

PATIENT EDUCATION

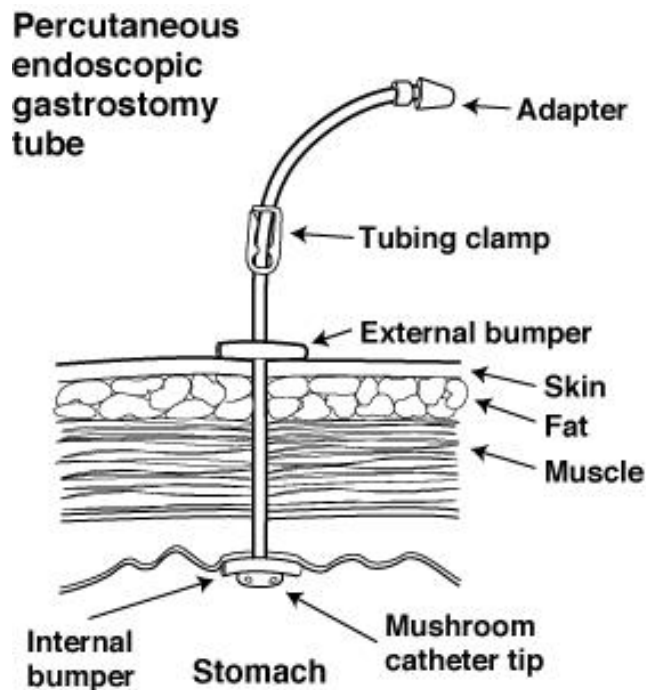
Percutaneous Endoscopic Gastrostomy Tube (PEG)

What is a PEG tube?

A PEG is a type of feeding tube that is put in the stomach. This type of feeding tube can be used for:

- Safe and effective for feeding or nutritional intake.
- Provide fluid intake.
- Giving medications.
- Decompression (taking air out of the stomach).

What does a PEG tub look like?



Why do I need a feeding tube?

- Long-term nutrition ordered by your provider.
- For people with swallowing problems.
- For people who have a tube in their nose that needs to be taken out.

What happens before the PEG placement?

- You will meet with a provider, dietitian, and possibly a home care coordinator. They will review your history, explain how the tube works, and answer any questions that you might have.

How do I prepare for the PEG placement?

- Be sure to tell the provider if you have any bleeding tendencies.

- You will be asked not to eat or drink after midnight the night before the PEG placement.
- Some of the medicines you take may need to be stopped temporarily before your PEG placement.
 - **Blood thinners**
 - such as Coumadin (warfarin), Ticlid (ticlopidine hydrochloride), Agrylin (anagrelide), Xarelto (Rivaroxaban), Pradaxa (Dabigatran), Pletal (Cilostazol), Brillinta (Ticagrelor), Eliquis (Apixaban), Effient (Prasugrel), Plavix (Clopidogrel), and Aspirin. You must speak with your prescribing provider or the specialist at least 2 weeks before the scheduled PEG placement. Do not stop these medications without the consent of your provider.
 - **Insulin and diabetes medications**
 - Please call the provider that monitors your glucose levels. Your medications may need to be adjusted due to the diet restrictions required with a PEG placement. Do not stop these medications without the consent of your provider.
- Be sure to let your provider know if you are pregnant.
- Arrange for a driver and someone to be with you for the day. You will not be allowed to drive if you receive sedation.
- Be sure to follow your specific diet instructions given by your provider.

What should I expect before the PEG placement?

- Lab work will be drawn prior to the PEG tube placement and reviewed by your provider.
- The provider will also review the risks and benefits to you.
- You will sign a consent form before getting the feeding tube.
- A small IV will be put in a vein so sedation can be given during the PEG placement.
- Dentures and glasses will be removed prior to the procedure. You will be asked to wear a hospital gown.

What are the potential complications?

- Undesired effects from anesthesia.
- A tear in the wall of esophagus, stomach, or duodenum.
- Peritonitis.
- Bleeding.
- Infection at the incision site.
- If you have any questions, please ask your provider.

What can I expect during the PEG placement?

- IV antibiotics will be given prior to PEG placement.
- You will lay on your back during the procedure.
- Staff will clean the skin on your belly very carefully.
- Your hands may be tied to protect the sterile area from being touched.
- You will be given sedation and a local anesthetic in the stomach.
- A small incision is made in the abdominal wall where the PEG tube will exit.
- The procedure can last from 30 to 45 minutes.
- Your blood pressure, pulse, respirations, and oxygen levels will be monitored during the procedure.

What can I expect after the PEG placement?

- Your blood pressure, pulse, respirations, and oxygen levels will be monitored in the recovery area.
- Your family and friends can be with you after the procedure.
- Antibiotic ointment is placed on the feeding tube site. The site maybe covered with gauze.
- If you are taking Coumadin, Plavix, or other blood thinners, ask your provider when to restart those specific medications.
- You will be instructed on how to rotate the outside bumper (see picture) every eight hours for the first 24 hours.
- You will be told a time when the tube can be used for the first time by your provider.

- You will be given instructions on how to care for the site.
- The nurse will give you written discharge instructions before you leave.
- You may call your provider's office with any questions or concerns.

Special Considerations

- Caregivers must know to call the provider **immediately** if the tube comes out during the first two to six weeks after it is placed. If this happens, the patient will need to be rescheduled to put the PEG back in with a scope or through surgery.
- After about six weeks, the tract (the hole that the tube is in) is stronger. If the PEG comes out after six weeks, the tube can be replaced without a scope.

References

Percutaneous Endoscopic Gastrostomy (PEG) - Cleveland Clinic Understanding Percutaneous Endoscopic Gastrostomy (PEG) – The American Society of Gastrointestinal Endoscopy (ASGE)