Having a gastroscopy and Percutaneous Endoscopic Gastrostomy (PEG) feeding tube
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**Introduction**

Your doctor has recommended that you have a gastroscopy and PEG tube inserted. PEG stands for Percutaneous Endoscopic Gastrostomy. A PEG tube allows you to be fed directly into your stomach and to receive the food and fluid that you need. If you prefer not to have this procedure, we advice you to discuss with your doctor and/or dietitian the implications of not having the PEG tube.

There are other methods of providing you with nutrition. Sometimes tube feeding can be achieved by passing a thin tube called a nasogastric (NG) tube through the nose and into the stomach. This method of feeding is more visible and less comfortable and is more suitable for short term use. For people who need tube feeding for longer than a few weeks, a PEG is more comfortable and easier to manage at home than other feeding tubes such as nasogastric tubes. PEG tubes are also more discreet as they can be tucked away under your clothes; no-one need know you have one unless you choose to tell them. If you would like to discuss the options available to you, please speak to your medical team or dietitian.

This leaflet has been written by staff working in the Endoscopy Suite at The Royal Marsden NHS Foundation Trust. It tells you about the examination and what to expect. We hope you find it useful. If, after you have read it you have any questions or concerns, please ring us on our direct line: 020 7811 8328.

Appointments for an endoscopy procedure are in high demand. If you are unable to attend your appointment, please contact the Endoscopy Suite as soon as possible so that your appointment may be offered to another patient.

When you come into the Endoscopy Suite (ground floor, Granard House Wing) please talk to us about any worries and ask any questions you have.

Your procedure time in Endoscopy is approximate as some procedures may take longer than expected and emergency procedures need to take priority.
What is a gastroscopy and insertion of a PEG feeding tube?

A gastroscopy is a test where a long flexible telescope (gastroscope), about the thickness of your index finger, with a bright light at its tip is carefully passed through your mouth allowing the doctor to look directly at the lining of your food pipe (oesophagus), stomach and small bowel (duodenum) - see diagram.

A video camera on the gastroscope transmits pictures of the digestive tract to a monitor, so that the doctor can see clearly.
PEG tube is a small plastic tube which is inserted into your stomach.

- **Percutaneous**: is the term used for something that is inserted through the skin
- **Endoscopic**: refers to the scope, in this case gastroscope, used to carry out the procedure
- **Gastrostomy**: refers to an opening into the stomach

Your PEG tube allows you to be fed directly into your stomach and to receive the food and fluid that you need. A PEG tube may be useful if you:

- Have difficulty swallowing
- Have a risk of aspiration (‘food going down the wrong way’)
- Are unable to get enough nourishment from the food you eat

It is important to be aware that if you suffer from reflux or regurgitation this problem will not be improved by having a PEG. Your PEG feeding tube can be removed in the future if you no longer need it for nourishment. Your dietitian will advise you about this.

**What preparation will I need for my gastroscopy and PEG feeding tube?**

To allow a clear view, your stomach must be empty. Therefore it is important that you have nothing to eat for at least **SIX HOURS before** the test. Unless you are told otherwise, please **stop drinking** clear fluids **THREE HOURS before** your appointment at the hospital.

**What about my medication?**

Unless advised otherwise, take all your regular morning medications with a small sip of water on the day of the procedure.
If you are on anti-coagulants (such as warfarin or clopidogrel) or are diabetic you will be given instructions by the telephone pre-assessment nurse.

NB if you feel unable to comply with any of the instructions, please contact the Endoscopy Suite.

**What should I bring on the day?**

If you are diabetic, please bring your insulin or tablets with you. If you use reading glasses, please bring them with you so that you can read the consent form and any other paperwork. You are welcome to bring a book or other reading material.

**When you arrive**

When you arrive at the hospital, please make your way to Endoscopy Reception (ground floor Granard House Wing). If you need wheelchair access, please enter the hospital by the Wallace Wing entrance on Dovehouse Street. On arrival you may be asked to go for a blood test in outpatients. **Please note:** the time of your procedure will be dependent on the results of your blood test. This can take an hour to process but you will be kept informed of the anticipated time of your procedure. When you return, a nurse will take you to the admission area. As we have limited space in the department, only one escort/relative will be able to come into the admission area. Refreshments are available in the Mulberry Tree Café (1st floor).

In the admission area, a nurse will ask you several questions about your health, your current medication, take your blood pressure and pulse and ask you to change into a gown. The doctor will see you before the procedure. This is the opportunity to discuss the test before you sign a consent form. Please ask any questions you may have. It is important that you understand what is going to happen.
Your gastroscopy and PEG feeding tube procedure

Your gastroscopy will be carried out in the Endoscopy Procedure Room. We will give you sedation before the test to make you feel sleepy and relaxed. We will make you comfortable on a trolley, lying on your left side. A nurse will stay with you throughout the test, explaining what is happening, monitoring your vital signs, level of comfort and assisting the doctor. You will be given oxygen during the test, through little prongs that fit just inside your nostrils.

We will inject the sedation through a small needle placed in a vein on the back of your hand. You will not remember the procedure taking place. You will also be given one dose of antibiotics through the small needle in the back of your hand to protect you from infections. This is routine practice when having a PEG tube inserted.

The doctor will carefully pass the endoscope through your mouth and into the stomach. This should not cause you any discomfort, nor will it interfere with your breathing at any time. It may take up to 40 minutes to perform the procedure. During this time some air and then water will be passed down the tube to expand the stomach and allow the doctor a clearer view. If you get a lot of saliva in your mouth, the nurse will clear it using a small suction tube.

An antiseptic solution will be used to clean the skin over your stomach. Local anaesthetic will be used to numb the area where the PEG tube is to be placed; this may sting at first. A thin, hollow needle will then be passed through your skin and into your stomach. The feeding tube will then be passed through this. You will feel some pressure and some prodding over your stomach; you should not feel any pain.

Once in place a small plastic disc inside the stomach stops the tube from being pulled out. Another plastic disc on the outside stops the tube falling out of the stomach. Sometimes a small dressing is placed over the tube, but this is not needed for everyone.
How long will I be in hospital?

Your length of stay on the Endoscopy Suite will usually be between one to two hours. You will need to stay in hospital after your PEG insertion. Once you have recovered from the sedation you will be admitted to a ward if you have come from home or if you are an inpatient you will be taken back to the ward you are on.

What are the benefits and risks?

The benefit is that the PEG tube allows you to be fed directly into your stomach and to receive the food and fluid that you need.

Gastroscopy and PEG tube insertion is generally safe, but all procedures have some risks, which you should discuss with your doctor. These are the more common risks:

• A sore throat which should wear off within 24 hours.

• Complications such as bleeding or damaging the gastrointestinal tract are very rare e.g. approximately one in 3,000 risk of bleeding or tear (perforation) of the gut. This risk is increased to one in 15 in patients with oesophageal cancer. An operation is likely to be needed for a tear (perforation) and this is likely to be on the same day.

• Other rare complications include inflammation of the lungs (aspiration pneumonia) and a reaction to the intravenous sedative drugs or local anaesthetic spray.

• Upper gastrointestinal endoscopies may involve a slight risk to crowned teeth or dental bridgework. These risks occur in less than one in 100 procedures.

• Leaking from the stomach (peritonitis) after the PEG tube has been placed is experienced by about one in 100 patients.

• In around four in 100 patients we are unable to insert a PEG feeding tube; this may be due to existing medical conditions or previous surgery. If we are unable to place your PEG you will be referred back to the nutrition team who will discuss
alternative feeding tubes with you; this may involve having a tube placed in interventional radiology.

• Minor complications occur in fifteen in 100 PEG tube insertion cases and are mostly related to infection around the site of the tube. These are national rates.

**What happens afterwards?**

• As you have had sedation, you will need to rest in the recovery area until you are fully awake (usually an hour and a half). Your blood pressure and pulse will be monitored.

• You will stay in hospital after the PEG tube insertion. Once you have recovered from the sedation you will be admitted to a ward if you have come from home or if you are an inpatient you will be taken back to the ward you are on.

• In most cases you can be given some water through your tube to begin with. Feeding through your tube can usually start 6 hours after it has been inserted. The doctor will advise you if you are able to eat and drink – if so, you will be able to do so 6 hours after your PEG tube has been placed.

• When the tube is first placed, it can feel a little uncomfortable. This is often due to wind and generally settles after a few hours. You may need additional pain relief and fluid via a drip, which we will give you.

• Either before the procedure or over the next few days you and your family will be shown how to use and care for your PEG tube – either by the ward nurses or your dietitian. Please ask for the booklet on caring for your PEG tube if you have not already been given it.

**When will I know the results?**

In many cases your doctor will be able to tell you the results of the test as soon as you are awake. If you have had sedation it is a good idea to ask for your escort or relative to be present when the doctor speaks to you because the sedation can make you forget what is discussed.
A copy of your procedure report will be given to you before you leave the Endoscopy Suite and another copy will be sent to your GP or specialist who referred you.

**Your medication after the procedure**

Please ensure that your medication is prescribed in a soluble or liquid form, and check with your doctor or pharmacist that all medications are suitable to be given via your tube.

The tube must be flushed with at least 30ml of cooled boiled water before and after giving any medication. This is to prevent the tube from getting blocked.

**How you may feel after your procedure**

You may have a sore throat. You may also feel a little bloated if some air has remained in your stomach. If pain is a problem, you may find it helpful to take a pain killer, such as paracetamol (according to manufacturer’s instructions). All these discomforts should pass within 48 hours.

**Going home after your procedure**

It takes approximately two weeks for the skin around your tube to heal and you can shower and bathe as normal. Prior to this, the skin around the stoma site can be cleaned with warm water and soap and thoroughly dried. A dressing is not usually necessary unless there is leakage of fluid from the site.

Prior to your discharge, the Dietitian will provide you with information on your feeding regimen and how to care for your PEG tube.

**Follow-up Appointments?**

You will have a follow-up appointment with the specialist who referred you for the procedure.
Complications
You should stop feeding and seek medical help immediately if you develop any of the following symptoms:

- Pain on feeding
- Prolonged or severe pain around the PEG site
- Fresh bleeding
- External leakage of gastric contents
- Redness/inflammation of the PEG site
- Severe chest or shoulder pain
- Severe abdominal pain
- If bowel motions turn black
- Persistent vomiting
- Shortness of breath
- Worsening abdominal swelling
- Fever (above 38°C) and/or chills

Contact details in an emergency

Telephone your GP surgery or out of hours service (via your GP number – 24 hours), or else phone or go to your nearest A&E (Accident and Emergency) for further advice and then inform the Endoscopy Suite at The Royal Marsden.

The working times of the Endoscopy Suite are 08.00 - 17.00 Monday to Friday: 020 7811 8328. Outside of working hours you can ring the main switchboard number: 020 7352 8171 and ask to speak to the Clinical Site Practitioner (022) at Chelsea.
If you have any routine concerns or questions you can contact

For routine advice, contact the Endoscopy Suite between 8am and 5pm (Monday to Friday): telephone: 020 7811 8328. If we are unable to take your call, please leave a message. Answerphone messages will be collected twice daily, Monday to Friday, and a member of the Endoscopy Suite will return your call.

Sources of information and support

If you would like this information leaflet in a different format, please contact the PALs office on 0800 783 7176 or talk to the clinical staff responsible for your care.

References

This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of the references used in writing this booklet are available on request from:

The Royal Marsden Help Centre
Freephone: 0800 783 7176
Email: patientcentre@rmh.nhs.uk

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