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Having a PEG-J feeding tube (Percutaneous endoscopic gastro-jejunostomy)

Department of Nutrition & Dietetics

Information for Adult Patients

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Introduction

You or a member of your family are being considered for a **percutaneous endoscopic gastro-jejunostomy (PEG-J)**.

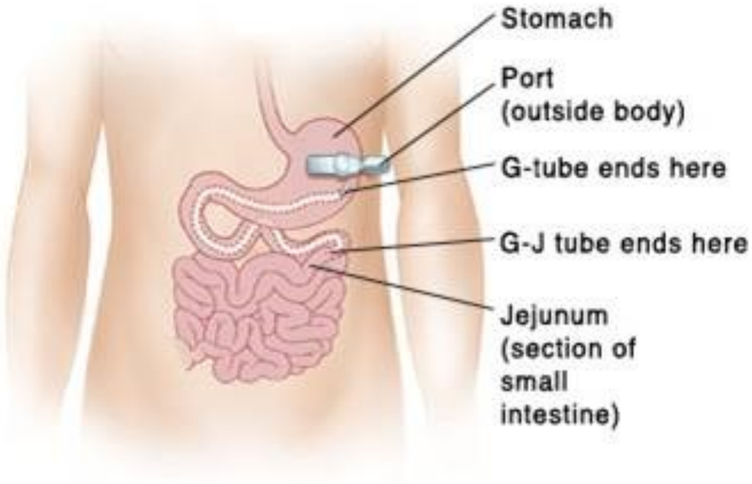
This leaflet aims to help you find out what a PEG-J is, how it is placed, and the benefits and risks of having a PEG-J. Your dietitian, nutrition nurse, doctor or Endoscopy Unit will be happy to talk to you and answer any questions you have.

What is a PEG-J?

A PEG-J is a feeding tube that is passed through the **tummy (abdomen**) and into the stomach. A smaller tube is then inserted through this and into your small bowel (jejunum). The PEG-J has 2 ends:

- one is marked with a G (gastrostomy) and leads into your stomach.
- the other, marked with an I (intestine), leads into your small bowel.

A PEG-J allows liquid feed, fluid and medications directly into the small bowel if you are not able to take enough food or fluids by mouth.



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Why do I need the PEG-J?

There are many medical reasons why you may need a PEG-J tube. These may result in you being unable to eat or drink enough to meet your nutritional needs or having difficulty swallowing food, fluid or medications. Reasons for having a PEG-J include:

- being sick regularly (vomiting).
- feeding into the stomach is painful.
- not putting on weight when feeding into the stomach.

What are the benefits of a PEG-J?

- You can have a PEG-J before another treatment to stop side effects such as, feeling or being sick (nausea and vomiting), your mouth or gut being sore or inflamed (mucositis).
- You can carry on eating and drinking with a PEG-J in place if that is right for you.
- A PEG-J bypasses the throat and stomach. You can have nutrition, fluid and medications if there is difficulty swallowing or if you are struggling with feeling sick (nausea).
- A PEG-J is discreet and can be hidden under your clothes.
- Once settled, you can carry on with most of your normal daily activities.
- If needed, a PEG-J can stay in place for a number of years.
- You can manage your PEG-J tube at home.

Risks and complications

A PEG-J is a routine procedure. Major complications are rare, but as with any procedure, there are risks. These are shown in the table below:

Risk	**Strategy to prevent risk**
Infection of the lining of the stomach (peritonitis)	Antibiotics given as part of the procedure.
Making a hole in the bowel	Clinical staff are trained and with a lot of experience use recognised techniques and safety measures.
Bleeding	Checking blood tests before procedure.
Gastric acid leakage	Keeping external bumper close to skin for 7 to 10 days.
Breathing problems	Checking closely during procedure.
Reaction to sedative/painkillers	Checking for medication related allergies before the procedure.

What happens to my medications?

- If you are taking any blood thinning medication such as rivaroxaban, clopidogrel, aspirin or warfarin it is **very important** that you tell your doctor or contact the Endoscopy Department as soon as possible. These may need to be stopped up to 10 days before your procedure.
- If you are diabetic and on insulin the Endoscopy Department will give you more information.
- Once the PEG-J tube has been placed, liquid medications can be given through the tube if needed. Your pharmacist or doctor will make sure you have the correct medication.

What happens on the day?

- You will need to have a blood test up to 14 days before the procedure. This can be at the hospital or your local GP practice.
- You **should not** eat or drink for 6 hours before the procedure.
- You will be told the date and time and which Endoscopy Unit to attend,. This will be confirmed in a letter if you are an outpatient.
- On the day, the consultant will run through the PEG-J procedure with you and fill out a consent form for you to sign.
- You **must** tell the doctor about any medications you are on or any allergies you may have.
- You will be able to ask any questions.

PEG-J procedure

- You will be able to have a friend or relative with you at this time.
- You will be taken to the Endoscopy Unit. The staff will check your personal details. They will ask a series of questions about your past medical history. They will also insert a small tube (cannula) in the back of your hand.
- You will be given some sedation to help you feel relaxed, if this is needed.
- The back of your throat may be numbed with an anaesthetic spray.
- You will be asked to take out your dentures, if wearing any. A protective mouthpiece will be placed between your teeth/gums.
- You will be asked to lie on your back or left hand side for around 20 minutes for the procedure. If needed, oxygen can be given during this time.
- The doctor will insert a small camera on the end of a long tube (endoscope) into your mouth and down into your stomach.
- Air will be put into your stomach. This may cause you to feel bloated.
- When the doctor is happy they have found a good place to position the tube they will give you an injection of local anaesthetic into your tummy. This may sting at first but then the area will become numb and the gastrostomy tube can be pulled through and secured.
- Once secure, the jejunal extension can be passed through the PEG, into your small bowel.

What happens after the procedure?

- Once you have recovered from any sedation, you will be able to return to your ward to rest. You will stay in hospital for at least 1 night.
- After the PEG-J is placed you will not be able to eat anything or have anything pass through your PEG-J for 4 hours.
- After this you will be able to eat and drink (if you are able to do so normally). You will then be given some sterile water via the PEG-J.
- You can then use the tube for fluids, food or medication.
- The dietitian will discuss your feeding plan with you and the nurses on the ward.
- When going home, you will need someone to come and collect you to take you home.
- When the tube is first placed, it can feel a little uncomfortable. This generally settles quite quickly. Painkillers can be given if needed.

What happens when I go home with the PEG-J?

- If you will be using your PEG-J for feeding straight away, nursing staff and your local Home Enteral Nutrition Service (HENS) will train you and/or your family on how to care for the tube and how to give feed.
- The dietitian will make sure you are confident to manage your feed at home. Arrangements will be made for you to get regular supplies of the feed and equipment you need.
- Your local HENS will discuss your feeding plan. This can be adapted to suit your lifestyle.
- If you are not using your PEG-J for feeding straight away, nursing staff on the ward will show you how to flush the PEG-J with water and how to care for your tube before you go home.

Who will review how I am getting on at home?

- The dietitian from the HENS will be in regular contact with you after your discharge from hospital.
- You will be given contact numbers. You may be reviewed by the dietitian in a many different kind of ways, including: at home, in an out patient clinic, by phone between visits; or clinic appointments.

How will I get further supplies of feed?

- Your feeds and the rest of the equipment you need for feeding can be delivered to your door.
- Your HENS Dietitian will discuss this with you.

Will I be able to eat after the PEG-J is inserted?

- If you are able to swallow safely then the PEG-J tube itself does not stop you from eating. Many people have a mix of food and drink by mouth and liquid feed by the PEG-J tube.
- If you are not able to swallow safely due to your medical condition, you can get all your nutrition and fluids via your tube. Your Speech and Language Therapist will assess this for you if there is any doubt.

When can I take a bath?

- For the first week, the tube site should not be put under water. It may be sensible to have showers or shallow baths.
- In about 2 weeks the area around the PEG-J tube should have healed fully and you should be able to bathe as normal without any problems.
- If you want to go swimming, please ask your district nurse or GP for a waterproof dressing.

How long will the tube last?

This varies from patient to patient. It depends on how well the tube is looked after. You will have regular contact with the HENS. They will check if the tube needs changing. In some patients the tube can last a number of years.

Is the tube likely to fall out?

- It is very unlikely that the tube will fall out as there is a disc inside holding it in place. However, the jejunal extension can become unattached from the PEG tube.
- If your PEG-J does fall out or became unattached, contact your local HENS dietitians for advice.
- If you are suddenly feeling or being sick, this could be a sign that the jejunal extension has become misplaced. In this event contact your **responsible medical team**.

Can the tube be removed?

Yes. If you are able to take enough food and fluids by mouth to meet your nutritional needs then the tube can be removed. You can talk to your dietitian about this. The tube would be taken out on the Endoscopy Unit.

When to get medical help/advice in the immediate 72 hours after your tube has been placed

If there are:

- Leaks of fluid around the tube
- Pain on feeding or flushing the tube
- New bleeding

Stop feed at once
Go to the Emergency Department for urgent review

During normal working hours:

Contact your local Home Enteral Nutrition Service (HENS): ………………………………………

If HENS are unable to offer advice they may suggest you contact the nutrition nurses or your dietitian:

Leicester's Hospitals Nutrition Nurses (LRI):	**0116 258 6988**
Leicester's Hospitals Specialist Dietitian:	**0116 258 5400**

Outside normal working hours:

Contact your GP; if your surgery is closed there will be a number to contact on the answer machine of the surgery.

More information

- http://www.pinnt.com/
- http://www.tube-feeding.com/

These sites are intended for all nutrition patients and their families/carers as well as healthcare professionals, the general public, and PINNT members (both adults and children).

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہِ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل
જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

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