

PEG TUBES - YOUR QUESTIONS ANSWERED

This is a brief overview of Percutaneous Endoscopic Gastrostomies (PEG) for people who have or are going to have a such a tube inserted, or for those who care for someone with a PEG tube. Your doctor, dietitian, nutrition nurse or district nurse will give you more detailed information about the reasons for PEG feeding, the procedure to insert the tube, the type of feeds and how to deal with potential problems. Never be afraid to ask if there is something you do not understand.

What is a PEG?

A PEG is a feeding tube, which passes through the abdominal wall directly into the stomach, so that nutrition can be provided without swallowing, or in some cases to supplement ordinary food. The PEG tube can be connected to a 'giving set' to provide feeds continuously or a syringe can be used to receive feeds at intervals.

Why is a PEG required?

PEGs are used in people of all ages, including babies and children, who are unable to swallow or unable to eat enough and need long term artificial feeding. Common causes include stroke (CVA), head injuries, neurological diseases such as multiple sclerosis or motor neurone disease, or surgery to the head or neck. In some cases PEGs are used to give extra nutrition (or supplements) to people who can still eat, such as patients with cystic fibrosis.

How is the PEG inserted?

This can be done in a number of ways but the simplest involves an examination of the stomach with an endoscope passed through the mouth. A PEG feeding tube is then passed into the stomach through a small opening on the wall of the abdomen. Attached to the tube there is a small plastic disc, which lies close to the skin to prevent movement of the tube and a small clamp or plastic cap which keep the tube closed when feeding is not taking place. The procedure requires a minor operation and is usually done after a sedative injection although some people will require a short general anaesthetic. For a few hours after the procedure you will probably feel drowsy and may have a sore throat where the endoscope has been passed. The dietitian will tell you when to start feeding after insertion of the tube, but this is usually possible within about 4-6 hours of the PEG insertion.

Care of your PEG

For the first few days you may wish to cover the tube entry site with a dressing but this is usually not necessary. When the skin has healed you can shower, bathe or go swimming with your PEG tube but always ensure the tube is firmly clamped or the end of the tube fully closed. The PEG tube should not interfere with your normal activities and when clamped and not in use it can be hidden discreetly beneath your normal clothes.



Mouth care

Even if you are unable to eat it is important to look after your teeth and mouth. This may be helped by using a mouth wash or swabs moistened with water. Your doctor or nurse will advise you on whether you can suck ice cubes or on other ways to keep your mouth moist.

Will the tube need to be replaced?

Several PEG tubes are available and your doctor will decide on the best type and size for you. Some are designed to last for a few months, while others may function for one or two years or even longer. If the tube wears out and PEG feeding needs to be continued the tube can be easily replaced. If however, your swallowing condition improves and PEG feeding is no longer required the PEG tube can be removed by the hospital. Your doctor should always be consulted before this is done.

Possible problems with PEG feeding and tubes

Most people have no problems coping with PEG feeding or with their tubes if they follow the advice from the hospital. Most of the problems that arise can be dealt with quickly by you or a relative or by contacting your doctor or nurse. Below is a list of some possible problems and how to prevent or overcome them. If you are unsure about any problem do not be afraid to ask for help.

Diarrhoea, bloating, constipation, reflux

If you have not been able to eat normally for some time it may take a while for the bowel to get used to the feeds. Your dietitian will advise you on the correct type of feed and rate of feeding. If you have constipation you may be advised to have a high fibre feed. If you suffer with reflux or vomiting after feeds it may help to sit up or change position during feeding. You should inform your nurse or doctor if you develop abdominal symptoms at any time.

Skin infection

It is important that the skin around the PEG is cared for well. It should be kept clean and, after washing, bathing etc. should be dried carefully. Ensure that the area under the disc is also carefully dried. If the skin becomes red, swollen or sore you should contact your doctor or nurse.

Tube blockage

The dietitian will give you clear instructions on the feeds and medicines that can be given through the PEG tube. Only specially prepared feeds should be used and medicines should be given in the form of liquids. The tube should be flushed with 30-50ml of cooled, boiled water before and after each feed or medication. If this is not done, feed or medicines can solidify in the tube and cause blockages. You will be taught what to do if your tube blocks but if these measures fail you should contact your nurse or doctor as soon as possible.



If the tube splits or the hub breaks ..

Stop using the tube and clamp it shut close to the retention disc to prevent leakage. Contact your nurse or doctor as soon as possible. It may be possible to repair the tube otherwise they will arrange for a replacement to be inserted.

If the tube falls out...

Do not panic! The exit hole will not close immediately. If you have been shown how to insert another tube do so as soon as possible. If not, cover with a dressing to absorb any leakage and get in touch with the nurse or doctor who will arrange for a replacement to be inserted. If there is any delay the dressing may need to be replaced so that the skin remains dry.

If you have any queries or concerns please do not hesitate to contact us on Tel: 020 8337 9609

