



Royal Berkshire
NHS Foundation Trust

Looking after your PEG (Percutaneous Endoscopic Gastrostomy) feeding tube

Information for patients

Contents

What is a PEG?	2
How long will the feeding tube last?	2
Inserting the PEG.....	2
Using the PEG	3
Caring for your PEG (first 7 days)	3
Daily cleaning routine.....	4
PEG flushing instructions	4
Taking medication through the feeding tube	5
What to do if your tube is blocked	5
What to do if there is leakage around the tube	6
General care of the tube	7
Replacing the Y connector	7
Mouth care	7
What to do if your tube falls out.....	8
Feeding instructions	9
Getting your feed and feeding equipment	9
At home	9
Caring for your feeding equipment (table).....	10
Pump details (table)	10
Useful contacts (table)	11
Hospital PEG Liaison Nurse contact details.....	11

It is important that you and your friend or relative reads the following information and follows the instruction carefully.

If there is anything you do not understand or you have any questions or concerns, please ask the Nutrition Nurse.

What is a PEG and why do I need one?

A PEG - short for Percutaneous Endoscopic Gastrostomy - is a feeding tube that passes through your tummy wall, through a small opening called a stoma, directly into your stomach. This tube is used to pass nourishment into your body without swallowing, and in some cases is used to supplement ordinary food.

The PEG tube can be connected to equipment that provides feeds continually or can be used with a syringe to manually introduce feeds at different intervals.

PEGs are used for 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, head injuries, neurological disease or surgery to the head or neck. PEGs are also used to give extra nutrition to people who are still able to eat normally.

How long will the feeding tube last?

You will be told if your tube needs to be changed. It is usually every 2 years. If you notice excess wear and tear or cracks in the tube it will probably need changing. Your GP will need to refer to the Nutrition Team. Some discolouration of the tube is normal.

Inserting the PEG

You will have the PEG inserted while you feel sleepy and relaxed following an injection. You should feel no pain during the procedure, although it is likely to cause some discomfort for 2-3 days. You will

stay in hospital for a minimum of 72 hours to make sure the tube and feed are set up correctly.

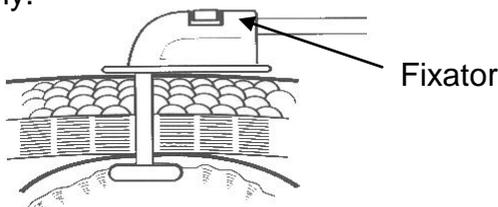
Using the PEG

Your ward nurse will show you how to use the tube and administer the feed, the dietitian will let you know how much feed and fluids you will need. There will be a nurse in the community from Abbott Nutrition (the feed company) to teach you how to use the pump and resolve any problems you may have with the feeding or the tube. If you follow the guidelines you should experience few difficulties.

Always ensure your upper body is raised during and for 1 hour after a feed to avoid vomiting or bringing up the feed (reflux).

Caring for your PEG – the first 7 days

- Always wash your hands thoroughly with hot water and soap before touching your stoma, dressing, PEG tube or syringe.
- Check the stoma site daily. If your skin around the tube becomes red, swollen, wet or sore, you should contact your GP as you may have skin sensitivity or an infection.
- The district nurse (DN) will be asked to clean the stoma site daily with the Octenilin solution you have been given and redress the site. Keep the site clean and dry.
- Always handle the tube gently so that the stoma site does not bleed.
- On the tube there is a fixator (t-bar) that holds the tube in place. If it is too tight or causes you discomfort the DN should be able to reposition it. The tube should not be able to move more than half to 1 cm out of your tummy.



- You may have a dressing covering the entry site but this is not always necessary
- Do not have a bath in the first 2 weeks.

Continuing your daily cleaning routine – after 7 days

- Always wash your hands thoroughly before starting.
- Check the stoma site daily. If there is swelling or leakage, contact your GP.
- After 7 days you can stop using the Octenillin solution and use a gentle soap and water to clean the area (using a disposable cloth / wipe).
- Ensure the tube is dried gently but thoroughly.
- Gently rotate the tube a full circle (360 degrees) every day to prevent the tube from sticking to the side of your stomach.
- If the fixator is too tight or loose, ask the DN to adjust it.
- You may have a shower 1 week after insertion.
- You may have a bath or go swimming 2 weeks after insertion but remember to close both ends of the Y connector.
- Do not apply a dressing unless you have been told to do by a health care professional responsible for your care.
- You do not have to apply a dressing unless there is leakage of stomach contents around the stoma site.

Instructions for flushing your PEG

- Keep the PEG tube up towards the chest, not below the waistline tucked into underwear as this is more likely to result in infection.
- Flush the PEG tube before and after a feed, using 50mls of water (cooled boiled water). This prevents feed and fluids from the stomach building up in the tube and stops food or medication from blocking the tube.

- Undo the cap of the tube and attach the syringe containing the water to the end of the food tube.
- Undo the clamp and push down the syringe plunger slowly – if you push the plunger down quickly the water can hit the back of the stomach and come back up the oesophagus (food pipe).
- Keep the ends of the tube clean and free of medication as shown under the section ‘General care of the PEG tube’ in this booklet.

Taking medication through the feeding tube:

If you are using a pump, switch pump onto hold.

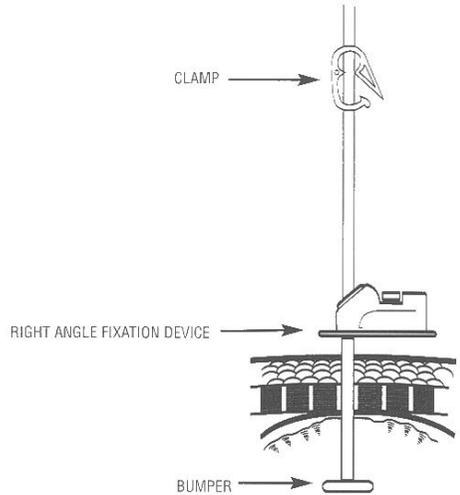
- Flush the tube before and after using 20mls of (cooled boiled) water for each medication required.
- If a number of medicines are required, flush 10mls of water between each medication.
- Most of your medication should be in liquid form.
- If you have been advised to crush your tablets it is important that the tablets are crushed and dissolved with water.
- Some medications (e.g. epilepsy medication) may interact with feed and therefore the feed may need to be stopped 1 hour before and after medication is given. You will be advised of this before discharge and the dietitians will also discuss this with you.

What to do if the tube is blocked

Never try to unblock the tube with sharp objects or excessive force.

- Flushing the PEG tube before and after a feed or medication helps prevent the tube blocking.
- First check to ensure that all clamps are opened and there is nothing blocking the connector.
- Flush the tube with 50mls of cooled boiled water before and after a feed.

- Flush the tube with 20mls of cooled boiled water before and after giving medication via the tube.
- If the tube is blocked, syringe through with 25-30mls of warm water. Leave for 5/10 minutes and then try to flush it. Use a gentle push and pull motion on the plunger of the syringe to help dissolve the blockage.
- Try, massaging the tube gently with your finger tips to help breakup the blockage.
- Leave 5/10 minutes and then try to flush again.
- If the tube is still blocked, contact your DN or your GP. They may have to arrange for you to be admitted to hospital to assess if the PEG tube can be unblocked or needs replacing.



What to do if there is leakage around the tube

- This may be caused by the fixation device having moved too far from the skin to form an adequate seal. The bar needs to be repositioned.
- If the fixation device (T-bar) is too loose, over a long period of time, the stoma can become enlarged and the tube will leak. The area will become red and inflamed with acid burns.
- The T bar must be repositioned. Contact the Nutrition Nurse or DN for advice.

General care of the PEG tube

- To clean the Y connector - make sure the PEG tube is clamped and use a toothbrush (only to be used for cleaning the tube).
- Remove the cap and clean with washing up liquid and warm water. Rinse well and close the cap.
- Do not tuck into your underwear as this will increase the risk of infection around the stoma.

Replacing the Y connector

The Y connector can sometimes crack or split down the side - this can be replaced without replacing the entire tube. A spare connector should be available from the DN or your dietitian may order you one to keep at home. Do not attempt to replace the Y connector unless you have been taught how to do this.

Mouth care

A clean healthy mouth is essential for good health but is often forgotten when someone is unable to eat or drink easily. Someone who is 'nil by mouth' may still be at risk of aspirating (breathing in) saliva, and if their mouth is not cleaned regularly, the bacteria within their saliva can be contributory to aspiration and may cause a chest infection.

Even if you are unable to eat normally it is important to look after your mouth and teeth and keep them clean.

- Brush all the surfaces of the teeth, gums and tongue at least twice a day. Use a regular toothbrush and toothpaste. This promotes good hygiene and helps prevent infection.
- Clean the tongue by moving the toothbrush sideways across the tongue. This will loosen some of the surface debris.
- If it is not possible to use a toothbrush, a foam stick may be used. Ask your district nurse on how to obtain them.

- Remove any dentures and clean them with a soft toothbrush under running water. Use toothpaste or denture cream.
- At night, dentures should be removed, cleaned and soaked using your normal method.
- Artificial saliva or mouth washes can be prescribed by your GP.
- Keep your lips moist by using a moisturising lip balm.

What to do if the tube has fallen out

Do not panic! The hole will not close immediately.

But you must contact your GP or DN immediately. You may be able to attend the Endoscopy Unit (0118 322 7458) to have a temporary tube placed or outside of opening hours you will need to attend the Emergency Department (A&E).

You will be asked for the following information:

- Your name
- Your date of birth
- Your address and telephone number.
- When the tube was placed
- Whether you are being tube fed only or whether you are able to take some food and fluids normally (via your mouth).

If it is outside normal working hours, you must ring your GP (or their out of hours service)

- If you see your GP, he/she may place a tube in the hole to keep the stoma open.
- Alternatively, the GP or DN may ask you to go to the nearest Emergency Department (A&E), where an temporary gastrostomy may be inserted.

Feeding instructions:

The dietitian will arrange the feed you require. Feeds may be given via the following methods:

- Pump feeding
- Gravity feeding
- Bolus feeding (by syringe)

Training will be arranged by the dietitian for patients, family, carers and nursing home.

Getting your feed and feeding equipment:

When you go home from hospital:

- You will be given 7 days supply of your feed and feeding equipment.
- Your hospital/community dietitian will contact your GP to request a prescription for your feed.

At home:

- You or your GP must send the prescription to your feed supplier.
- The delivery company will organise home delivery of your feed and feeding equipment.
- You may take the prescription to your local chemist who will organise home delivery of your feed.

IF THERE IS PAIN ON FEEDING, OR EXTERNAL LEAKAGE OF GASTRIC CONTENTS, OR FRESH BLEEDING:



STOP FEED IMMEDIATELY AND URGENTLY CONTACT YOUR GP or attend the Emergency Department (A&E).

Caring for your feeding equipment

Equipment	How to clean it	How often does it need changing
Single use syringes	<u>Single use only</u> 	Change after every use
Re-useable syringes	<u>Re-usable</u> : Clean after each use.	Change after _____ days
Giving set	<u>Single use only</u> If you have a break in feeding, put the cap back on the giving set. Put the giving set and feed in the fridge until ready to be used again.	Change daily
Feed reservoir (Flexitainer)	<u>Single use only</u>	Change daily
Extension set for your gastrostomy	<u>Re-usable</u> : see dietitians advice.	Follow manufacturer's advice. Ask your dietitian if unsure
Pump	Wipe daily with clean, damp cloth. <u>Do not soak in water.</u>	Feed delivery company will service annually

Pump details

Type	
Manufacturer	
Pump helpline	

Useful contacts

Health professional	Name	Contact number	Available
Community Dietitian East Berkshire West Berkshire		01753 636724 01635 273710	
Abbott Nurse advisor	Joice Kapesa	07825297327	Monday – Friday 9am – 5pm
Abbott Hospital to Home	-	0800 0183799	
Nutrition Nurse	Sarah Lupai	0118 322 8342 07826 921372	Monday- Friday 8am – 6pm
Endoscopy Unit Royal Berkshire Hospital	-	0118 322 7458	Monday – Friday 8am – 6pm
GP			
District nurse			

Hospital Nutrition Nurse contact details

Nutrition Nurse 0118 322 8342

Pager 40554 Tuesday, Wednesday and Friday, 8am – 2pm

Hospital Switchboard 0118 322 5111

Website: www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Endoscopy Department, November 2017

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