Are there complications from PEG Placement?

- When you get tube feedings, your medicines may not work as they should. You can get dehydrated. You may not get all the minerals that you need. You can get constipated. This is when you have bowel movements that are hard and dry less often than usual. Your blood sugar can go too high or too low. High blood sugar increases your risk of infection. You could feel discomfort or pain around the area where your PEG tube is placed.

- The skin around your tube can get infected. You can get sick if germs get into your body through the stoma or tube. Formula or water can get into your lungs. The inside end of the tube can move out of place. Call your caregiver if you have questions or concerns about these risks or your PEG tube.

How long do these tubes last? How are they removed?

The lifespan of the PEG feeding tube is about 1 year although the tube may wear out sooner. When the tubing begins to wear, you will notice pits, bumps and leaks on the side of the tube. In addition, the feeding tube cap may split or fail to close properly. You should notify your physician if this develops.

PEG tube removal should only be done by a trained healthcare provider. If the brand of tube has a soft internal mushroom bolster, it can be removed by pulling. This may cause some transient stinging and burning at the incision site. If it has a balloon internal bolster, the balloon is deflated and the tube is removed. There are also unique commercial PEG brands that require other methods of removal.

Important Note:

You should also make sure you follow your doctor's preparation instructions carefully.
What is PEG?

Percutaneous endoscopic gastrostomy (PEG) is a endoscopic procedure for placing a tube for feeding without having to perform an open operation on the abdomen (Laparotomy). It is used in patients who will be unable to take in food by mouth for a prolonged period of time. A gastrostomy, or surgical opening into the stomach, is made through the skin using a flexible, lighted instrument (Endoscope) passed orally into the stomach to assist with the placement of the tube and secure it in place.

How is the PEG performed?

Usually, a team approach is used with gastroenterologist. The procedure usually takes less than 30 minutes. After receiving a dose of antibiotic intravenously, the patient is given a dose of sedation. The skin over the abdomen is disinfected with an antiseptic solution. The gastroenterologist then performs a gastroscopy examination by passing the videogastroscope into the mouth and down the esophagus and into the stomach. After verifying that no serious stomach disease is present, the room lights are dimmed and the stomach inflated with air. As the stomach expands the wall of the stomach is compressed against the inside of the abdominal wall. Where the stomach and the abdominal wall touch, you can actually see the light from the video camera inside the stomach. Usually this spot is located slightly to the left of the abdomen and just below the ribs. This is the site for tube insertion - where the stomach and the abdomen are closest together.

Who can benefit from a PEG?

Patients who can’t eat and drink enough to meet their daily nutrition needs. A PEG tube may also help prevent a dangerous condition called aspiration. Aspiration can occur if you have trouble swallowing normally and you breathe food or liquids into your lungs.

Some common conditions in which a PEG tube may be recommended include:

- Birth defects
- Problems swallowing
- Stroke
- Cancer of the mouth or esophagus
- Diseases of the esophagus

How should I care for the PEG tube?

You always need to flush your PEG tube before and after each use. Flush your PEG tube to help keep it from getting clogged with formula or medicine. Ask your caregiver if you should use tap water, bottled water, or sterile water for flushing your tube. Usually at least 30 milliliters (mL) or about 2 tablespoons of water is used to flush the tube. Follow your caregiver’s directions for flushing your PEG tube.

How are feedings given? Can I still eat and drink?

Your caregiver will decide the method you should use to give formula through your PEG tube. You may use a feeding syringe, a gravity bag system, or a bag system with an electric pump.

- Feeding Syringe: Connect the feeding syringe to the end of the PEG tube. Pour the correct amount of formula into the syringe. Hold the syringe up high. Formula will flow into the PEG tube. The syringe plunger may be used to gently push the last of the formula through the PEG tube.
- Gravity Drip Bag: Connect the tubing from the gravity drip bag to the end of the PEG tube. Pour the formula into a gravity drip bag. Hang the bag on a medical pole, a hanger, or other device. Adjust the flow rate on the tubing according to your caregiver’s instructions. Formula will flow into the PEG tube. Ask your caregiver how long it should take to complete your feeding.
- Feeding Pump: You may use an electric pump to control the flow of the formula into your PEG tube. Caregivers will teach you how to set up and use the pump.