Having a PEG Inserted

This information is for patients who are having a PEG (Percutaneous Endoscopic Gastrostomy) tube inserted. It explains what is involved and any significant risks.

The procedure itself takes on average 20 minutes, but may take longer if we need to carry out any treatment during the PEG.

You will be admitted to hospital after the procedure and will need to stay in for approximately 72 hours. During this time you or your carer will be taught to care for the PEG including setting up the feeds.

What is a PEG tube?

A PEG is a feeding tube inserted into the stomach using a Gastroscope (see diagram). To place the tube, an endoscope (a thin flexible tube with a camera at the end) is passed through your mouth, down the gullet into the stomach. Once in the stomach a bright light will be shone showing the position of endoscope tip within the stomach, to help find a suitable position to place the feeding tube.
**Why do I need a PEG?**

You will require a PEG if you are unable to safely take enough nutrition and fluid by mouth to maintain a healthy body. This could be because you have had a Stroke, suffer with a neurological illness such as Multiple Sclerosis or Motor Neurone Disease, or are receiving treatments such as radiotherapy for head and neck cancer.

**Preparation for the examination**

- It is important that you have nothing to eat or drink for six hours by mouth or by naso-gastric tube before your test.
- Please bring a list of any medications that you are taking. It is especially important to remember to bring any angina sprays or asthma inhalers with you.
- If you have diabetes, please phone the Endoscopy Unit for specific advice.
- If you are taking warfarin, clopidogrel, or other blood thinning medications please inform us at least two weeks before the procedure.
- If you have any queries about your medication please ring Endoscopy.
- Continue to take your other medications with a sip of water.
- Do not bring any valuables to the unit.
- On arrival at the hospital please report to the reception of the Endoscopy Unit.
- A nurse will admit you to the department and check your details, blood pressure and pulse. If you are taking any medication or are allergic to anything (medications, plasters, latex) please tell the nurse.
- Prior to the day of the PEG you will need to have a blood test to check that your blood is clotting properly.
- You will be asked to remove any jewellery, spectacles, contact lenses, tongue studs and false teeth before the examination.
- You will receive an antibiotic injection before the procedure to reduce the risk of infection.
- The Endoscopist performing the test will explain the procedure and ask you to sign a consent form. This confirms that you understand the procedure and agree to go ahead with it. Please do not hesitate to ask any questions you may have.
- You will need to change into a hospital gown.
- A nurse will stay with you throughout the examination.
What does the procedure involve?

- A small cannula or plastic tube will be inserted into a vein so that a sedative can be given for the procedure. This should help you feel more relaxed and sleepy.
- Your throat may be sprayed with a local anaesthetic that has a numbing affect; this has a bitter taste.
- A small device for recording the pulse and breathing will be attached to your finger and you will be given oxygen via a nasal cannula for the duration of the procedure.
- You will be asked to lie on your left side to begin with then turned onto your back once the Gastroscope has been inserted.
- While you are lying on your left side, a small mouthguard will be placed in your mouth.
- Once you are sedated the Endoscopist will gently insert the gastroscope through your mouth and into your stomach. This is not painful and will not make breathing or swallowing difficult.
- The stomach will be gently inflated with air so that the lining can be seen clearly.
- The air is sucked out at the end of the test.
- An assistant will give some local anaesthetic to the skin, and then make a small incision in the abdomen wall through which a wire is inserted and pulled up through the mouth.
- The wire is attached to the PEG tube and pulled back through the mouth into position. See diagram on page 1.
- A biopsy (a small sample of the stomach lining) may be taken during the examination to be sent to the laboratory for more tests. You should not feel this.
- A video recording and/or photographs may also be taken.
- The nurse may need to clear saliva from your mouth during the procedure using a small suction tube.
After the examination

- You will be taken to the recovery area to rest.
- You may still have a little wind but this will pass naturally.
- You will usually stay in hospital for several days to learn about the care of your PEG and to check for complications.
- You may have a mild sore throat, but this will pass and is nothing to worry about.

Are there any significant risks?

PEG placement is generally a safe and well-tolerated procedure. The risk of complications is higher than in a Gastroscopy because additional procedures are needed to place the tube. The frequency of complications is between 5 and 10%. Rarely, the condition of some patient’s may deteriorate significantly after the procedure due to more serious complications in about 3% of patients.

There is a risk of the following:

- Damage to crowned teeth or dental bridgework
- A reaction to the sedative. The sedative can affect your breathing making it more slow and shallow.
- Bleeding from the gastrostomy site or from one of the other organs in the abdomen.
- Perforation, which is a little tear in the wall of the bowel. This is rare. This would require a stay in hospital and treatment with antibiotics and may require surgical repair.
- Infection at the gastrostomy site or within the abdomen or chest.

Failure of placement

Sometimes the stomach lies in such a position that a PEG tube cannot be placed (approximately 5% of patients). Alternative techniques such as one using x-ray guidance (‘Radiologically Inserted Gastrostomy’ or ‘RIG’) or a surgical operation under general anaesthetic may be necessary.
Early displacement

If the gastrostomy is pulled too hard, it can be pulled out of the stomach. The gastrostomy tract may not be adequately formed for two to four weeks after PEG insertion and reinsertion of a new PEG tube may be necessary.

Please talk to your endoscopist before your examination if you have any worries about these risks.

If you have any queries or questions, please phone the Endoscopy Unit.

- Hillingdon Hospital 01895 279214
- Mt Vernon Hospital 01923 844363

Cash and valuables

When coming into hospital please refrain from bringing in valuables or items of sentimental value.
Languages/alternative formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

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Jeżeli chciałbys uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

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