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Wrightington, Wigan and Leigh Teaching Hospitals
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Having a Percutaneous Endoscopic Gastrostomy (PEG) v8

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Having a Percutaneous Endoscopic Gastrostomy (PEG)

Patient Information

Endoscopy Department

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Preparing for your test

This leaflet has been written to provide information, explain the benefits and risks of the procedure and to allay any fears you may have. If you have any further queries, your doctor and the endoscopy staff will do their best to answer them for you.

Please contact the gastroenterology department immediately if you:

- are diabetic
- have suffered a heart attack, stroke or TIA within the last 3 months
- are on kidney dialysis
- are taking warfarin or acenocoumoral (Sinthrome®)
- are taking clopidogrel (Plavix®) or dipyridamole (Persantin® or Asasantin®)
- are taking ticagrelor (Briliique®) or prasugrel (Efient®)
- are taking other anti-coagulants (Dabigatran or Pradaxa®, Apixaban or Eliquis®, Rivaroxaban or Xarelto®, Edoxaban or Lixiana®)
- are unable to attend your appointment time

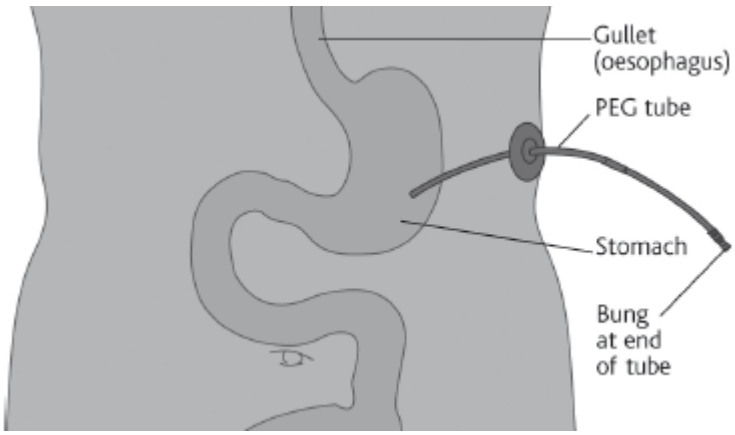
Endoscopy Unit at Royal Albert Edward Infirmary: 01942 822450

Having a Percutaneous Endoscopic Gastrostomy (PEG)

Because of difficulties with your swallowing, you have been advised to have a Percutaneous Endoscopic Gastrostomy (PEG).

What is a PEG?

A PEG tube is a small feeding tube which goes through the skin of the abdomen (tummy) and into the stomach.



What anaesthetic or sedation will I be given?

It is important that you are comfortable during the procedure to ensure that the endoscopist can perform the procedure successfully. You can choose to have intravenous sedation, a local anaesthetic throat spray or a combination of the two.

Local anaesthetic throat spray

A local anaesthetic drug can be sprayed into the back of the throat to make it numb. It can taste very bitter but works rapidly. It has a similar effect to a dental

injection and allows the camera to pass through your throat without you feeling it.

The benefit of choosing throat spray is that you are fully conscious during the gastroscopy. You can go home unaccompanied almost immediately after the procedure and you are permitted to drive.

The only constraint is that you must not have anything to eat or drink until the sensation in your mouth and throat has returned to normal. This is usually within 1 hour.

Sedation

Sedative drugs can be administered into a vein in your arm which will make you drowsy and relaxed for the gastroscopy.

These drugs will NOT make you unconscious like a general anaesthetic. You will be in a state called *cooperative sedation*, which means that, although drowsy, you will still be able to hear what is said to you and will be able to follow simple instructions during the procedure. Sedation may also prevent you from remembering anything about the procedure afterwards.

You will be connected to a pulse oximeter by a finger probe which measures your oxygen levels and heart rate during the procedure. Your blood pressure may also be recorded.

If you choose to have sedation, you must arrange for a friend or relative to collect you from the Endoscopy Unit and we recommend that they stay with you afterwards. You must not drive, ride a bike, operate machinery, climb ladders, or sign important documents for 24 hours following sedation. If you are not able to make these arrangements, we will not be able to give you

sedation.

Getting ready for the procedure

Any other feed you may have had through a tube in the nose will be stopped for a least six hours before the procedure.

Please continue to take your usual medication, except for those drugs that are listed at the beginning of this leaflet. You will be asked to remove any tight clothing, ties, dentures and spectacles. Please do not bring large amounts of money or valuables with you.

When you come to the department, please tell the doctor or nurse about any medical problems that you may have, any medicines you are taking and any possible allergies or bad side effects to medication you may have had in the past. It would be very helpful if you could bring a list of all your medication with you.

What will happen when I arrive?

When you arrive for your PEG insertion, you will be greeted by our reception staff and asked to be seated in the waiting room (or taken straight into the preparation area if you are an inpatient). Your named nurse will ask you to come through to the preparation area shortly before your procedure. We will need to check your identity and go through any medical conditions, medication, and allergies to ensure it is safe to proceed. We will also ensure arrangements have been made for your journey home. Your blood pressure and pulse will be checked prior to the procedure.

You will meet your endoscopist before you go through to the endoscopy room. He/she will go through your consent form again and answer any questions you may

have. If you have already signed your consent form, we will confirm that you have not changed your mind.

If you have decided to have sedation, a plastic tube, known as a cannula, will be inserted into a vein in your hand or arm to allow the drugs to be injected.

What happens in the procedure room?

You will be escorted into the procedure room where the other nurses helping the endoscopist will introduce themselves to you. You will have the opportunity to ask any final questions.

If you have any dentures, you will be asked to remove them at this point. Any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination commences.

If you are having local anaesthetic throat spray this will be sprayed on to the back of your throat. The nurse looking after you will then ask you to lie on your left side and will place the oxygen monitoring probe on your finger. A drape will be placed over your clothes to protect them from saliva and other secretions. If you have decided to have sedation, the drug will be administered into a cannula in your vein, and you will quickly become sleepy.

What happens during the procedure?

The endoscopist will introduce a thin tube called a gastroscope into your mouth and ask you to take a big swallow when it is at the back of your throat. He or she will then advance the gastroscope carefully down your oesophagus and into your stomach.

Your windpipe is deliberately avoided, and your breathing will be unhindered. Any saliva or other secretions produced during the investigation will be removed using a small suction tube, rather like the one used at the dentist.

Using the light from the tip of the gastroscope shining through the skin, a suitable point somewhere between your umbilicus (tummy button) and rib cage, will be chosen to place the PEG tube. The skin at this point is numbed with local anaesthetic and the tube placed in the stomach.

The whole procedure usually takes about 20 minutes and is not painful.

What happens after the procedure?

You will be escorted to the recovery area and allowed to rest for as long as is necessary.

If you have received sedation, your oxygen levels, blood pressure and heart rate will be recorded. It usually takes about 30 minutes for the initial effects of sedation to wear off, but some people may feel fully alert immediately after the procedure. However, the drugs remain in your blood system for about 24 hours, and you can intermittently feel drowsy with lapses of memory. You will need someone to escort you home and supervise you for this 24-hour period.

If you are an inpatient, you will go back to the ward and be observed overnight by nursing staff. If there are no other problems such as with your mobility, you should be able to go home the next day.

If you are an outpatient, you must be escorted home from the Endoscopy unit and must not operate machinery, drive, ride a bike, climb ladders, or sign any important documents for 24 hours.

Clear fluids are normally placed through the tube after 6 hours and liquid feeding started the following day. You and your carer will be given an instruction leaflet on the care of you PEG tube.

What are the risks and side effects to this procedure?

As with most medical procedures, there are some risks involved. Your doctor will have felt that the benefits of this procedure outweigh the potential risks before he/she suggested that you should have it carried out.

PEG feeding is usually only considered when no other feeding arrangement is possible. The benefit is that it is more comfortable than having a tube passed through the nose and into the stomach and is much safer than feeding through the veins, which has a higher risk of complications. The main advantage from a carer's perspective is that it is a very easy way to feed patients who otherwise cannot care for themselves and is one of the safer methods to use.

During the procedure, the sedative drugs can cause your breathing to slow down or result in a fall in your blood pressure. This is the reason we do not give high doses of the drugs for the procedure.

We monitor your breathing and oxygen levels carefully throughout the procedure and this rarely becomes a problem. In any case, an antidote to the sedative drugs

that we use is always available and this can reverse its effects immediately.

There is a risk of causing significant bleeding which can occur in about 1 in 40 patients. This may rarely necessitate blood transfusion or further procedures to stop the bleeding.

Infection around the site of the tube insertion sometimes happens (less than 5% of cases). We usually give you a dose of antibiotics before the procedure to reduce this risk, but infections can be minimised further by certain measures when caring for the tube. These techniques will be discussed with you and your carers by the nursing staff. If infection does occur, you may need to stay in hospital for intravenous antibiotics.

Other serious risks of PEG tube insertion include accidental puncture of other organs inside your abdomen and leakage of feed into the abdominal cavity. Fortunately, these risks are very small (less than 1% of cases). Very rarely death can occur.

Sometimes, one of the reasons to insert a PEG tube is to reduce the risk of food and secretions “going the wrong way” into your windpipe, rather than into the food pipe. If this occurs, it may result in pneumonia. Unfortunately, this risk is not entirely taken away even after PEG tube insertion.

If you are worried about any of these risks, please speak to your doctor or a member of the team before you are due to have this treatment.

Are there any alternatives to this procedure?

You could receive liquid feed via a tube placed through your nose into your stomach (a nasogastric or NG tube). There is no other long-term option available. The main drawbacks of this way of feeding you are that the tube may become uncomfortable and that it is more easily displaced (falls out of the correct position). If the tube becomes displaced it may need to be repeatedly re-inserted, and this can delay your feeding regime. You can discuss this with your Nutrition Specialist Nurse or Doctor.

Cancellations

If you are unable to keep this appointment, please let us know as soon as possible on the phone numbers given on the first page of this leaflet. This will allow us to give your appointment to another patient and rearrange another one for you.

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