

# PEG

## Percutaneous Endoscopic Gastrostomy Endoscopy Unit

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For any queries, please contact the  
Nutrition team

Opening times

8.00am to 4.00pm Monday to Friday

# Introduction

Your doctor has advised that you should have a test called a PEG.

This procedure may be undertaken at The Royal Shrewsbury Hospital or at The Princess Royal Hospital. Your appointment may be at either site.

This leaflet tells you why you need the procedure and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read this leaflet, please telephone the Endoscopy Booking Office.

## What is a PEG?

A PEG is a plastic feeding tube that comes out of your stomach through the skin. Through this you will be able to put specially prepared nutritious fluids.

## Why do I need a PEG?

Because you are unable to keep a healthy weight. This may be because you cannot swallow at all or because you cannot eat or drink enough. It may be that neither of these applies now but your doctor expects you to have problems eating in the near future.

## What are the risks and benefits of having a PEG?

The majority of PEGs are safe and uncomplicated. However, as with any procedure there is a small chance of complications or side effects. We have enclosed an example of our consent form for you to read at the end of this leaflet.

You may suffer from:

- A sore throat
- Feel some wind in your stomach, this will settle in a few days

National studies have shown that serious complications are very rare. Such as:

- Drug reaction
- Bleeding
- Perforation
- Unable to place the PEG
- Missed lesions (unable to see an abnormality)

**Bleeding:** occurs in less than 1 in 5000 cases

**Perforation:** (a hole or tear in the gullet or stomach) occurs in approximately 1 in 5000 cases.

- **If a complication occurs it may be necessary to stay in hospital**

## What if I do not have a PEG?

An alternative to a PEG is a naso-gastric tube. This tube goes through the nose and into the stomach. This type of tube is possible for some people but not those who are having surgery to the mouth or neck area. These tubes are often easier to place, but tend to come out more easily.

The PEG is designed to give you full nutrition and fluids. If you don't have this you may become dehydrated very quickly and you will lose weight. This means that you will become weak and your condition will worsen.

# Things you need to know before your test

If you need an interpreter, please contact the Endoscopy department before your appointment. They will make sure someone is there to interpret for you. Family members cannot do this.

If you are planning to fly or travel outside of the UK within two weeks after your test, please contact us.

**You may need to attend the unit for a pre-assessment. If this is required, you will be contacted by a member of the team to arrange this.**

## How to prepare for your test

- **Do not eat or drink anything** in the 6 hours before your appointment.
- **You can drink small sips of water only up to 2 hours before the test.** This is to make sure your stomach is empty so we can have a clear view of your stomach.
- Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time on these premises. Please remove all jewellery other than one wedding band.

## Medicine

- If you are taking a **Direct Oral Anticoagulant (DOAC)** e.g. Rivaroxaban, Apixaban, Dabigatran and Edoxaban **please do not take the morning dose on the day of your test.** If you have been advised to stop this medicine for longer, then please follow the advice you have been given. **If you have not been given any advice, contact the Nutrition team.**
- If you take **Aspirin**, this can be taken as normal before your test.
- If you are taking **Warfarin**, please make an appointment to get your INR checked at your GP surgery. This should be 2 to 3 days before the test. If your INR is too high, you may not be able to have the test. We decide on the day of your appointment. Please ensure you bring your current Warfarin record card.

- **If you are a diabetic on tablets or Insulin**, please contact the Endoscopy Booking Office as soon as possible to discuss your diabetic treatment before the test. We will ask you for the name of the medicine you are taking. Our pre-assessment team will contact you to give you advice. This will normally be a phone call.
- **Keep taking all other medicines as normal (including blood pressure medicines)**. If you have any concerns, please contact the Endoscopy department.

## Sedation

As you will have sedation for your test you will need to make plans for an adult to take you home and stay with you afterwards for a minimum of 12 hours. Please bring the contact details of this person with you to the appointment.

You **must not** do any of the below for 24 hours following your test:

- Drive a vehicle
- Drink alcohol
- Operate machinery
- Sign any important or legal documents
- Attend work

# What should I expect during my visit?

When you arrive at the Endoscopy Unit please report to reception and you will then be asked to take a seat in the waiting area. If you feel unwell at any time, please inform the receptionist.

A nurse will invite you into an assessment room to ask you questions about your health, explain about the PEG procedure and find out what arrangements you have made for going home. You will have the chance to ask any questions that you may have.

Please bear in mind that your appointment time is not your procedure time and there may be a delay before you are taken through for your procedure. You may be in the department for up to 6 hours. The Endoscopy Unit sometimes has to deal with emergency cases which may cause delays to your appointment time.

## Consent

The nurse will explain the procedure to you and discuss any potential risks related to the procedure. You will have the opportunity to ask any further questions. You will be asked to sign the consent form confirming you understand and agree to go ahead with the procedure. You can change your mind about having the procedure at any time.

## In the procedure room

Before the procedure is done you will be asked to remove your glasses (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). Outer clothing i.e. coats and jumpers will need to be taken off.

## Local anaesthetic spray

This is sprayed to the back of your mouth and you are asked to swallow. After a few seconds it will start to make your throat feel numb.

Having the spray makes it more comfortable when the camera is passed down through your throat. You may be able to go home sooner than this, the nurse will advise you.

## Sedation

The sedation is an injection into a vein in your hand or arm via cannula to make you feel drowsy and relaxed. Some people do not have any memory of the PEG being done. After the PEG you will be kept in the recovery area lying on a trolley until you are fully awake.

Sometimes sedation may not be advisable because of other health problems.

## The PEG

A nurse will stay with you throughout the procedure. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the camera. The nurse will hold this in place. You may be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the procedure a monitor is placed on your finger to check your pulse and oxygen levels.

The endoscopist will pass the camera over your tongue to the back of your throat and will ask you to swallow. The camera will then pass into your Oesophagus (food pipe) and stomach.

You may feel the camera move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure good views are seen.

When the endoscopist has a good view of the inside of your stomach you will be given an injection of local anaesthetic into the skin over your stomach, where the PEG is to be inserted. When the anaesthetic has taken effect, a small hole (a stoma) is made in your stomach and the PEG tube is placed. The PEG tube is now in place and the camera is removed back through your mouth. A nurse will put a connector (to stop the tube leaking) and a flange (to keep the tube firmly in place) onto the PEG tube. No stitches are required.

During the PEG the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth. Tissue samples (biopsies) may be taken painlessly during the PEG.

As soon as the camera is removed, the mouth guard is taken out of your mouth and the procedure is finished.

## After the PEG

As you will have had sedation, you will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may be between 4 and 6 hours. You will have some written instructions to take home and you will need to have an adult to accompany you.

## Can the PEG tube fall out?

There is a “bumper” on the end of the PEG tube, inside the stomach, to keep the tube in place making it extremely unlikely for the PEG to come out unintentionally.

## How is the PEG tube removed?

The tube can easily be removed. When removal is required your doctor can explain how this is done.

## Training

The Royal Shrewsbury and Princess Royal Hospitals are Regional Centre's for Endoscopy Training. Your examination may be performed by a trainee endoscopist. They are experienced healthcare professionals.

All trainees are under the direct supervision of an expert trainer until they are fully competent; the trainer is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

## Clinical Photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by healthcare professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as x-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching Doctors, Nurses and other medical professionals, as well as research, audit and quality assurance purposes.



# Example of Consent form

Please note this is a copy only and will be signed on the day of your procedure

## Patient Agreement to Investigation or Treatment

Please insert patient label

- **Name of proposed procedure or course of treatment**  
Upper Gastrointestinal (GI) Endoscopy and insertion of Percutaneous Endoscopic Gastrostomy (PEG)
- **Statement of health professional** - I have explained the procedure to the patient
- **Reason for Procedure**  
A PEG is a procedure that allows the healthcare professional to place a small plastic tube through the wall of your stomach as an alternative way of feeding you.
- **The Intended Benefits**  
A PEG tube will allow you to meet your nutritional requirements by feeding directly into your stomach.
- **Serious or frequently occurring risks: -**
  - Frequently occurring risks
    - Sore throat
    - Risk to teeth or dental work
    - Abdominal discomfort due to bloating
  - Serious risks
    - Perforation
    - Bleeding
    - Infection
    - Misplacement
    - Unable to place
    - Adverse reaction to drugs
    - Missed lesion
    - Death
- **Extra procedures which may become necessary during the Endoscopy: -**
  - Blood Transfusion                      Other \_\_\_\_\_
- **I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.**
- **The following leaflet has been provided:-** PEG
- **This procedure will involve: -**  Intravenous sedation/Fentanyl  Local anaesthesia  
 General Anaesthetic

## Patient Agreement to Investigation or Treatment: - Upper Gastrointestinal (GI) Endoscopy and insertion of Percutaneous Endoscopic Gastrostomy (PEG)

Please read this form carefully. If this treatment has been planned in advance, you should already have your own copy of page 1 which describes the risk and benefits of the proposed investigation. If not you will be offered a copy now.

Name (PRINT) ..... confirm as follows:

- I understand that I am able to decide not to have this investigation.
- I have been provided with a patient information leaflet. I have read this and I was able to understand it. I have had an opportunity to ask questions about the leaflet.
- I understand that there are risks associated with this investigation. These have been discussed with me, I have had an opportunity to ask questions about them, and I have taken this information into account in deciding to proceed.
- I understand that there are alternative options, including doing nothing, but taking into account the risks and benefits I wish to proceed with the investigation listed on this consent form.
- I understand that the procedure will be undertaken by a suitably qualified Endoscopist or trainee under direct supervision but that no guarantee can otherwise be given as to the specific identity of that person.
- I do not need any additional time to consider matters before signing this form.
- I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or prevent serious harm to my health

# Additional information is available from

If you are worried or have any questions, please do not hesitate to contact the Endoscopy Booking Office.

- For further information, please refer to the link below:

<https://www.sath.nhs.uk/wards-services/az-services/endoscopy/>

## Other Sources of Information

### NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

- Telephone: 111 (free from a landline or mobile)
- Website: [www.nhs.uk](http://www.nhs.uk)

### Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns. They can also help you get support from other local or national agencies. PALS is a confidential service.

Royal Shrewsbury Hospital  
Princess Royal Hospital

Tel: 01743 261000 Ext 1691  
Tel: 01952 641222 Ext 4382

## Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

## Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)

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