PEG Tube
(Percutaneous Endoscopic Gastrostomy)
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**What is a PEG tube?**

A PEG tube is a type of feeding tube. It is inserted (put in) by a GI specialist (Gastroenterologist) at the Endoscopy Unit. The GI specialist passes a flexible tube with a light at the tip to guide it down your throat and into your stomach. This guides the placement of the feeding tube. The feeding tube leaves or “exits” your stomach through a small cut made on the surface of your abdomen. To learn more about this procedure see the Capital Health pamphlet called ‘Gastroscopy’.

There is a bolster (balloon) at the end of the tube inside your stomach. It helps to hold the tube in place. There is also a bolster around the tube on the outside on your skin. This prevents the tube from sliding in and out of the tube opening. The bolster should rest lightly on the skin, but should not cause pressure.
You may need a feeding tube if:

- You are not able to eat enough food to keep your weight and strength up.
- You are or will be having treatments such as chemotherapy or radiation that can make chewing and swallowing difficult for a time.
- Food cannot pass through to your stomach due to a blockage.
- You have had surgery that makes it difficult to eat.
- You cannot digest food in your stomach and so your food must be given directly into your small bowel.
- You have had problems absorbing food, such as a diagnosis of Crohn’s disease.
- You have a high risk of choking when eating or drinking.

What happens before the tube is inserted?

- Your doctor will plan for you to see a specialist who is trained to insert your feeding tube. If possible, bring a family member or friend with you for this appointment.
- The specialist will talk with you about the procedure. The specialist will take your medical history, do a physical exam, and review drug allergies.
• Be sure to tell your specialist about all medicines that you are taking especially:

  › **Blood thinners (anticoagulants)** such as ASA (aspirin), warfarin, Fragmin® or heparin. These types of medicines can increase your risk of bleeding.

  › Any **non-steroidal anti-inflammatory drugs** such as medicines for pain, arthritis, gout, migraines, nerve pain or high uric acid in the blood (like Motrin®, Advil®, ibuprofen).

  › **Plavix®** (helps prevent a stroke or heart attack).

• Be sure to tell your specialist about any **stomach surgeries** you have had.

• This is a good time to ask questions.

• Ask your specialist if you should take your usual medicines on the morning of your procedure (such as diabetic pills or insulin).

• Ask your specialist what pain medicine you may take for any discomfort you’ll have after the feeding tube is inserted.

• Your specialist will talk with you about the risks of having this procedure and you will sign a consent form.

If possible, you will meet with a nurse before the tube is inserted so that you can learn how to care for your tube.
You will be given some of the supplies you need to get you started. You may also meet with a dietitian to talk about your feeding needs. The dietitian will talk about the best type of liquid nutrition (formula) for you and how much you need.

What happens on the day the tube is inserted?

• Your stomach must be empty for the procedure. **Do not eat or drink after midnight before the procedure.** You may be able to drink clear liquids after midnight. Ask your doctor or nurse if this is ok and when you should stop.

• Take the medicines that your doctor told you to take today with sips of water only.

• Do not wear any jewelry or bring valuables to the hospital.

• Ask someone to come with you the day of the procedure and stay while your test is done. You must not leave the Endoscopy Unit alone or drive after the procedure due to the sedation you’ll be given.

Where is the procedure done?

• Please go to the Endoscopy Unit, 9th Floor, Victoria building, Victoria General site. Register with the clerk at the desk.
How is the procedure done?

• A nurse will get you ready for the procedure. The nurse will review your medical history, the medicines you take and check your blood pressure.

• You will be given a hospital gown to wear.

• An intravenous (IV) will be put in your arm and an antibiotic may be given.

• Once you’re in the procedure room, you will be asked to remove your contact lenses, dentures, and glasses.

• You will be given some medicine to help you relax while the tube is being inserted, but you will not be asleep for this procedure.

• Your throat will be sprayed with a local freezing to help the scope (flexible tube) pass down your throat and into your stomach.

• A local freezing will be given into the area on your abdomen where a small cut will be made for the tube to exit.

• The specialist will insert the feeding tube. The procedure may take about 30 minutes.
What happens after the tube is inserted?

• You will be taken by stretcher to the Endoscopy Unit recovery room. You will stay there for about 1 hour. This allows time for the sedation to wear off. You will be given some instructions before going home.

• Your stomach area may be tender for several days. If you have discomfort or pain around the tube, take the pain medicine suggested by your doctor.

• You may have a small amount of swelling around the tube exit site. This is normal and will usually go away after a couple of days.

• You may have a small amount of drainage or bleeding around the exit site for 1 or 2 days – this is normal. The amount will get less and the color should change to a darker red or rusty brown.

• 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 for several minutes or insert 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 this as often as needed (See picture).

• You should not eat or drink for 1 hour, as your throat has been frozen for the procedure. Follow the instructions that are given to you in the Endoscopy Unit.
• Follow your instructions for flushing the tube and cleaning the skin around the tube.

I’ve had sedation- what should I know?
• A responsible adult must take you home and care for you.

• The person who is taking you home must come with you to the test at the GI Unit on the 9th floor of the Victoria building at the VG site. They should also stay in the hospital the whole time you are having the test.

• Do not walk or take the bus home. You may take a taxi only if you go with a responsible adult who can help you if needed.

• Do not sign any legal or important papers for the next 24 hours.

• Do not drink any alcohol for the next 24 hours.

• Do not drive a car or run any heavy machinery for the next 24 hours.

• Do not give care to others for the next 24 hours.
• **Do not** take any medicine that may cause you to feel sleepy.

**Activity**

• You may wish to take it easy for a few days. Do not do any heavy lifting.

• Follow your doctor’s advice about returning to normal activities.

**How do I look after my PEG tube?**

• A PEG is usually not used to give formula or medicine for the first 24 hours after it is inserted.

• When you need to start using the tube, a nurse will show you how.

• If you are still eating and drinking well, you probably won’t need to use the tube right away. When your appetite drops, you lose weight, or you have trouble swallowing, call your dietician or nurse. You will then be shown how to feed yourself through the tube. If you are not using the tube for feeding, it must be flushed at least twice a day.

• You can usually shower the day after your tube is put in.

• Try not to spray water directly on the exit site.

• You can go back to bathing in the tub once the exit site is healed. This usually takes about one week. Do not cover the exit site with bath water.
• When swimming, cover the exit site with a clear plastic dressing or Saran™ wrap and tape.

• Always dry the area well after bathing, showering, or swimming.

• When traveling, bring enough formula and supplies to last the length of your trip or make sure you can get the supplies you’ll need when you arrive.

How long can the PEG tube stay in place?

• The PEG tube can be left in place for several months or longer. Ask your doctor how long you may need a feeding tube.

• If your PEG tube will be needed for a long time, you may want to consider having it changed to a PEG button after 6 weeks. Talk to your doctor about this.

A PEG button is a feeding tube that is level with the skin surface. When not in use, it can’t be seen under most clothing.
What are some possible problems that can happen with a feeding tube in place?

Although problems can happen when inserting a feeding tube or after it is in place, a serious problem rarely happens (1%). Some possible complications:

- Infection around the PEG tube. Some signs of infection are: redness, a hard firm lump, tenderness, drainage (pus), increased skin temperature, or fever.

- Formula going into your lungs causing pneumonia.

- Bleeding from the exit site of the tube.

- Injury or tear in the lining of the swallowing tube (esophagus), stomach, small or large bowel.

- Accidentally removing the tube.

- Infection that works its way through the layers of tissue that surround (go around) the muscles.

- Death.

Call your doctor if any of the following happens:

- Swelling or tenderness around the PEG tube site that lasts longer than a few days after the tube was inserted.

- Chills, fever, redness, warmth, drainage, or skin breakdown.
• A hard lump around the exit site.
• The tube has fallen out.
• The tube has moved farther away from the insertion site.
• Bleeding at the tube site.
• Formula leaking from the exit site onto your skin.
• Nausea, vomiting, or increased stomach bloating.
• The tube has become clogged and you are not able to flush it (if the nurse can’t help you over the phone).

Where can I get the supplies I need?
• You can buy your formula and other supplies at most drug stores. You should call the store a few days ahead of time, as they may not always have these items in stock.
• Some insurance companies may cover the cost of formula and the supplies used. A social worker may be able to help you with this.
• Your nurse will give you a list of what you’ll need and some supplies to get you started, until you are able to get supplies from your own drug store.
• You can ask about the cost of buying the formula and the supplies with the nurse, dietitian, or social worker if needed. They may be able to help.
How do I check my weight?
It is important to weigh yourself once a week to help check your nutrition. For the correct weight:

• Use the same scale each time and write down your weight.

• Weigh yourself at about the same time of day.

• If you have gained or lost a total of 5 lbs (2.3 kg) or more, call your dietitian.

• If the dietitian has set a weight goal for you and you’re having trouble meeting it, please call your dietitian to change your feeds.

Do I still need to brush my teeth?

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

Information about my PEG tube
Type of tube: ________________________________
Size: ________________________________
Date inserted: ________________________________
Inserted by: ________________________________
Length of tube at the bolster: ____ cm.
If you have any questions, please ask.  
We are here to help you.
Looking for more health information?
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