain it to you. You will not usually be admitted to hospital before the insertion (if you are coming from home), but a bed will be arranged for you to stay in hospital for 72 hours afterwards.

Do I need to have a sedative?

All patients having a PEG insertion need a sedative. It relaxes you but does not make you go to sleep and you are not unconscious. You may still be able to feel the endoscope being passed down your throat. This lasts only a few seconds and should not feel too uncomfortable.

What happens before the procedure?

We will make you comfortable on an examination trolley. A nurse or doctor will put a cannula into your arm or hand. This is a very thin plastic tube through which they can inject the sedative. You will then be taken into the endoscopy room lying on the trolley.

The nurse will attach a monitor to your finger to measure your oxygen levels during the procedure and you will be given oxygen through nose prongs. They will put a mouthguard in your mouth and ask you to bite gently on it. This makes it easier for the endoscope to be passed down your throat. You will then be given the sedative injection.

What happens during the procedure?

A nurse will be with you at all times during the procedure, to reassure you, talk you through what is happening and clear saliva (spit) from your mouth.

Even with the endoscope down your throat, there will still be more than enough room for you to breathe. You may be asked to concentrate on this during the procedure and to breathe in through your nose.

The endoscopist will gently put the endoscope into your mouth and pass it down into your stomach. They use the images from the camera on the tip of the endoscope to guide them when they put in the feeding tube.

They will give you a local anaesthetic injection at the site where they are putting in the feeding tube. They make a small cut in your skin through which they pass the feeding tube into your stomach. You will not feel the cut, but you may feel tugging as the tube is passed in.

How long does the procedure?

It takes no more than 10 – 15 minutes on average.

What happens after the procedure?

You usually stay in hospital for observation for 72 hours (three nights) after a PEG insertion. This is so we can make sure you have no problems and that everything is ready for you to have feeding through the PEG tube at home.

You will also see a dietician. We will send a copy of the PEG insertion report to your GP (home doctor).

Who can I contact with queries and concerns?

If you have any questions, such as what to do about medication, before or after your procedure, contact the relevant Endoscopy Unit Nurses' Station, 9am – 5pm, Monday to Friday.

- Denmark Hill Nurses' Station, tel: **020 3299 4079**
- PRUH Nurses' Station, tel: **01689 864028**

If you want to change your appointment or need another information leaflet, contact the relevant Endoscopy Unit Reception, 9am – 5pm, Monday to Friday.

- Denmark Hill Reception, tel: **020 3299 3075**
- PRUH Reception, tel: **01689 864120** (male)
- PRUH Reception, tel: **01689 864723** (female)

At all other times, if you have concerns after your procedure, please call your Nutrition Team (we will give you their contact numbers before you leave hospital), your GP (home doctor) or local Emergency Department (ED/A&E).

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email: **kch-tr.palsdh@nhs.net**

You can also contact us by using our online form at **www.kch.nhs.uk/contact/pals**

PALS at Princess Royal University Hospital, Farnborough Common, Orpington

Kent BR6 8ND

Tel: **01689 863252**

Email: **kch-tr.palspruh@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.