Percutaneous Endoscopic Gastrostomy – Care Guidelines

When your patient returns to the ward:
- Intravenous sedation and analgesia is used during the PEG insertion therefore close monitoring is required particularly in the elderly patient.
- The PEG may be used after 6 to 8 hours. Flush first with sterile water and commence the feed at a slow rate. A feeding regime should be obtained from the dietician.
- Observe the stoma (insertion site) for bleeding. Apply a dressing if required.
- Give pain relief if needed.
- Do not bath the patient for 2 weeks post insertion, a shower is ok.
- Do not disturb the PEG for at least 24 hours.

24 to 48 hours Post PEG insertion
- Gradually increase the feed according to the dietetic regime.
- Remove the dressing and leave exposed. Clean around the PEG stoma aseptically.
- Turn the PEG through 360° every day to aid the formation of the stoma and to reduce pressure on the gastric mucosa.
- Ensure that there is very slight (about 2-3 mm) in and out movement of the PEG prior to feeding.
- This ensures the PEG is not too tight against the gastric wall.

After 48 hours
The stoma may be gently cleaned with soap and water. Observe for signs of infection. Do not disturb the external retainer.

Tricks and Tips

Flushing the tube:
- Use at least 30 to 50 mls of sterile water in a 50 ml syringe.
- Depress the syringe plunger slowly but firmly.
- Ensure that the tube is flushed after all feed and each medication.
- Ensure the stopper on the ‘Y’ connector is correctly replaced.

Tube blockage:
- If the tube is flushed properly it should not block. Blockages are usually caused by medicines that cause sedimentation in the tube.
- To unblock a tube try flushing vigorously but without excessive force with warm water. Soda water may also be used.
- Never try to unblock the tube by using force or by introducing instruments into the tube. This may damage the tube or injure the patient.

What to do if a Tube falls out?
- Insert a similar sized Foley catheter to maintain track and inform the endoscopy unit (John Pendlebury Nurse Endoscopist; Bleep 5788) to insert a proper replacement as soon as possible.

Giving medicines:
- Try and use only liquid or dispersible medication. Consult pharmacist for advice.
- Ensure that the doctor prescribes the drug ‘by PEG’.
- Avoid crushing tablets.
- Never crush enteric coated tablets.
- Certain medications should not be given with food, check with pharmacy.
- Give all medications separately in order to ensure correct stability.
- Take special care when giving medicines via a fine gauge tube.

Replacement Tubes:
If the PEG deteriorates and requires replacing a Gastrostomy tube may be inserted. These tubes come in several sizes and types. Commonly the first and most straightforward type of replacement tube is the balloon gastrostomy. It is sometimes necessary to insert a low profile or ‘button’ gastrostomy. This requires a special technique to insert and should only be replaced by an experience practitioner.
Balloon gastrostomy tube

Low profile gastrostomy device

If you need help: Contact Sr. Carol Muir: Nutrition Nurse Specialist; Bleep 8029