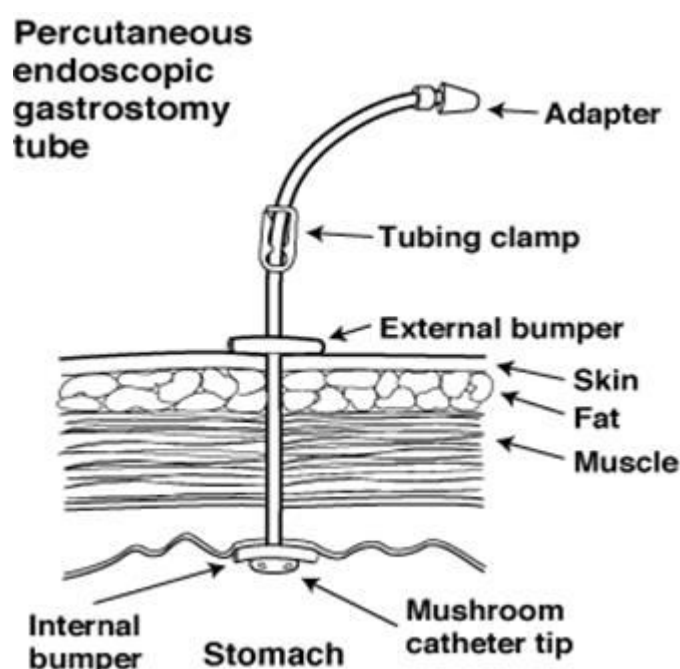


## Information for Patients

# Percutaneous Endoscopic Gastrostomy Tube



## Please Note:

Your test may be carried out at any of the endoscopy sites across Manchester NHS Foundation Trust. Please check your appointment letter to make sure you attend the right unit.

You may need to start preparing for your test up to one week before your appointment. Please ensure you read this information in good time to ensure you know what to do. Poor preparation can result in cancellations and incomplete procedures.

If you are unable to keep your appointment, please telephone the Waiting List Office as soon as possible via the number on your appointment letter. Your appointment can then be offered to someone else which helps to keep waiting lists shorter.

Thank you.

## Introduction

This information leaflet has been written for people who require a Percutaneous Endoscopic Gastrostomy (PEG) tube. We hope it will help you to understand the procedure and how it is performed. If there is anything you require further clarification on you can speak to the nutrition nurse or the dietitian.

## What is a PEG?

A PEG (percutaneous endoscopic gastrostomy) is a way of introducing food, fluids or medication directly into the stomach by passing a thin tube through the skin and into the stomach.



## What does PEG stand for?

**Percutaneous** is the terminology used for something that is inserted through the skin.

**Endoscope** is a long thin tube about the width of your little finger, containing a bright light and a camera that is used to carry out the procedure.

**Gastrostomy** is an opening into the stomach.

## Why do people need to have PEG tubes?

A PEG tube bypasses the throat and gullet and can be used for people who have difficulty swallowing or if there is a risk of the food going “the wrong way”, into the lungs.

Although this can also be achieved by passing a thin tube via the nose and into the stomach, a PEG is proved to be more comfortable and safer to manage at home. PEG tubes are also more discreet as they can be tucked away under the clothes, therefore no one need know you have one unless you choose to tell them.

If you suffer from reflux or regurgitation of food or acid from the stomach, a PEG tube will not improve or resolve these symptoms.

It will be used to support your nutrition and hydration needs whilst you are unable to take adequate food and fluids by mouth.

## Preparation for the test

It is important that your stomach is empty for the test to be successful. Therefore-

- You must not have anything to eat or drink for at least 6 hours before your test.
- You may then have small sips of water only, up to 2 hours before your test.

## Should I take my usual tablets or medications?

### Blood Thinning Tablets

**Before stopping any of the below medications please seek advice from your GP or Consultant to ensure that it is safe to do so.**

Tablet Name	Advice
Warfarin Synthron	Should be stopped for 5 days before the test. Please contact endoscopy if you have been advised that you should not stop this medication.
Apixiban Edoxaban Fondaparinux Rivaroxaban Dabigatran	Should be stopped for 3 days before the test. Patients with a coronary stent may need to take Aspirin. If you require further advice, or have been told not to stop these medications, please call us.
Asasantin Clopidogrel Dipyridamole Ticagrelor Prasugrel	Should be stopped for 7 days before the test. Please contact endoscopy if you have been advised that you should not stop this medication.
Clexane Dalteparin Enoxaparin Inhixa	Please call us. We may need to speak to your doctor for advice.

Aspirin does not need to be stopped.

### If you are a diabetic treated with insulin or tablets:

- You will need an early morning appointment. If you have been given a later appointment, please contact us.
- You will need to contact your diabetes specialist (E.g. Diabetes clinic, GP, Practice Nurse) for advice on how to manage your diabetes.
- On the morning of your test, do not take your insulin or diabetic tablets.

**All other medication** normally taken in the morning may be taken as follows:

- Morning appointments - take your medication before 7am or bring it with you to take after your test.
- Afternoon appointments - take your medication before 10am.

## Medical History

If you have a Pacemaker or Implantable Cardioverter Defibrillator (ICD), please contact the unit using the phone number on your appointment letter. Please ensure this has been checked within 12 months of your procedure, and that the technicians are happy that the device is fully operational. Please bring your ID card showing the make and model of the device.

Also, please let us know if you:

- Are pregnant or breast feeding
- Have had any surgery (including eye surgery) in the past 6 weeks
- Have had a heart attack within the last six weeks
- Are waiting for heart surgery
- Are waiting for coronary angioplasty
- Have a tracheostomy or laryngectomy.
- Are on peritoneal dialysis

## Will I need sedation?

Yes, all PEG tubes are placed under sedation. You may have had a normal gastroscopy without sedation in the past, but this particular test does take longer so you will need sedation.

**Sedation and/or a pain relief drug** can be given as an injection into a vein in your hand or arm. The sedation will make you feel relaxed and less anxious but won't make you go to sleep. You will be awake and will still be able to communicate with us. Sedation may make you forgetful. Afterwards you may remember very little about the test.

You must have a responsible adult (18+) to take you home and look after you for 24 hours after having sedation. You will need to be collected from the Endoscopy Department directly. Do not travel home on public transport.

After having sedation you will be drowsy and small amounts of medication will remain in your body for up to 24 hours. During this period, although you may feel wide awake, you will still be under the influence of the sedation. Your concentration and co-ordination may be impaired and you may feel light-headed, faint or become forgetful. Due to this you must NOT do the following for 24hrs:

- Drive (you will not be covered by your insurance)
- Operate any machinery or electrical items such as kitchen appliances
- Drink alcohol, take recreational drugs, sedative drugs or sleeping tablets (the sedation may mean that the effects are greater)
- Sign any legally binding documents or make life changing decisions
- Return to work
- Be responsible for anyone else including children or elderly relatives

## Throat spray

Before your test your throat will be sprayed to make it numb. Afterwards, the nurse will advise when it is safe to eat and drink.

## How long will I be in hospital?

Once you have recovered from the procedure you will be transferred to a ward for an overnight stay where the nurses will continue to monitor your observations and pain levels.

## Do I need to bring anything with me?

Please bring:

- An overnight bag.
- A copy of your most recent prescription or a list of your medication.
- A book or magazine to read whilst you are waiting.
- You may wish to bring a dressing gown and slippers with you.

Please do not bring any valuables with you. We cannot be responsible for loss or damage to personal property.

## Visitors

Our Endoscopy Units are very busy and to ensure the privacy and dignity of all our patients we are unable to accommodate friends and relatives in the department. However, staff may assess your circumstances and make exceptions where necessary. For example:

- The patient concerned has specific additional needs or requirements
- The patient is 16 to 18 years of age
- The patient requires support with communication needs

During your test, friends and relatives can make use of on-site facilities for refreshments. If you are having sedation you will need to be collected from the department. Staff will contact friends and relatives by phone when you are ready if necessary.

If you would like to discuss your needs before arrival, please telephone the Endoscopy Department.

## What happens when I arrive?

The receptionist will ask you a few questions and ask you to take a seat in the waiting room.

A nurse will then take you to a private area where:

- Your personal details will be checked.
- You will be asked some questions about your general health.
- Your blood pressure, pulse and oxygen level will be recorded.
- Your test will be explained and your questions answered.
- You will be shown to a changing room and asked to undress and put on a hospital gown.
- A needle will be inserted into the back of your hand or arm. The needle will be removed and a soft plastic tube left in place. This will be used to give your sedation or a medicine to relax the bowel during the test.
- If you are a diabetic your blood sugar level will be checked before and after your test.
- If you are taking tablets to thin your blood, we will check the result of your most recent blood test. Occasionally, we may need to take another sample to make sure it is safe to carry out your test.
- You will be asked to take a seat in the sub-waiting area. Please refrain from returning to the reception area in your hospital gown.

Our aim is to maintain your privacy and dignity at all times. Please raise any concerns or issues with endoscopy staff.

## What happens before the procedure?

Before you make a decision on whether or not to have the tube inserted, the doctor, nutrition nurse and dietitian will discuss/explain the procedure to you and discuss the risks versus the benefits. You will be shown the type of tube that is used and given the opportunity to discuss further care and management if required. Please don't be afraid to ask questions, as this is your opportunity to ensure that you fully understand the procedure and how it will affect your care.

Should you decide that you do not wish to go ahead with the PEG insertion you will have the opportunity to discuss other options that may be available to you.

If you decide to go ahead, your admitting nurse, or the endoscopist, will make sure you understand the procedure before asking you to sign a consent form.

**Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.**

## What happens during the test?

- When you enter the procedure room, additional checks will be completed (For example, your name, date of birth, allergies, medical history etc.).
- If you have dentures, you will be asked to take them out. We will give you a pot to put them in.
- Your throat will be sprayed with a banana flavour local anaesthetic to make it numb.
- You will be asked to lie down on your left hand side.
- A probe will be clipped on to your finger to monitor your breathing and heart rate. We may also periodically check your blood pressure.
- A mouth guard will be placed between your teeth (you will be given the option of placing this yourself if you wish). The mouth guard will prevent you from biting the scope.
- Sedation will be given just before the test starts.
- The flexible tube is passed through your mouth and into your stomach.
- Air is gently blown inside to expand your stomach to allow good views.
- We may take internal photographs. These images are only used for medical purposes. Your privacy will be respected.
- Once the position of the PEG tube has been located by the use of a light at the end of the scope shining through the skin, you will have your skin prepared with antiseptic. You will then be given an injection of local anaesthetic under the skin to numb the area, this may initially sting a little. Then a small incision, less than 1cm, will be made to pull the PEG tube through. Although you may feel some pressure and prodding over your stomach you shouldn't feel any pain.
- Tiny samples of tissue may be taken. This is painless.
- Anything unusual, which we can treat during your test, will be treated unless you ask us not to before the test begins.
- Normally the test will take on average 20-30 minutes. At the end of your test, the flexible tube is easily removed.
- If you decide to watch your test on the monitor, please note that images are greatly magnified.

## Who will be present during my test?

As a minimum:

- The Endoscopist.
- Two members of endoscopy nursing staff.

Sometimes, additional staff may be present, depending on circumstances on the day of your test:

- \*A trainee Endoscopist, who may carry out your procedure under the supervision and guidance of a consultant Endoscopist.
- Another doctor in an observational capacity.
- A specialist nurse if required.
- \*A student nurse or medical student on placement.

\*The Trust participates in the training of doctors, nurses and other healthcare staff. Should you wish to discuss this during your visit, please speak to a member of the nursing staff.

## After your test

- You will be transferred into the recovery area to rest.
- You will be monitored by the nurses until you are fully recovered.
- You may feel a little bloated with wind but this should settle quickly.
- Again, you will be able to ask any questions you have.
- You will be transferred to the ward.

## When can the tube be used?

You will be able to use the tube to administer water, feed and medication after about 4 hours as prescribed by the dietitian. If you are able to eat and drink then you will be able to do this also.

## Will I need pain relief?

You may experience some discomfort following the tube insertion once the local anaesthetic has worn off. Paracetamol is usually sufficient to allow movement and deep breathing to prevent complications of chest infection and urine infection. However on occasion stronger analgesia is required and you must let your nurse know so that this can be prescribed by the doctor. The pain should subside within the first 24 hours although it is not unusual for some patients to require analgesia for up to a week.

## When can I go home?

You will usually need to stay in hospital for a minimum of 3 days following the tube insertion. During this time you, your family and or carers can be trained how to manage your new feeding system. This may take longer than 3 days and you may be able to stay in hospital a little longer or continue the training at home under the care of the district nurses.



## People involved in your care

During your stay you are likely to come into contact with the following healthcare professionals:

- Endoscopy nurses
- Medical Staff
- Nutrition Nurses
- Dietitians
- Ward nurses
- Consultant and other doctors.

## What are the possible risks or complications of having this test?

Although the procedure is relatively safe and major complications are rare (around 2-3%), there are risks involved in passing the endoscope and in making a hole in the stomach. These may include:

- Risk of damage to teeth or dental bridgework.
- A sore throat.
- Pneumonia, if stomach contents are inhaled.
- Changes to your heart rate and breathing caused by the sedation or the test itself.
- Bleeding.
- Perforation where the endoscope causes a small tear in the gut.
- Infection in the abdomen.

If you experience these complications, they can be minor and resolve themselves fairly quickly. However, sometimes you may need to stay in hospital for observation, have a blood transfusion, undergo a repeat endoscopic test or radiological test, or have an operation to repair the damage.

There are also some minor complications that may occur following placement of the tube which include wound infection and leaking of the contents of the stomach. These can be treated successfully with antibiotics and dressings.

There is also the possibility that if your stomach is not positioned in the abdomen that it may not be possible to place the tube.

It is important that you are aware and understand the complications and risks before you agree to have a PEG tube inserted. The medical team and nutrition nurse will be able to discuss this with you.

Although complications are rare, you should get in touch with your GP straight away (or attend the nearest A&E department if your GP is not available) if you notice any of these symptoms in the 48 hours after your test:

- Severe stomach pain worsened by moving or coughing.
- Bleeding from the back passage that is persistent or severe, including blood clots.
- Pain in the tip of the shoulder.
- Persistent or increasing abdominal swelling.
- Shortness of breath.
- Very dark or blackish motions.



## What are the discomforts of the test?

Some patients experience discomfort or abdominal pain during the test. This may be caused by the flexible tube and air being passed inside. This is rarely distressing enough to stop the test. We remove as much air as possible when the test is complete. You will be given an effective pain relieving injection before the procedure in addition to the sedation

## Research

Manchester University NHS Foundation Trust is at the forefront of research into a variety of conditions. You may be asked to consider taking part in a clinical trial. If approached, further information will be provided and you will be asked for additional consent if you decide to proceed. You are under no obligation to take part in research. Deciding not to take part will not affect your care.

## No Smoking or Vaping Policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking, and the use of e-cigarettes, is not permitted within any of our hospital buildings or grounds.

For some great information go to: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

## Violence, aggression and harassment

We are committed to the wellbeing and safety of our patients and staff. Please treat others with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecution.

## Comments, complaints, concerns and compliments

The Trust collects feedback from service users in order to give assurances we are providing the best patient care. During your visit, we will ask you to provide feedback on the service you have received by completing either a Friends and Family Test or What Matters To Me survey.

You will also be asked to complete our endoscopy specific patient survey form. This can be completed online or via a paper form which you can post back to us (a stamped addressed envelope will be provided). The endoscopy unit utilises this information to improve our service.

Other ways in which you can provide feedback are:

- Ask to speak to the ward or department manager. If you would like to discuss a concern or make a complaint, they may be able to help straight away.
- Complete the Family and Friends Test (FFT) online at [mft.nhs.uk/fft](http://mft.nhs.uk/fft). Please make sure that you select the correct hospital and ward/unit.
- Contact the Patient Advice and Liaison Service (PALS):
  - Telephone (0161) 276 8686.
  - Email [pals@mft.nhs.uk](mailto:pals@mft.nhs.uk).
  - Ask for a PALS information leaflet.

## Check list

- ☐ Are you able to keep your appointment? If not have you phoned to cancel or change it?
- ☐ If you are worried or have any questions to ask, have you contacted us?
- ☐ If you are having sedation, have you arranged for an adult to take you home and look after you for 24 hours?
- ☐ If you are taking anticoagulants, such as Warfarin or Sinthrome, have you been in touch with your anticoagulant clinic to have your clotting level checked within one week of your appointment?
- ☐ If you are a diabetic treated with Insulin or tablets:
  - ☐ Have you got a morning appointment? If not, please call to change it.

## Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si uu kuugu.

如果你需要翻译或翻译员, 请要求我们的员工为你安排

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