

Percutaneous Endoscopic Gastrostomy Tube

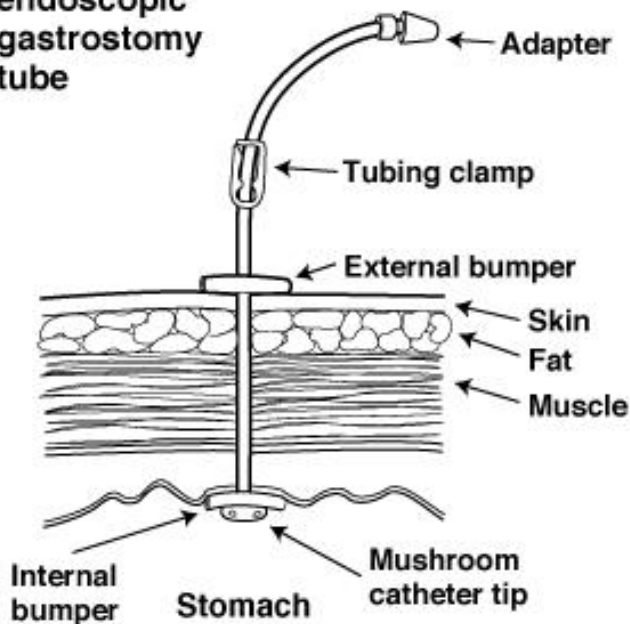
PEG

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).

Percutaneous endoscopic gastrostomy tube



explain how the tube works, and answer any questions that you might have.

How do I prepare for the test?

- Be sure to tell the doctor if you have any bleeding tendencies.
- You will be asked not to eat or drink after midnight the night before the test.
- If you are taking Coumadin, Plavix or other blood thinners, let your doctor know.
- Be sure to let your doctor 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.

What should I expect before the test?

- Lab work will be drawn prior to the PEG tube placement and reviewed by your doctor.
- The doctor will also review the risks and benefits of the test 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 test.
- Dentures and glasses will be removed prior to the procedure. You will be asked to wear a hospital gown.

Why do I need a feeding tube?

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

What happens before the test?

- You will meet with a doctor or advance practice provider, dietitian, and possibly a home care coordinator. They will review your history,

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 doctor.

What can I expect during the test?

- 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 test?

- 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 doctor 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 doctor.
- 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 doctor's office with any questions or concerns.

Special Considerations

- Caregivers must know to call the doctor immediately if the tube comes out during the first two to six weeks after it is placed. If this happens, the patient would 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.

Reference: [Percutaneous Endoscopic Gastrostomy \(PEG\) - Cleveland Clinic](#)
[Understanding Percutaneous Endoscopic Gastrostomy \(PEG\) - The American Society of Gastrointestinal Endoscopy \(ASGE\)](#)