

Patient information factsheet

Percutaneous endoscopic gastrostomy (PEG) tube insertion aftercare advice

We have given you this factsheet because you have had a percutaneous endoscopic gastrostomy (PEG) tube inserted today (a small tube that is surgically inserted through your skin directly into your stomach to allow you to receive feed, fluid and medication without swallowing). It explains what to expect after this procedure and how to look after your PEG tube and stoma site (the site on your abdomen where the PEG tube has been inserted) safely at home. Please keep this factsheet safe, as you may need to refer to it daily. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact a member of your healthcare team using the details at the end of this factsheet.

Your PEG tube

| | |
|---|----|
| Your name: | |
| PEG tube details (size and make): | |
| PEG tube mark at stoma site: | cm |
| Date of PEG tube insertion: | |
| Date to begin advancing and rotating PEG tube: | |

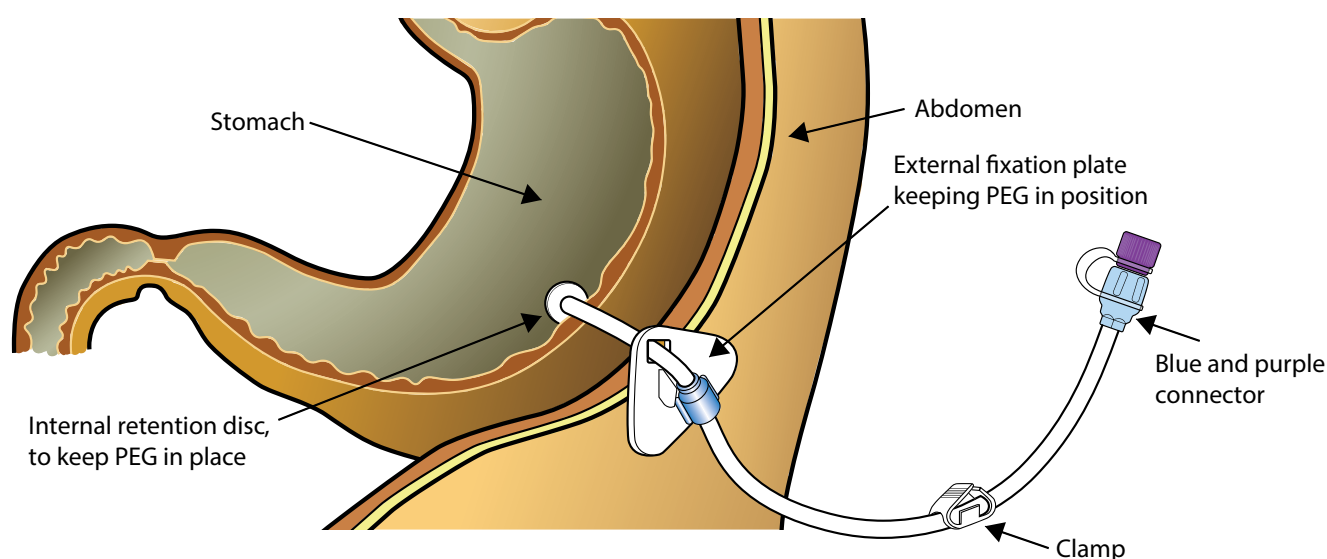


Image source: Clinical Illustration, The Royal Wolverhampton NHS Trust - www.rwt.nhs.uk/PIL/MI_9809514_04.05.22_V_1_pilot.pdf

Before you leave hospital

Before you leave hospital, a member of your healthcare team (this may be a gastroenterology registrar, an upper gastrointestinal surgical registrar, or a specialist enteral nutrition nurse) will carry out an assessment to make sure you are well enough to go home.

During the assessment, the healthcare professional will check:

- your stoma site for signs of excessive bleeding or pain
- that the external fixation plate is attached correctly
- that the PEG tube has not moved from its original position (see the 'Your PEG tube' section on page 1)
- your dressing
- that the clamp is closer to the attachment end of the PEG tube than to the external fixation plate

It is important that you do not move the external fixation plate for the first two weeks after the PEG tube is inserted.

Using the PEG tube

The PEG tube must not be used for the first six hours after being inserted. After this, a nurse will flush the PEG tube with water. If you tolerate this and do not experience any pain or leakage of stomach contents at your stoma site, the nurse will start to use the tube for feeding (if needed).

A nurse (from the hospital or from the external homecare company) will show you and/or your carer how to use the tube for feeding and giving medications and how to flush the tube with water before you go home. They will also show you how to care for your skin around the PEG tube.

How to care for the PEG tube

Dressing

Keep the original dressing on for 24 hours. After 24 hours, remove the dressing and clean your stoma site with a normal saline solution (we will provide you with this). Do not re-dress your stoma site.

Stoma site

- Check your stoma site daily until it has fully healed for signs of infection, including:
 - redness
 - swelling or heat
 - an unpleasant smell
 - increasing pain

If you notice any signs of infection, please contact your community enteral nurse or the homecare company for advice.

- Clean your stoma site for 7 to 10 days after your procedure using a normal saline solution and then leave your stoma site exposed if possible.
- You should not get your stoma site wet in the bath or shower for the first 14 days.

PEG tube

- Always wash your hands thoroughly with soap and water **before** and **after** handling the PEG tube.
- Flush the PEG tube with 30 to 50ml of tap water **before** and **after** giving any feed or medication using the push/pause technique to help prevent blockages. You should also flush the PEG tube daily when not in use.
- If the PEG tube becomes blocked, contact your community enteral nurse or the homecare company immediately for advice.

14 days after your procedure, you should begin to **advance and rotate the PEG tube** daily (or as often as the manufacturer recommends) to prevent buried bumper syndrome (when the internal disc of the PEG tube becomes buried and the stomach lining grows over it).

To advance and rotate the PEG tube, you will need to:

1. Wash your hands with soap and water.
2. Release the external fixation plate.
3. Clean the skin around your stoma site.
4. Gently push the PEG tube 2cm into your stomach.
5. Rotate the PEG tube 360 degrees (one full rotation, making sure the PEG tube is returned to the same position as it was when first inserted). This should not hurt.
6. Gently pull the PEG tube 2cm out of your stomach, back to the original position (see PEG tube mark on page 1).
7. Close the external fixation plate.

Do not move the external fixation plate unless your community enteral nurse or the homecare company have discussed this with you.

When to seek urgent medical advice

Stop using the PEG tube and seek urgent medical advice (call NHS **111** or visit your nearest emergency department) if you experience any of the symptoms below in the first 72 hours after your procedure:

- pain when feeding
- prolonged or severe pain
- bleeding
- leakage of any stomach contents at your stoma site

Follow-up care

Patient information factsheet

Contact us

If you have any further questions or concerns about the PEG tube after leaving hospital, please contact your community enteral nurse or the homecare company using the details below.

Community enteral nurse

Telephone: _____

Homecare company

Telephone: _____ (24-hour helpline)

For urgent medical advice, please call your general practitioner (GP) or NHS **111**.

In an emergency, call **999** for an ambulance or visit your nearest emergency department.

Useful links

www.pinnt.com

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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