

PEG (Percutaneous Endoscopic Gastrostomy) Tube

VG Site

30 minutes (half an hour) before your appointment, you must register at the kiosk on the main floor of either the Dickson Building (main entrance) or the Centennial Building (main entrance) at the VG site of the QE II.

同时提供简体中文版

Also available in Simplified Chinese: CH85-2432

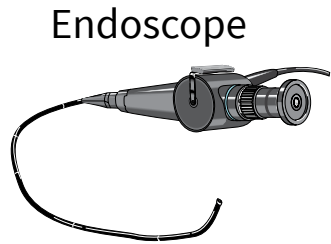
Aussi disponible en français : FF85-1504



PEG Tube

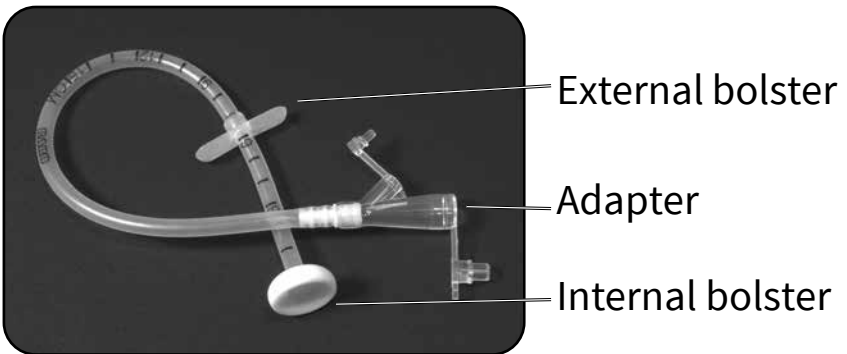
What is a PEG tube?

- A PEG tube is a type of feeding tube.
- It is put in by a GI specialist (gastroenterologist) using an endoscope (a flexible tube with a light on the end). They will pass the endoscope through your throat and into your stomach (belly).
- The PEG tube will leave your body through a small incision (cut) in your stomach. This is called the exit site. For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 0040, *Gastroscopy – VG Site*:
 - › www.nshealth.ca/patient-education-resources/0040



- The PEG tube is held in place by 2 plastic bolsters.
 - › The internal (inside) bolster holds the tube in place from inside your stomach.
 - › The external (outside) bolster (also called an external flange) keeps the tube from sliding in and out of the exit site. The external bolster should rest gently on your skin. You should not feel pressure from it.

PEG tube



Why do I need a PEG tube?

- You may need a PEG tube if:
 - › you are not able to eat enough food to keep your weight and strength up.
 - › you are or will be having treatments that can make it hard to chew and swallow (like chemotherapy or radiation therapy).
 - › you have had surgery that makes it hard to eat.
 - › you are at a high risk for choking when you eat or drink.
 - › food cannot pass through to your stomach because of a blockage.
 - › you cannot digest food in your stomach, so your food must be given directly into your small bowel.
 - › you have had problems absorbing (taking in) food (like with Crohn's disease).

How do I get ready for this procedure?

You will have sedation (medication to help you relax) during this procedure.

- You must have a responsible adult:
 - › stay in the hospital during your procedure.
 - › take you home after your procedure.
 - › stay with you overnight.
- If this is not possible, call the GI specialist's office before your procedure. We may have to cancel your procedure.
- Plan to take 2 days off of work or school for this procedure (the day of the procedure and the day after).

Before your procedure

- Your primary health care provider (family doctor or nurse practitioner) will plan for you to see a GI specialist.
- A booking clerk will call to give you information about your appointment.

- **Tell the booking clerk and your GI specialist if you are taking these medications, as they can raise your risk of bleeding:**
 - › Blood thinners, like ASA (Aspirin®), warfarin, heparin (Fragmin®), dabigatran (Pradaxa®), rivaroxaban (Xarelto®), apixaban (Eliquis®), edoxaban (Lixiana®)
 - › Antiplatelets, like clopidogrel (Plavix®), prasugrel, ticagrelor (Brilinta®)
 - › Non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen (Motrin® or Advil®) for pain, arthritis, gout, migraines, nerve pain, or high uric acid in your blood
- **Tell your GI specialist if you:**
 - › take medication and/or insulin for diabetes. You may need to follow special instructions for taking these before your test.
 - › have heart or lung disease.
 - › are allergic to any medications.
 - › have had any stomach surgeries.

At your GI specialist appointment:

- If you can, bring a support person with you.
- Your GI specialist will:
 - › talk with you about the procedure.
 - › talk with you about the risks of the procedure.
 - › take your medical history.
 - › do a physical exam.
 - › talk with you about any drug allergies you have.
- This is a good time ask any questions you may have, like:
 - › Should I take my usual medications (like medication and/or insulin for diabetes) on the morning of my procedure?
 - › What medication should I take for pain after my PEG tube is inserted?
- Your GI specialist will ask you to sign a consent form.
- You will meet with a nurse or a dietitian to learn how to care for your PEG tube. This is usually before the day the tube is inserted. It is usually a separate appointment.
- They may give you some of the supplies you will need to care for your PEG tube.

- You will also meet with a dietitian to talk about your feeding needs. They will talk with you about what type of formula (liquid nutrition) is right for you and how much you will need.

The day of your procedure

It is very important to follow these instructions:

- **Do not eat or drink anything after midnight the day before your procedure.** Your stomach **must** be empty for the procedure.
- If your procedure is in the afternoon, the booking clerk or GI nurse will tell you if you can have clear fluids before 8 a.m. Clear fluids include:
 - › Water
 - › Apple juice
 - › Sports drinks (like Gatorade® or Powerade®) **that are not red**
 - › Clear or light-coloured pop (like Sprite® or ginger ale)
 - › Tea (**without milk or cream**)
 - › Clear soup broth

- You may be able to drink clear fluids after midnight. Ask your GI specialist if this is OK and when you should stop.
- If your GI specialist told you that it is OK to take your usual medications, **take them with small sips of water only.**
- **Do not wear any jewelry or bring any valuables with you to the hospital.** The hospital is not responsible for the loss of any items.
- **Do not use scented products.** Nova Scotia Health is scent-free.

Where do I go for my procedure?

30 minutes before your appointment, you must register at the kiosk on the main floor of either the Dickson Building (main entrance) or the Centennial Building (main entrance) at the VG site.

- Then go to the 9th floor of the Victoria Building. Check in at the registration desk on the Endoscopy Unit, 9 North. This is a special unit for GI (gastroenterology) procedures.
- Be sure that you have enough time to park before your appointment. There is limited parking at the VG site.

- Bring a list of all your medications (including prescription and over-the-counter medications, inhalers, creams, eye drops, patches, herbal medications, vitamins, and supplements) with you to the hospital.

How is the procedure done?

- A GI nurse will help you get ready for the procedure. They will review your medical history (including any medications you are taking) and check your blood pressure.
- You will change into a hospital gown.
- An intravenous (I.V.) tube will be placed into a vein in your arm or hand. You may be given an antibiotic (medication to help prevent infection).
- You will be taken to the procedure room. You will be asked to remove any contact lenses, glasses, and dentures.
- You will be given medication to help you relax. You will be awake during the procedure.
- You may be asked to gargle or have your throat sprayed with a liquid that will numb (freeze) your throat. After your throat is numb, you will not be able to gag for a short time. This will make it easier when your GI specialist puts the endoscope in.

- You will have local anesthesia (freezing) on the area of your stomach where the exit site incision will be made.
- Your GI specialist will insert (put in) the PEG tube.
- The procedure usually takes 30 minutes.

What will happen after the procedure?

- You will be taken to the Endoscopy Unit recovery room. You will stay there until your sedation wears off (about 1 hour).
- **Do not eat or drink for 1 hour after your procedure.** Because your throat was frozen you will not be able to swallow. Follow your health care team's instructions about eating and drinking after your procedure.
- You will get instructions for using your PEG tube before you go home.
 - › Follow the instructions for flushing the tube and cleaning the skin around the exit site.

If you had sedation:

- **You must have a responsible adult take you home after your test and stay with you overnight.**
- **Do not walk home. You may take a bus or a taxi home only if a responsible adult goes with you.**

For the next 24 hours (1 day) after sedation:

- **Do not drive a car or use heavy machinery.**
- **Do not drink alcohol.**
- **Do not care for others (including children).**
- **Do not sign any legal or important papers, or make any financial (money) decisions.**
- **Do not take any medication that may cause you to feel sleepy.**

- Your stomach may be sore for a few days after your procedure. If you have any discomfort or pain around the tube, take pain medication as told by your GI specialist or pharmacist.
- You may have a small amount of swelling around the exit site. This is common. It will usually go away after 1 to 2 days.
- You may have a small amount of drainage or bleeding around the exit site for 1 to 2 days after your procedure. This is common. As the exit site heals:
 - › you will have less drainage and bleeding.
 - › the blood will change colour to dark red or rusty brown.

- You can remove the exit site dressing 1 to 2 days after your procedure. Being open to the air can help your exit site heal.
- You may have gas pain or feel bloated if your stomach was inflated (filled with air) during the procedure. To relieve it:
 - › open the cap on the adapter (see picture on page 1) for a few minutes.
 - or**
 - › put the end of a syringe into the end of the adapter. Then, try to pull back on the syringe plunger to get rid of the air. Repeat as needed.

Activity

- Rest for a few days. **Do not** lift anything over 10 pounds.
- Ask your GI specialist when you may go back to your usual activities.
- You can usually shower the day after your procedure. Try not to spray water directly on the exit site.
- You can have a tub bath when the exit site has healed. This usually takes about 7 days (1 week). **Always keep your exit site above the water.**

- You may go swimming when the exit site has healed. Cover the exit site with a clear, plastic dressing or plastic wrap (like Saran™ wrap) and tape.
- Always dry the exit site well after bathing, showering, or swimming. Gently pat the area dry.

Using your PEG tube

- You will likely not use your PEG tube for formula or medication for the first 24 hours after it is inserted.
- If you are eating and drinking well, you will probably not need to use your PEG tube right away. Call your primary health care provider if:
 - › your appetite (wanting to eat) gets worse.
 - › you lose weight.
 - › you have trouble swallowing.
- They will show you how to feed yourself through your PEG tube.
- **If you are not using the tube for feeding, it must be flushed at least 2 times a day.**

If you are travelling:

- › Bring enough formula or medication and supplies to last for your whole trip.

or

- › Make sure you can get the supplies you need when you arrive.

How long can the PEG tube stay in?

- The PEG tube can stay in place for several months, and sometimes longer. Ask your GI specialist how long you may need to have your PEG tube.
- If you need to have your PEG tube for a long time, you may want to think about having it changed to a PEG button after 6 weeks. A PEG button is a feeding tube that lies flat against your skin. When you are not using it, it cannot be seen under most clothes. For more information, talk to your GI specialist.

What are the risks of this procedure?

There are risks with inserting and having a PEG tube, but serious problems are rare.

Possible risks include:

- Infection around the PEG tube. Some signs of infection are:
 - › fever (temperature above 38 °C or 100.4 °F) or higher skin temperature
 - › redness
 - › a hard lump
 - › tenderness
 - › drainage (pus)
- Infection that moves through the layers of tissue around your muscles
- Bleeding from the exit site
- Formula going into your lungs.
 - › This can cause pneumonia (lung infection).
- Injury or tear in the lining of the esophagus (tube that connects your mouth to your stomach), stomach, or small or large bowel
- The tube falls out
- Death

Call your primary health care provider or go to the nearest Emergency Department right away if you have any of these symptoms:

- › Fever (temperature above 38 °C or 100.4 °F) or chills
- › Redness, warmth, drainage, or skin breakdown at the exit site
- › Swelling or tenderness around the exit site for more than a few days after the tube is inserted
- › Bleeding at the exit site
- › A hard lump around the exit site
- › The tube falls out
- › The tube moves away from the exit site
- › Formula leaks from the exit site onto your skin
- › Nausea (feeling sick to your stomach), vomiting (throwing up), or more stomach bloating
- › The tube becomes clogged and you are not able to flush it

Where can I get supplies?

- Your nurse will give you a list of what you will need and some supplies to get you started, until you are able to get your own supplies.
- You can buy formula and other supplies at most drugstores. It is a good idea to call the store before you plan to go, to make sure they have the items you need in stock.
- If you have private insurance, your insurance company may cover the cost of formula and supplies. A social worker may be able to help you with this.
- If you have concerns about the cost of your formula and supplies, tell a member of your health care team that you would like to talk with a social worker. They may be able to help you apply for support.

Weighing yourself

- It is important to weigh yourself every 7 days to help check if you are getting enough nutrition.
- To help get your correct weight:
 - › Weigh yourself at about the same time each day.
 - › Use the same scale each time you weigh yourself.

- › Write down your weight each time you weigh yourself.
- › Call your dietitian if you gain or lose 5 pounds (2.3 kg) or more.
- If your dietitian has set a weight goal for you and you are having trouble meeting it, please call your dietitian. They may need to change your feeds.

Do I still need to brush my teeth if I am not eating by mouth?

- **Yes.** Even if you are not eating by mouth, it is still very important to take care of your teeth, gums, and mouth. This will help to prevent germs from building up in your mouth, which could cause dental cavities and infections.

Information about my PEG tube

Type of tube: _____

Size: _____

Date inserted: _____

Inserted by: _____

Length of tube at the bolster: _____ cm

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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