

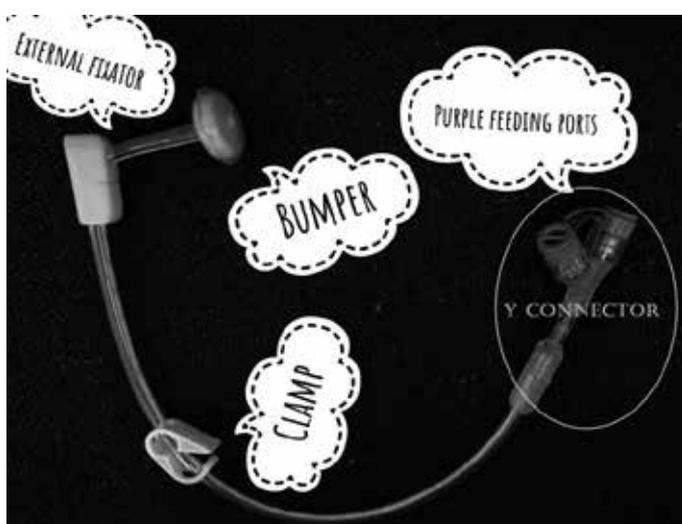
Looking after your PEG tube (Percutaneous Endoscopic Gastrostomy)

Please keep this information sheet safe, you may need to refer to it daily. Caring for your PEG feeding tube should be carried as part of your daily routine to:

1. Prevent tube blockages.
2. Maintain healthy skin around the stoma (insertion) site to prevent infection.
3. Ensure the device is secure and the bumper inside your stomach does not become stuck to the inside of your stomach.

Your PEG tube details:

Manufacturer
Size of PEG tube and date inserted
Date of advance and rotate of PEG
This tube does not need to be routinely changed

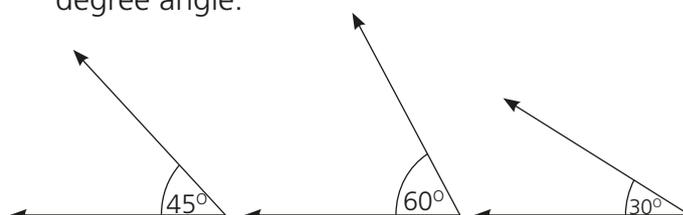


Daily flushing:

When not in use, your tube should be flushed with water daily to ensure stomach contents do not solidify in your tube which, may cause it to block.

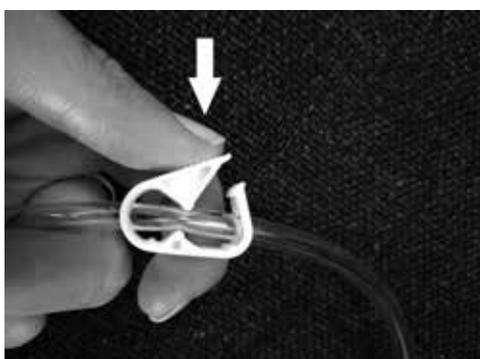
Remember to wash your hands thoroughly with soap and water before and after completing daily flushing.

- Choose a time that suits you. You may choose to do this at the same time each day to build a routine.
- Position yourself comfortably, either sitting upright in a chair or supported with pillows on a bed, aiming for not less than a 30 - 45 degree angle.

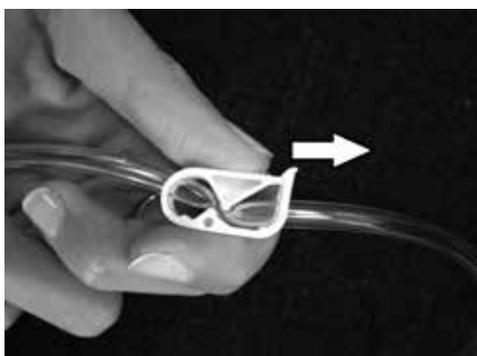


- Draw up 30-50mls of tap water from a cup or glass using one of the syringes provided.
- Ensure the clamp is in the closed position. You may want someone to help you for this stage. A towel can be used to cover your clothes to catch any accidental leakage from the tube.
- Unscrew the purple cap off the end of the PEG tube.
- Screw the tip of the syringe into the purple feeding port until there is a snug fit (please do not over tighten).
- Release the clamp and, using a push/pause technique, flush the water down the tube.

- When flushing the PEG feeding tube - flush briskly, pausing briefly after approximately each 5 ml of fluid. This is the push/pause technique to flush the water down the tube and prevent blockages.
- You may, if you prefer, use lukewarm (but not hot) water.
- Close the clamp, remove the syringe and replace the purple cap. Please note that the clamp should be open when PEG is not being used.
- The clamp should be moved up or down the tube a little each time it is used. This will prevent pinch damage to the tube and helps it last longer.



To close clamp - Push down



To open clamp - push clamp lip forward

When in use your tube should be flushed:

1. Before and after each feed,
2. In-between each individual medicine administration and
3. A final flush to finish.

Remember that each syringe of water flush will add to your total fluid intake.

Medication administration

- The ward nurses and/or community nurses will provide education and training with medication administration, including doses and frequency of administration.
- The PEG tube must be flushed with water using the push/pause technique before and after each individual drug to prevent tube blockage. Prior to discharge, the ward pharmacist will ensure your medications are in the correct format to be administered via the PEG tube.

Follow this guide to administer medications.

- 1 **Step one:** Flush your PEG with water before administering the first drug.
- 2 **Step two:** Administer the first medication.
- 3 **Step three:** Flush your tube again with water using the push/pause technique.
- 4 **Step four:** Administer second medication.
- 5 **Step five:** Flush your tube with water using the push/pause technique.
- 6 **Step 6:** Carry on administering each individual medication followed by a flush of water; you will finish with a final flush of water.

Daily cleaning:

Remember to wash your hands thoroughly with soap and water before and after completing daily cleaning.

The site underneath and around the external fixator should be cleaned once or twice daily to reduce the risk of infection.

- For the first few days you may find it helpful to take some pain relief prior to cleaning the site. Allow around 30 minutes for it to take effect before you prepare to clean the site.
- For the first four weeks you should not immerse the site in water. So, no bathing but, showering is OK. You can use a medicated soap or shower gel after two weeks but it is suggested not before. Warm water is best.

- You will be shown how to clean around and underneath the external fixator before you are discharged. It can be a bit fiddly and you may need help until you get used to it.
- Clean around the site, discard gauze / baby wipe after each wipe and take a fresh piece and repeat.
- Water based non-perfumed baby wipes are ideal for this as they are made from a disposable fine, soft woven material which will not fall apart. We recommend that they can be used whilst in the shower.
- Ensure the area under and around the external fixator is dry using gauze swabs or a dry baby wipe.

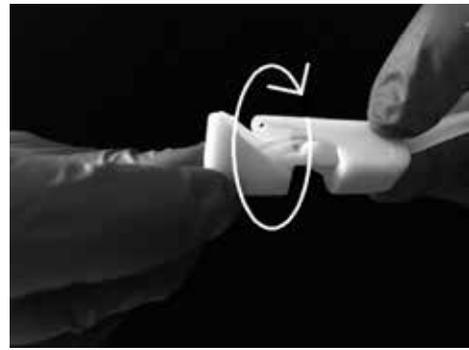
Avoid cleaning more than twice daily as moisture and warmth creates an ideal environment for infection to start, leading to inflammation and irritation.

Advance and rotate – Weekly (Four weeks after initial placement)

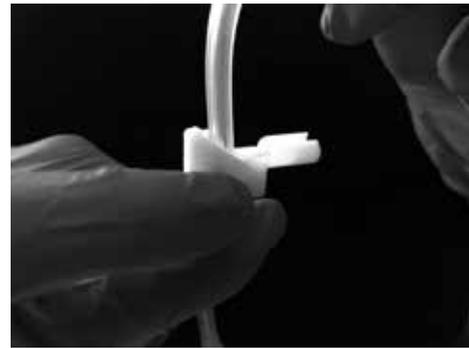
On the inside of your stomach a bumper is attached to the tube. This initially holds the stomach wall close to the underside of your abdomen and prevents the tube from falling out. The bumper needs to be snug against the underside to ensure the layers of the abdomen knit together. After four weeks the layers will have knitted together and the bumper will need to be released on a weekly basis to ensure that the stomach lining does not start to grow over the bumper and block the tube on the inside.

Remember to wash your hands thoroughly with soap and water before and after advancing and rotating the PEG tube.

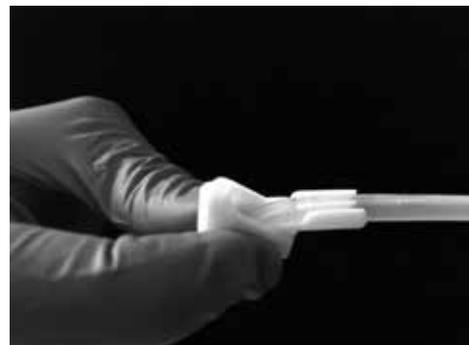
- Choose a time and day that is convenient for you.
- Open the external fixator by holding both ends and twisting away from each other until the two parts separate.



- Detach the tube from the groove in the base of the fixator.



- Move the base of the external fixator away from the skin.
- Clean the tube, the fixator and the stoma site and then dry well.
- Ease the tube into the stoma site (into the stomach) by 2-3 cm (about a thumb's length), at the same time rotating the tube in a full circle. This should not hurt.
- Gently pull the tube back out to its original position until you feel a little tension on the tube. This should not hurt.
- Place the base of the external fixator back down close to your skin (approximately 2-3mm). Re-insert the tube into the groove and close the fixator.



Y connectors

A spare 'Y' connector will be supplied to you before you are discharged home. You will be shown how to replace the 'Y' connector in the event of breakage. Further supplies can be obtained from the Community Dietitian.

Can my PEG tube fall out?

Yes there is a small risk that the tube can be pulled out accidentally. To minimize the risk of the PEG tube falling out:

- Ensure the PEG tube is anchored at all times with tape or a securement device. This will remove the tension at the stoma site. Tension on the tube can cause discomfort, and could put your tube at risk of displacement.
- Ensure that you do not get your tube caught in underwear, belts or trousers/jeans.

What do I do if my PEG tube falls out?

- If your PEG tube falls out - **Act quickly**.

The PEG tract (stoma tract - hole in the abdomen) will close up if it is not salvaged quickly. Ideally it should be looked at within two hours. If it cannot be saved in time, a whole new PEG may need to be placed.

- In hours (08:00 -16:00hrs) call your community dietitian, if you do not get an immediate response then go to the nearest hospital Emergency Department.
- Out of hours attend the hospital Emergency Department.

What do I do if my PEG gets blocked?

This may be due to inadequate flushing or a very thick feed or medication.

- Try flushing the tube with warm water in a 60ml syringe (use only water to attempt to unblock your tube). Move the plunger of the syringe in a push/pull motion.
- Wrap a warm flannel around the length of the tube; and massage the tube gently with your thumb and fingers (this often breaks down the clogged feed /medication) if the device continues to be blocked, call your community team for advice.
- Do not use Coke or any fizzy liquids.
- Do not use too much force when attempting to unblock the tube.

Do not poke anything down the tube.

Who do I contact if I have a problem?

Nutrition Nurses at RD&E Hospital: 01392 404635

Monday to Friday (not bank holidays)
08:00 -16:00

An answer machine is available out of working hours.

Community Dietitians: 01392 403555

Monday to Friday (not bank holidays)
08:00 -16:00hrs

An answer machine is available out of working hours.

Feeding company out of hours helpline number:

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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