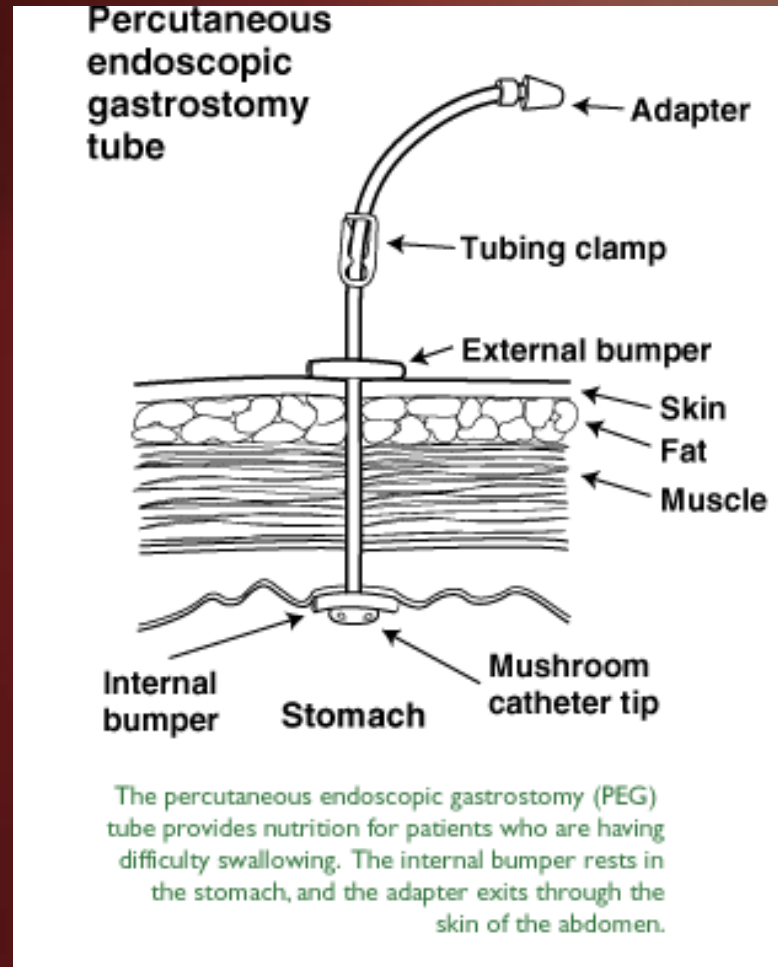


The Percutaneous Endoscopic Gastrostomy

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St. Luke's Hospital

What is a P.E.G.?

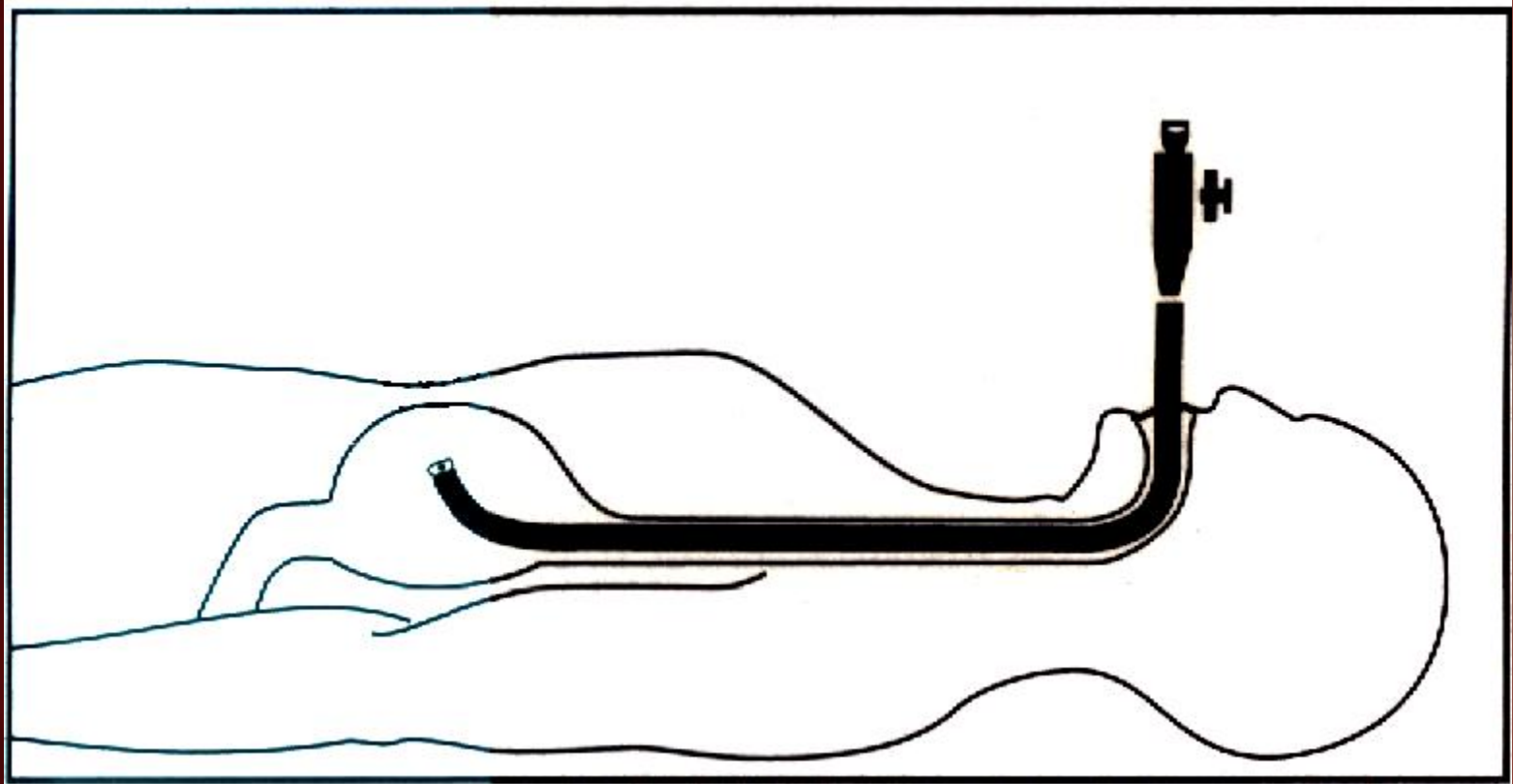
- **Percutaneous**
- **Endoscopic**
- **Gastrostomy**



Indications for P.E.G. Insertion

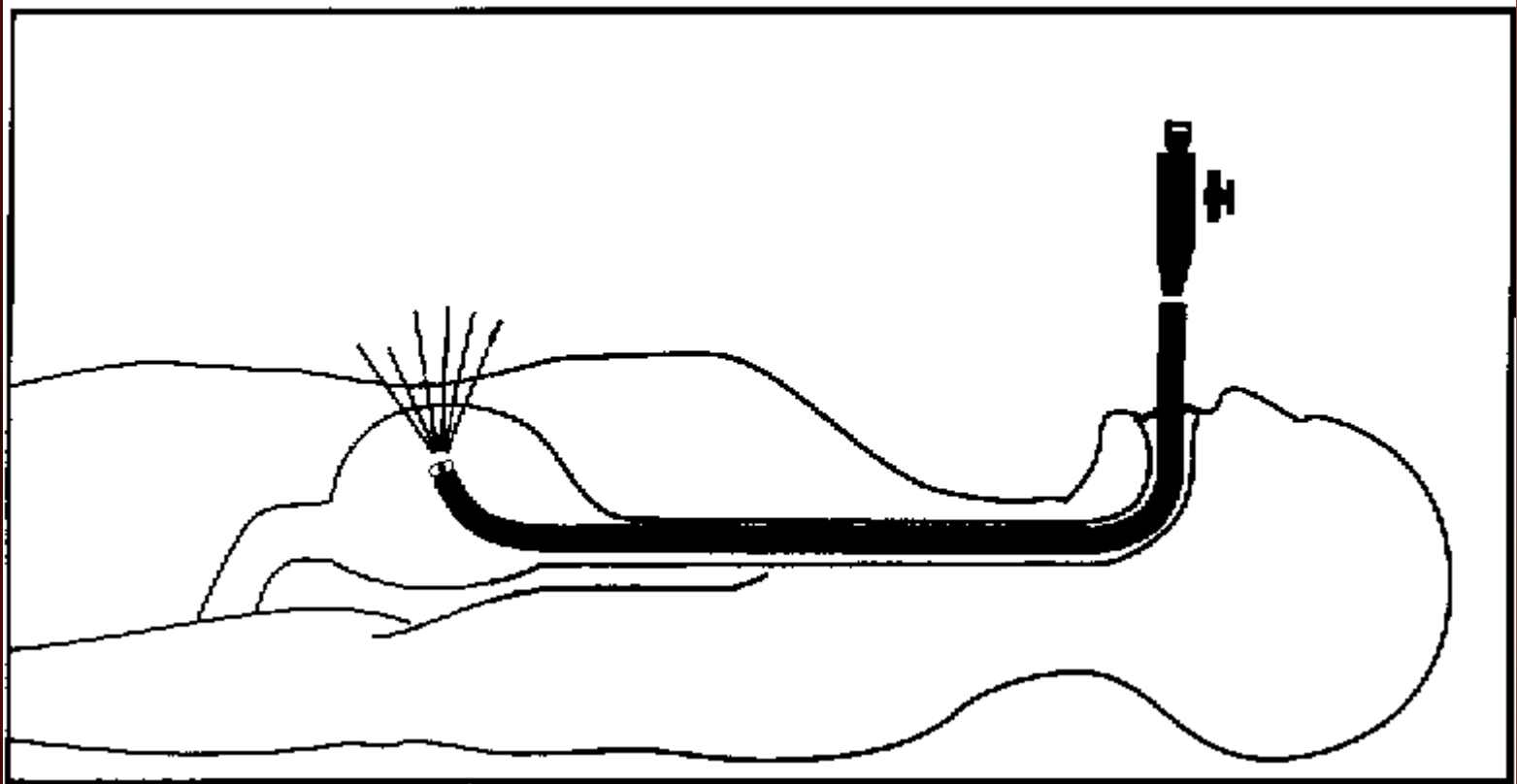
- **In cases of long-term feeding.**
- **In cases where a nasogastric tube is often being dislodged by a patient.**
- **For cosmetic reasons, e.g. to promote patient independence.**

Procedure for insertion



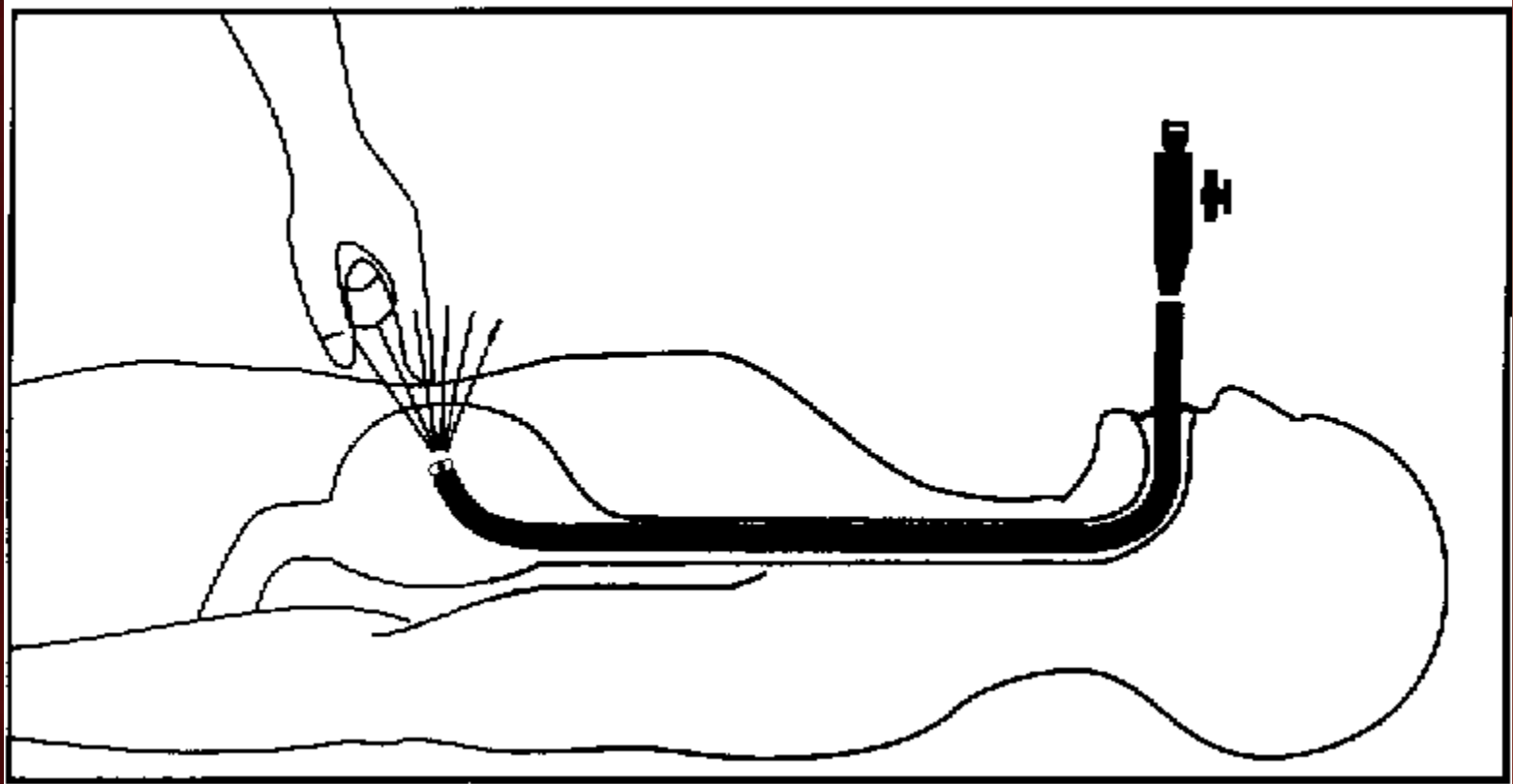
After the endoscope has been passed into the stomach and the stomach sufficiently inflated with air,

Procedure for insertion



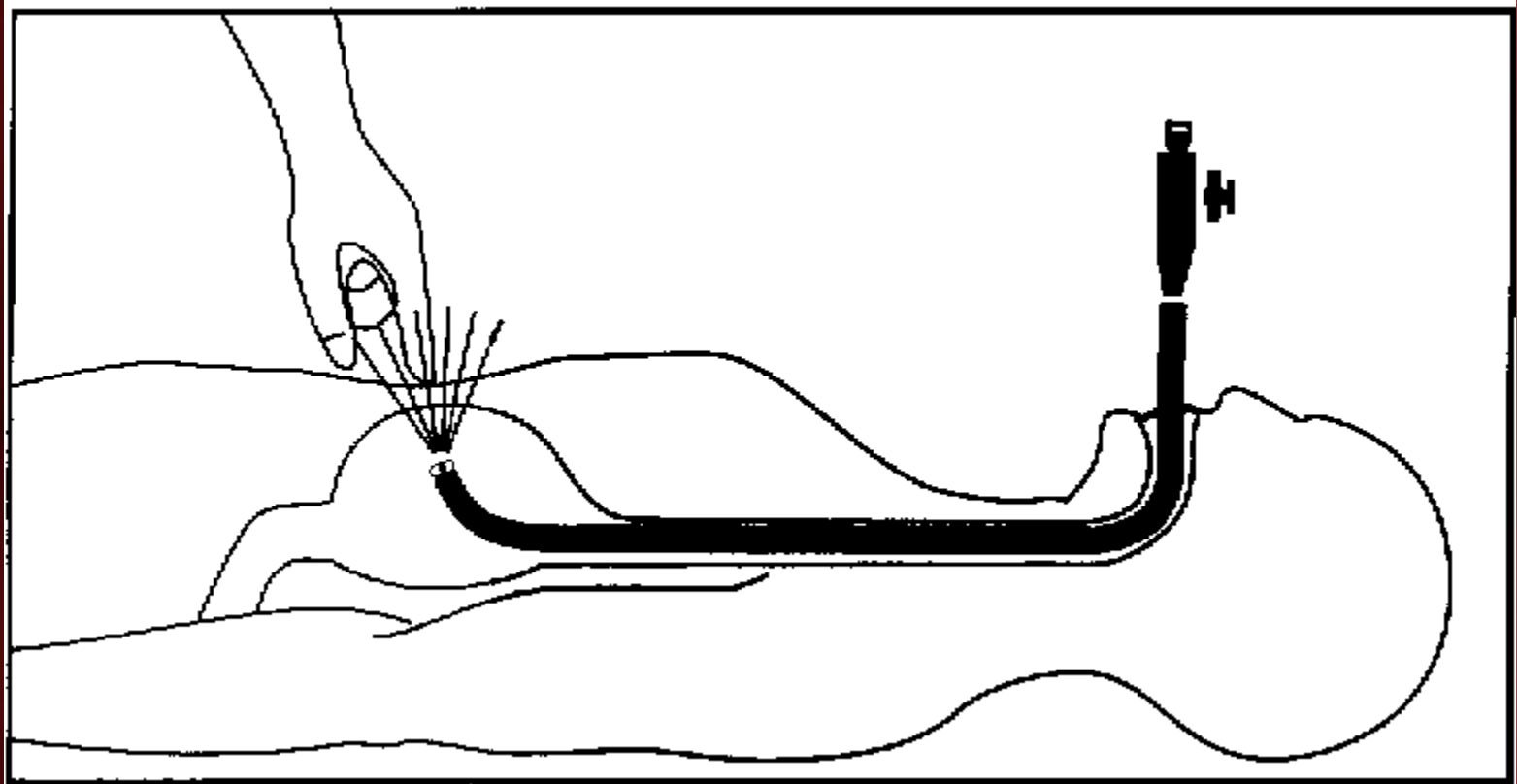
the lights are dimmed and the appropriate puncture site is located by transillumination.

Procedure for insertion



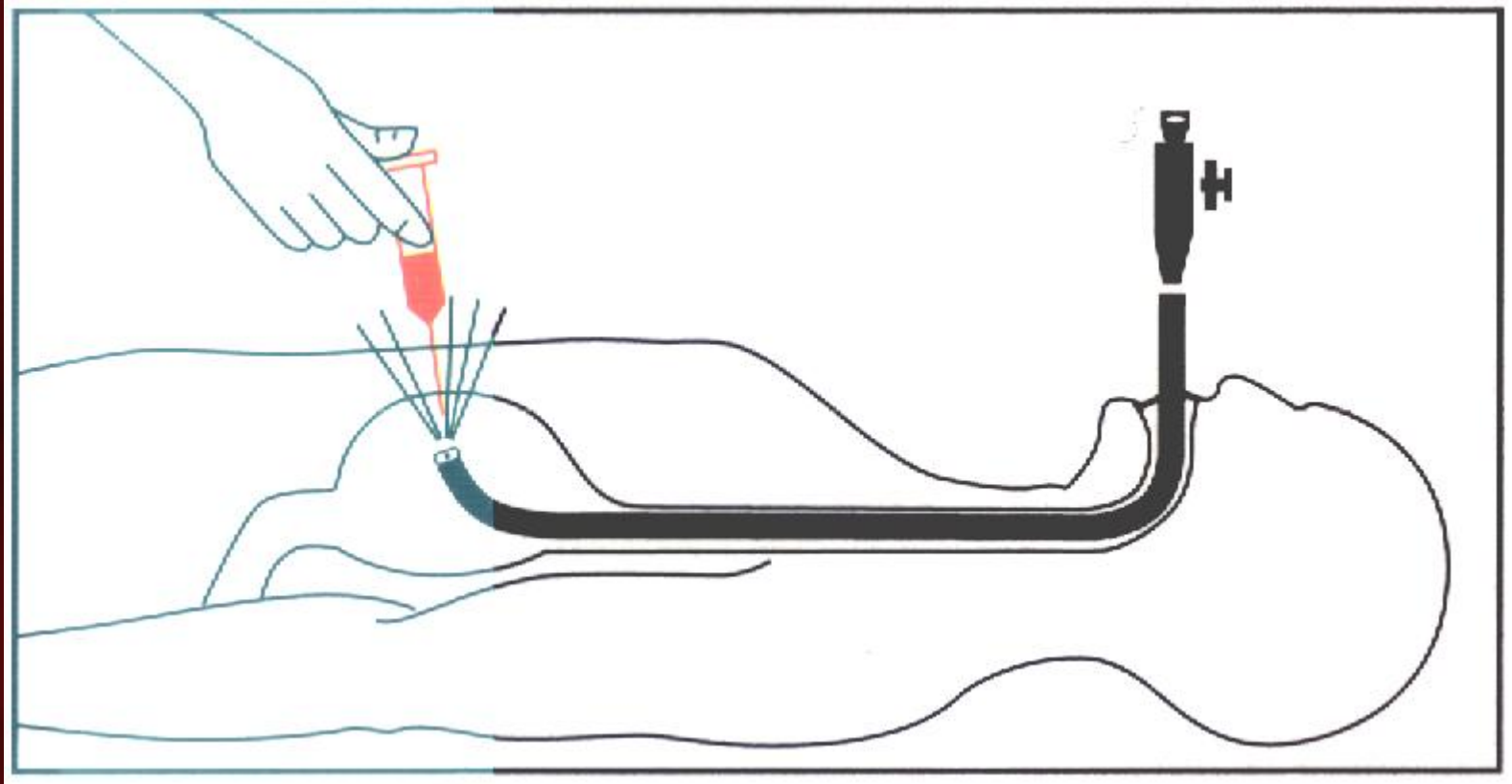
The puncture site is palpated with the fingers from the outside, the gastric mucosa bulging outwards.

Procedure for insertion



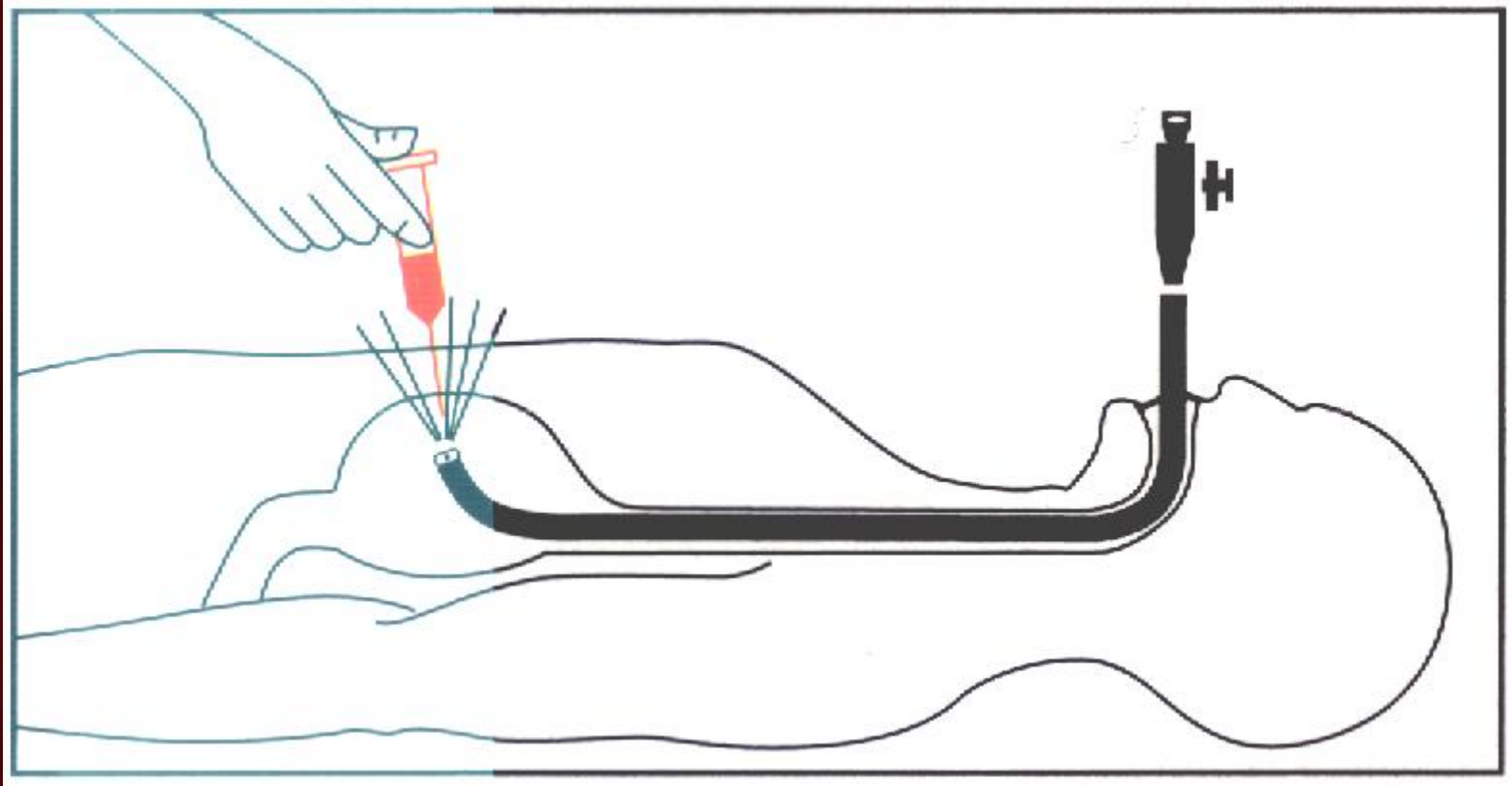
The chosen puncture site is washed extensively using aseptic technique.

Procedure for insertion



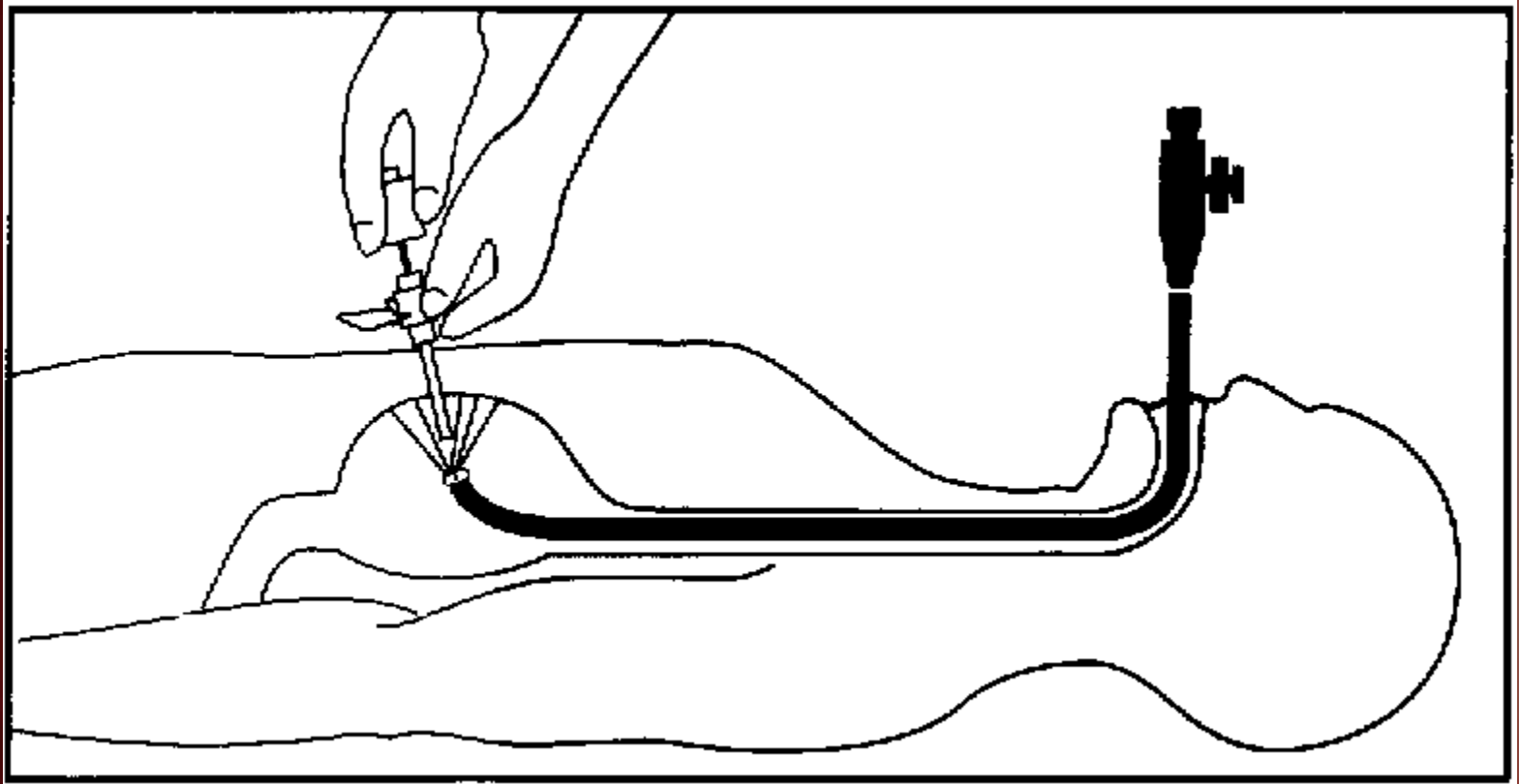
Local anaesthetic is injected into all layers of the abdominal wall, slowly advancing into the gastric lumen.

Procedure for insertion



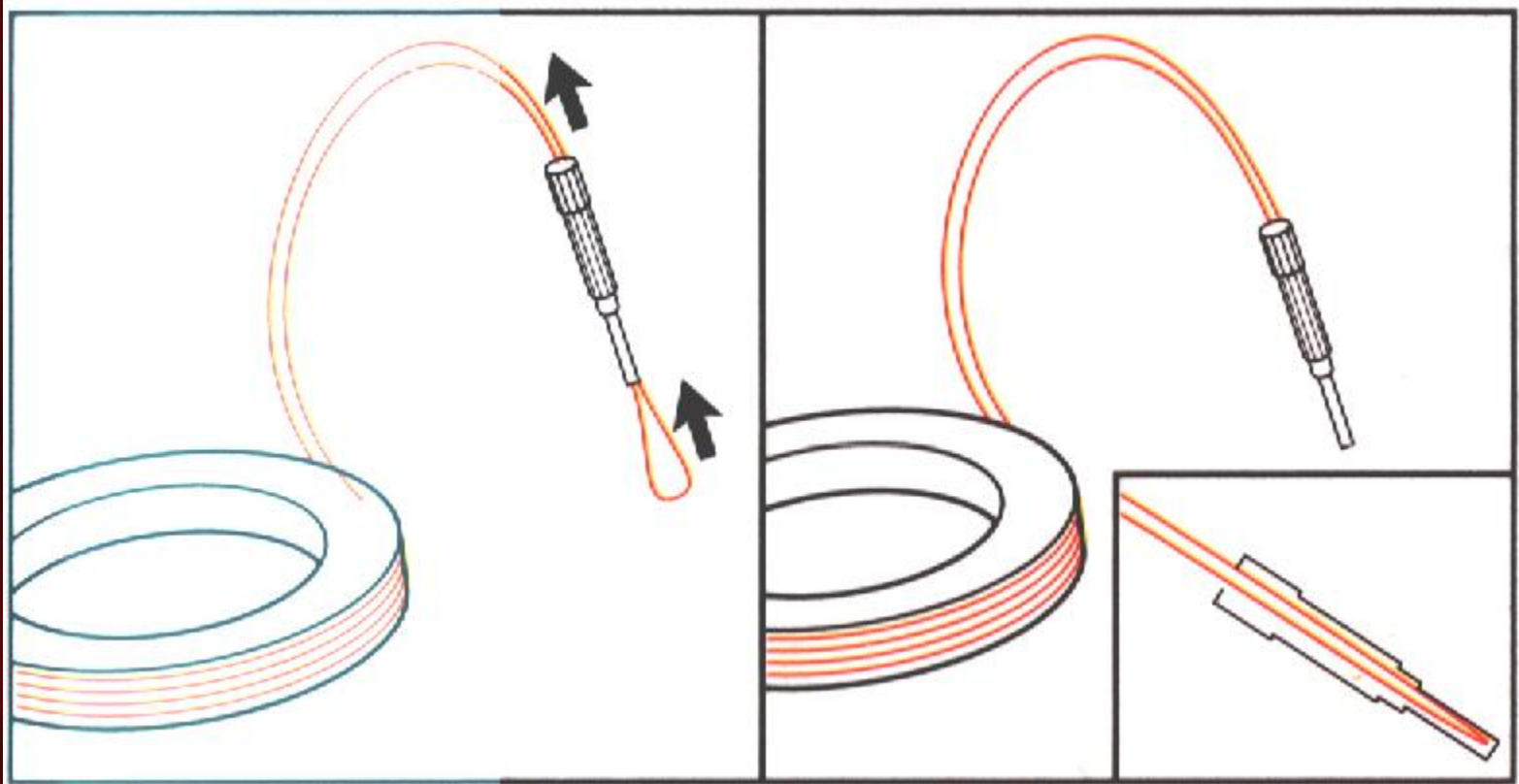
A stab incision of about 3mm in width is made level with the puncture site.

Procedure for insertion



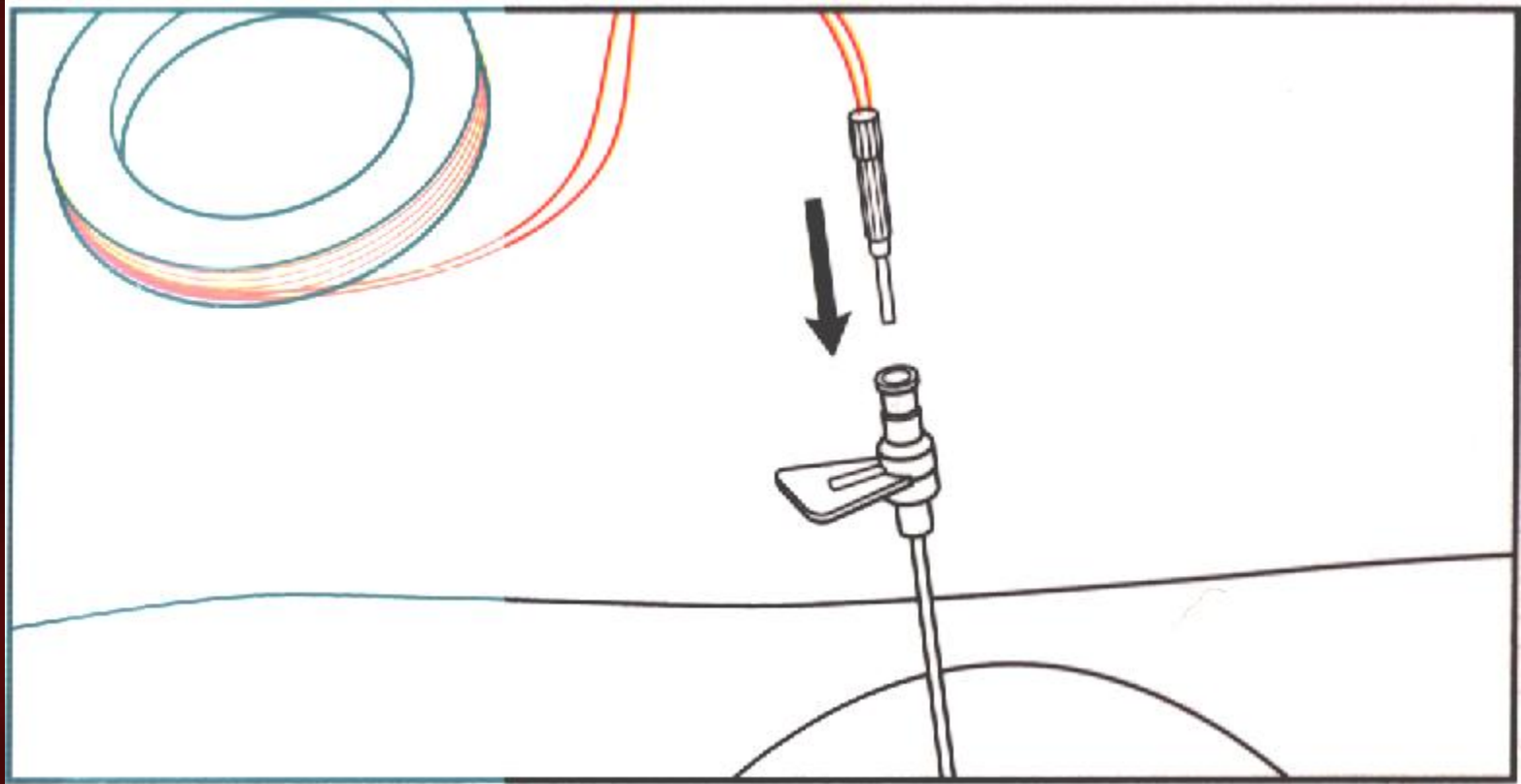
The puncture cannula is advanced into the stomach under endoscopic control and the puncture needle removed.

Procedure for insertion



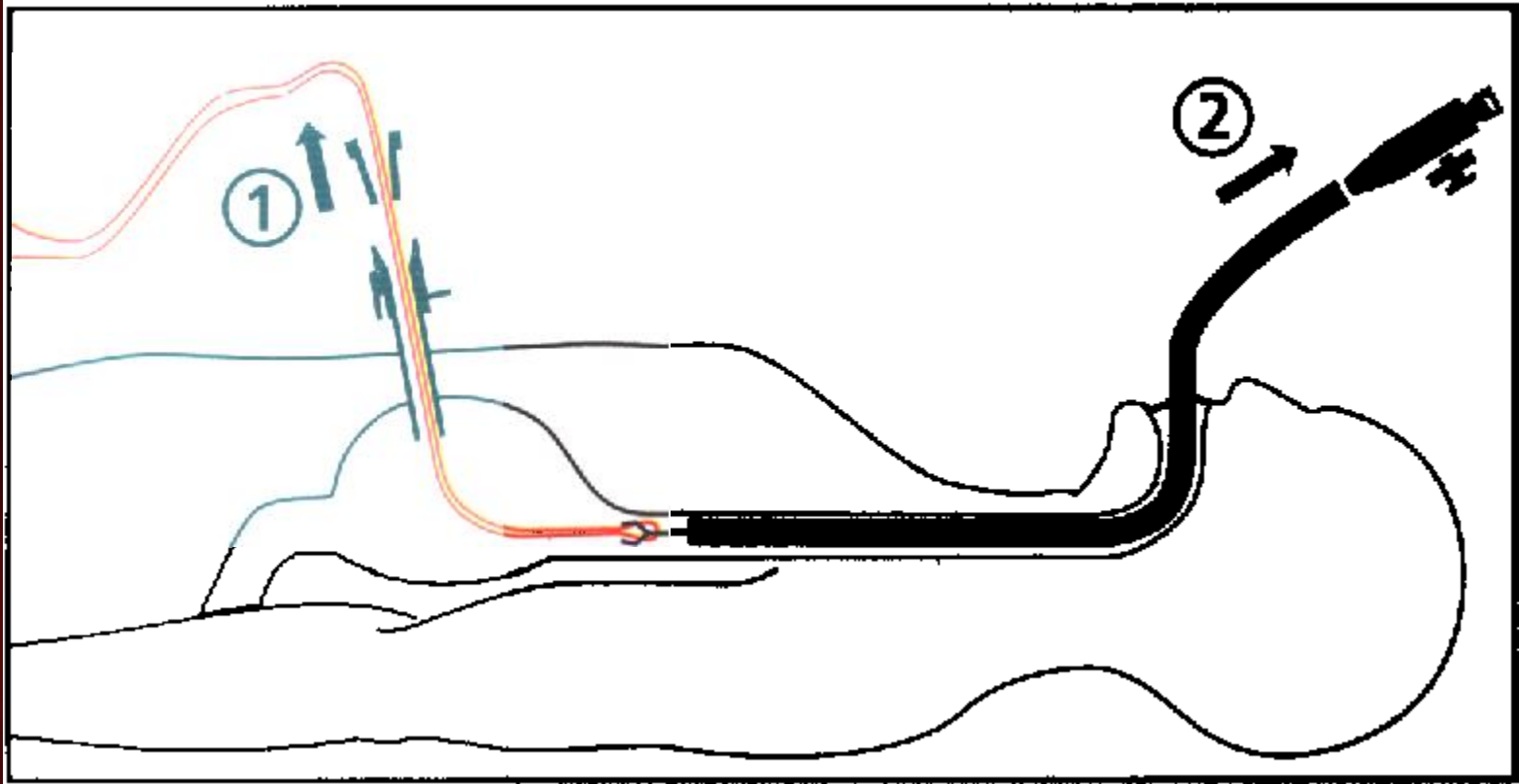
The introducer is advanced by the double thread until the loop only protrudes approximately 1mm.

Procedure for insertion



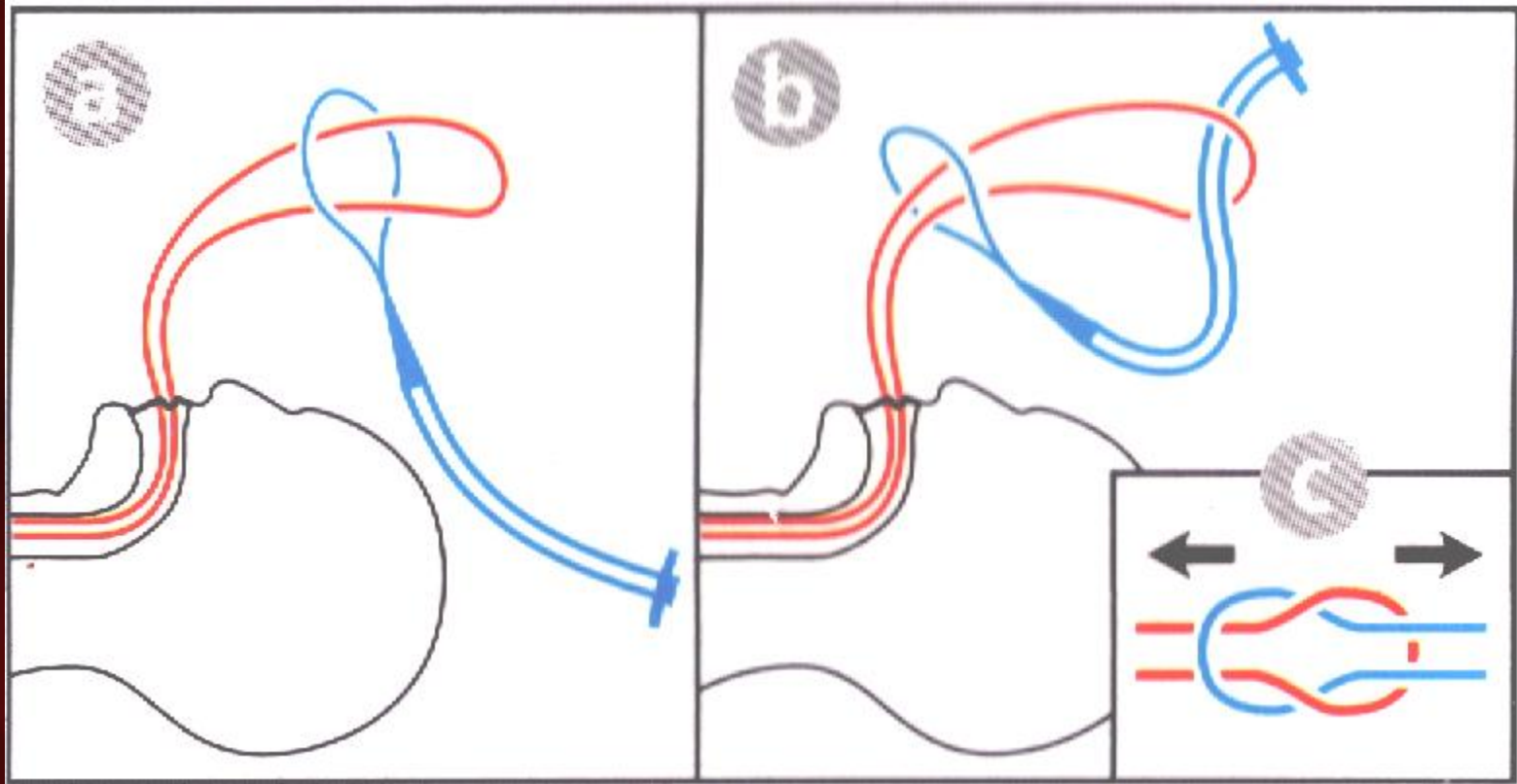
The introducer device is attached to the cannula using the thread and immediately guided into the stomach.

Procedure for insertion



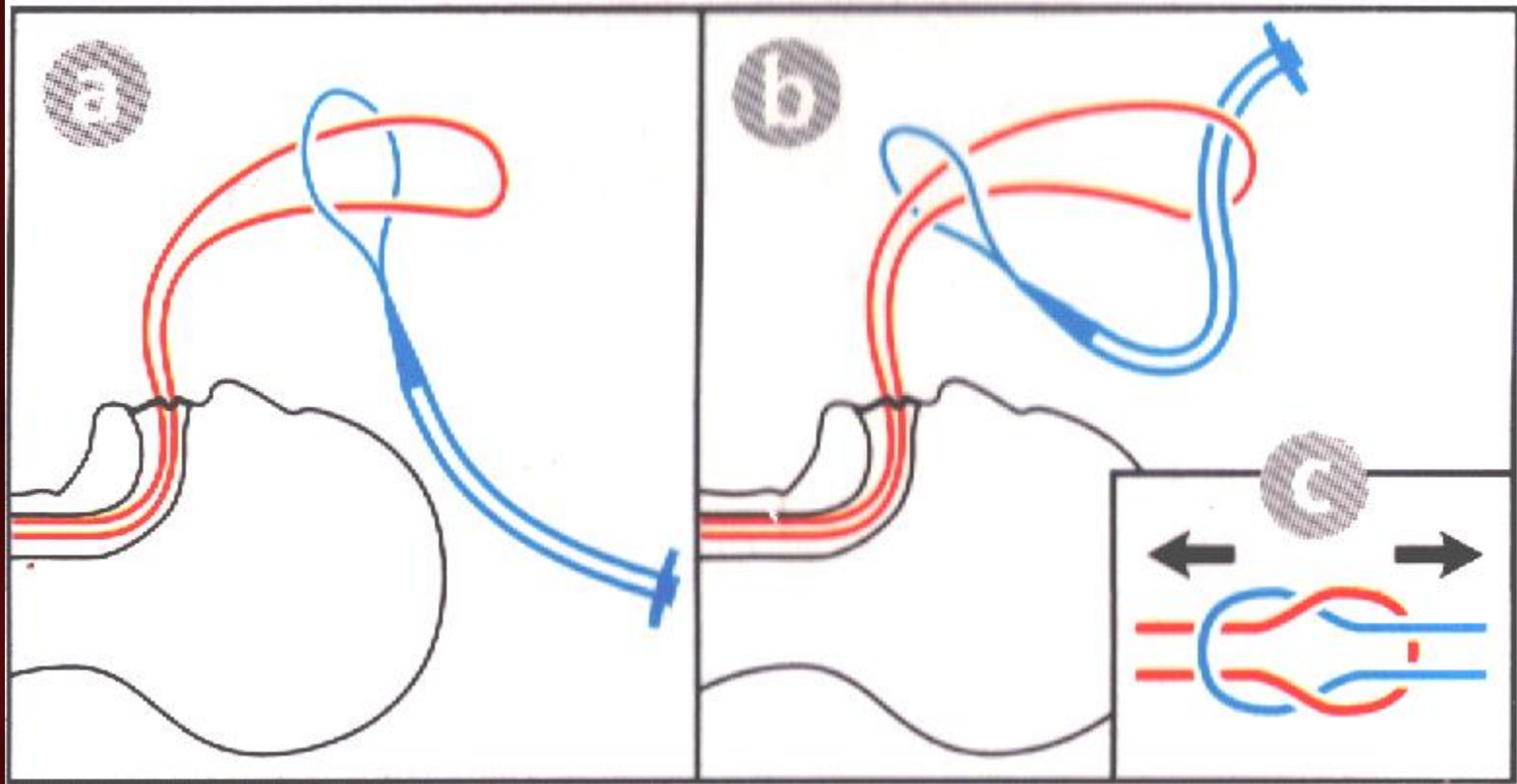
The introducer device is attached to the cannula using the thread and immediately guided into the stomach.

Procedure for insertion



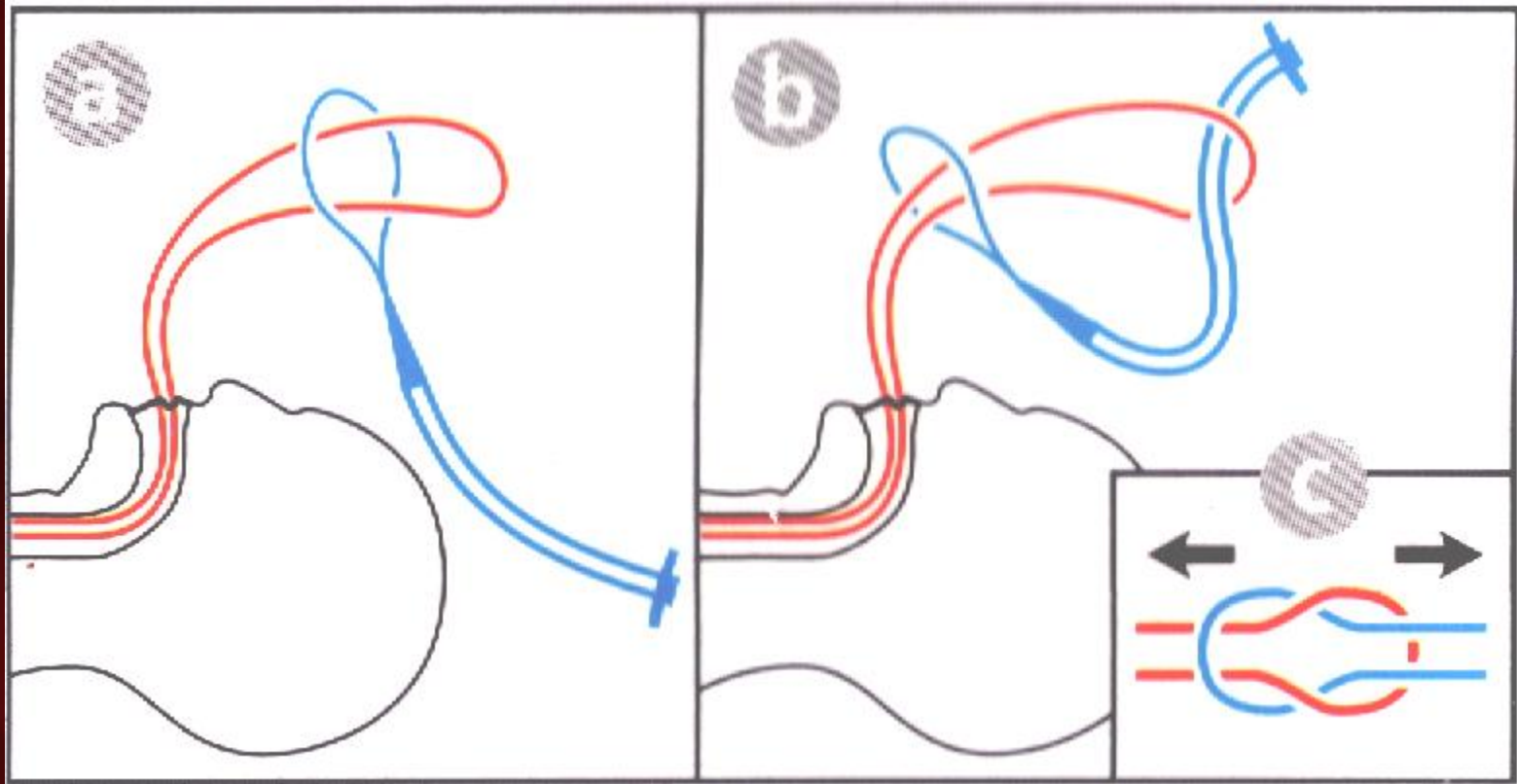
The loop of the thread is passed through the fixation loop of the tube (a).

Procedure for insertion



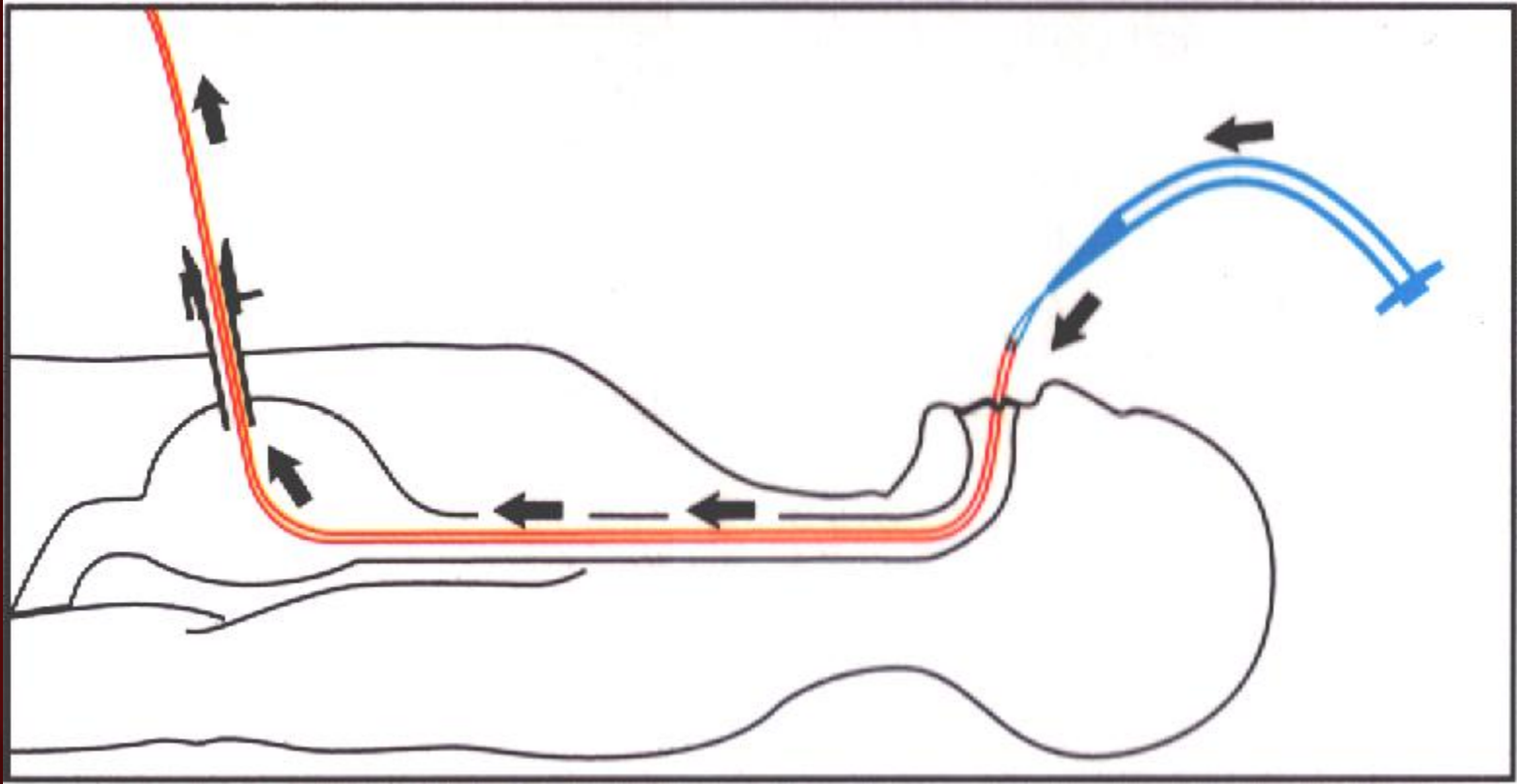
The retention plate and the tube are pulled right through the loop of the thread (b).

Procedure for insertion



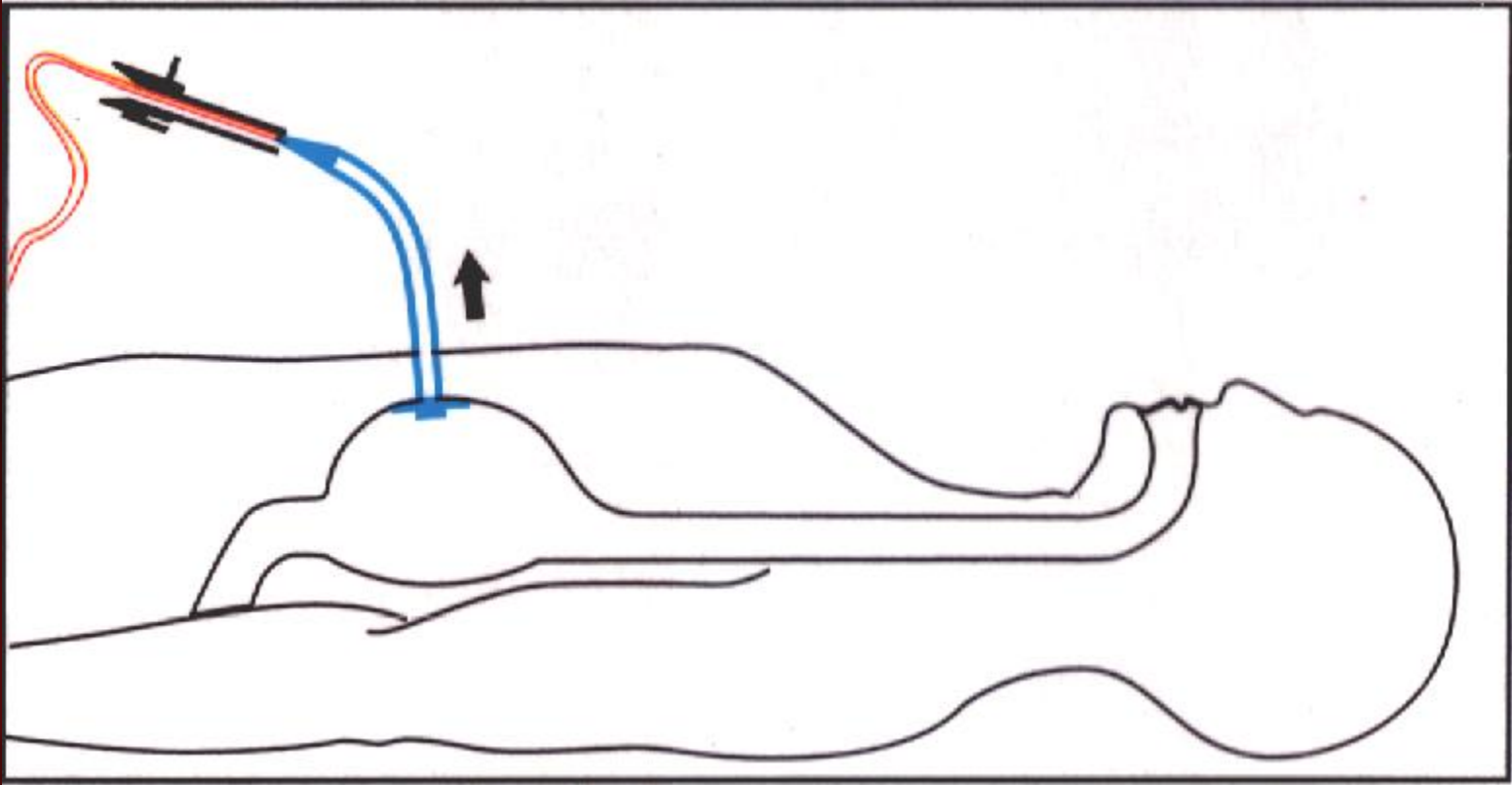
The loops are joined firmly together by pulling on the guide thread and on the tube (c).

Procedure for insertion



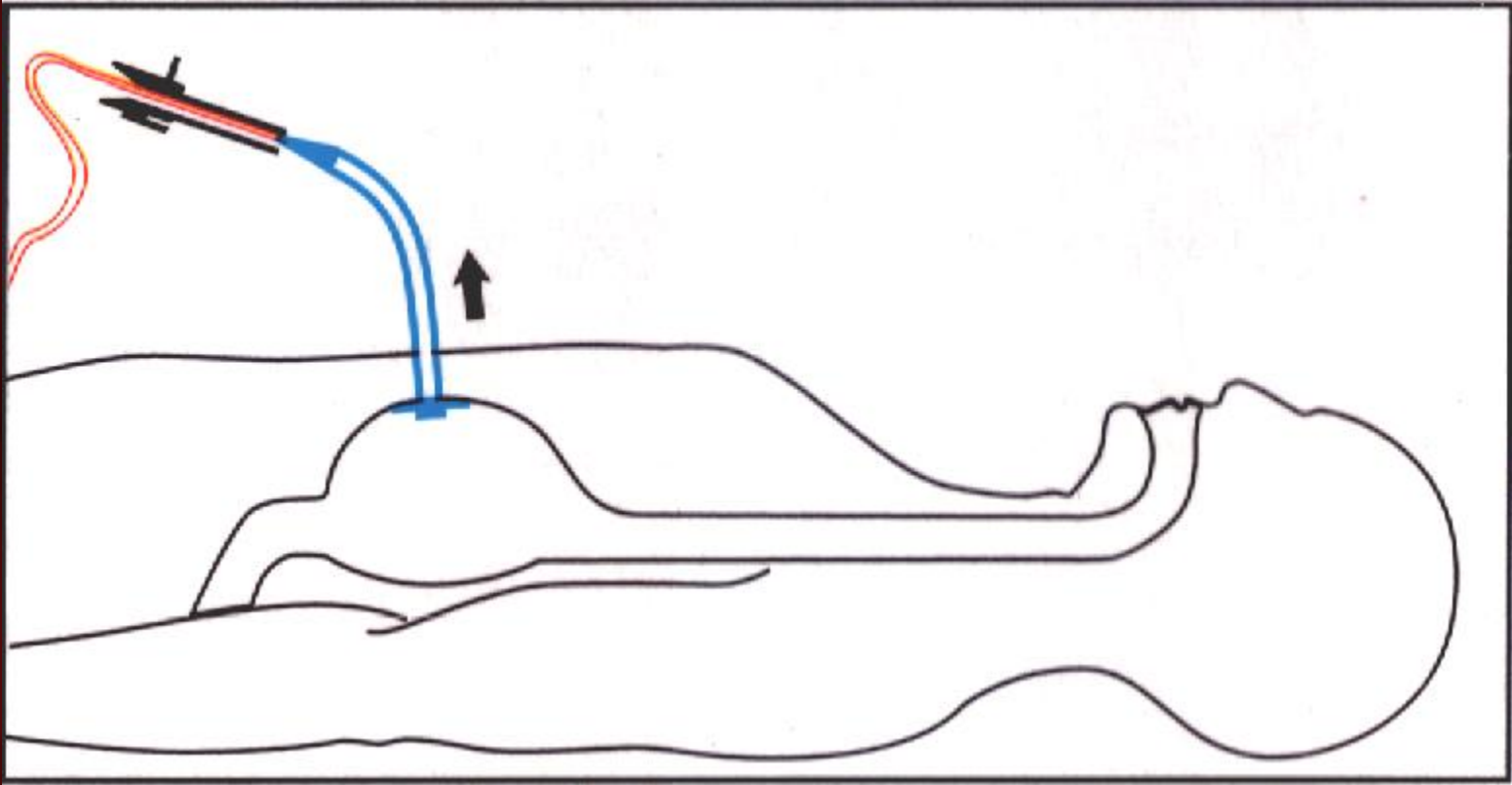
The tube is positioned in the stomach by slowly pulling on the distal end of the thread.

Procedure for insertion



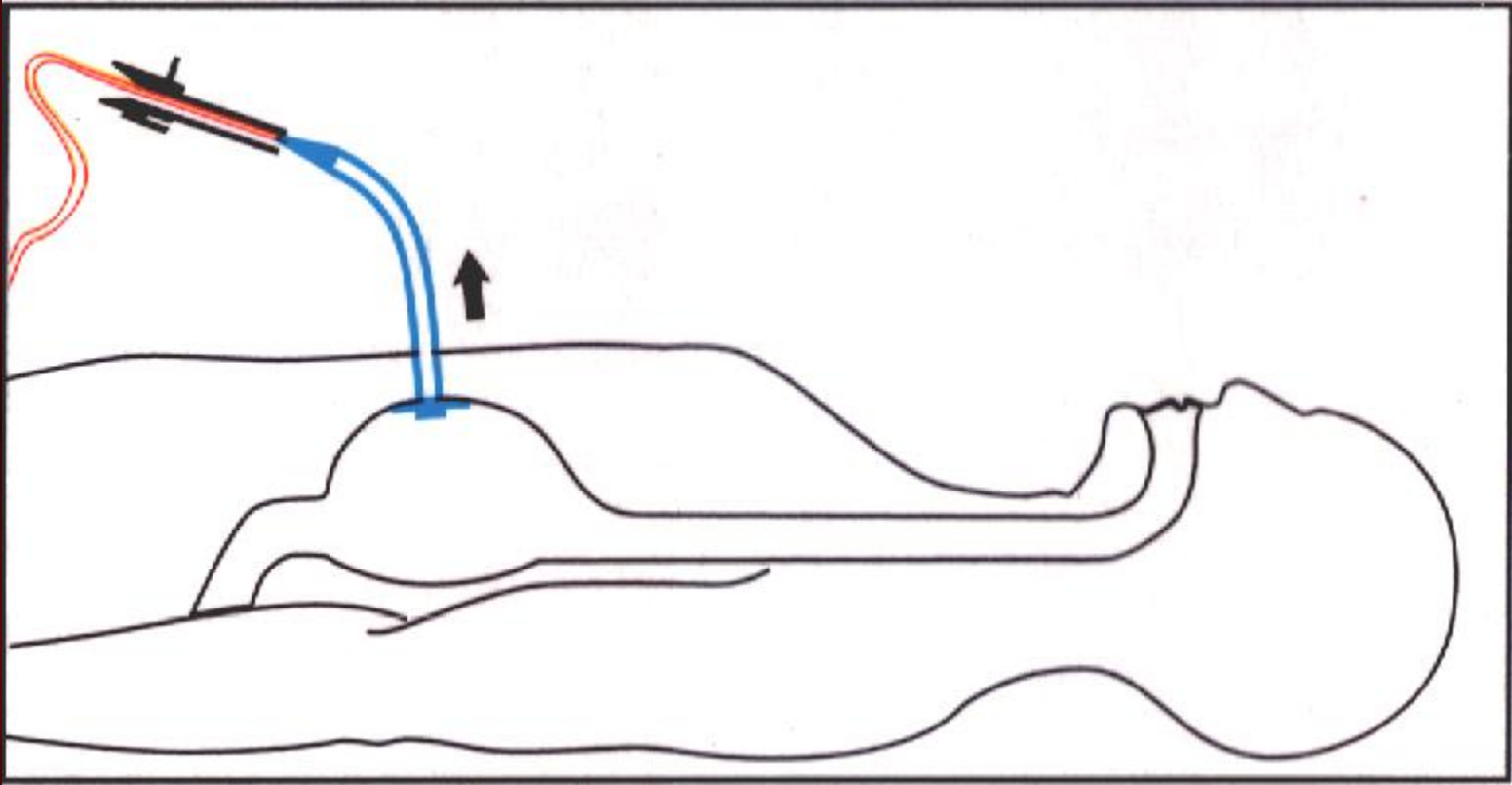
The tube and cannula are pulled together out of the abdominal wall until the retention plate reaches the inner gastric wall.

Procedure for insertion



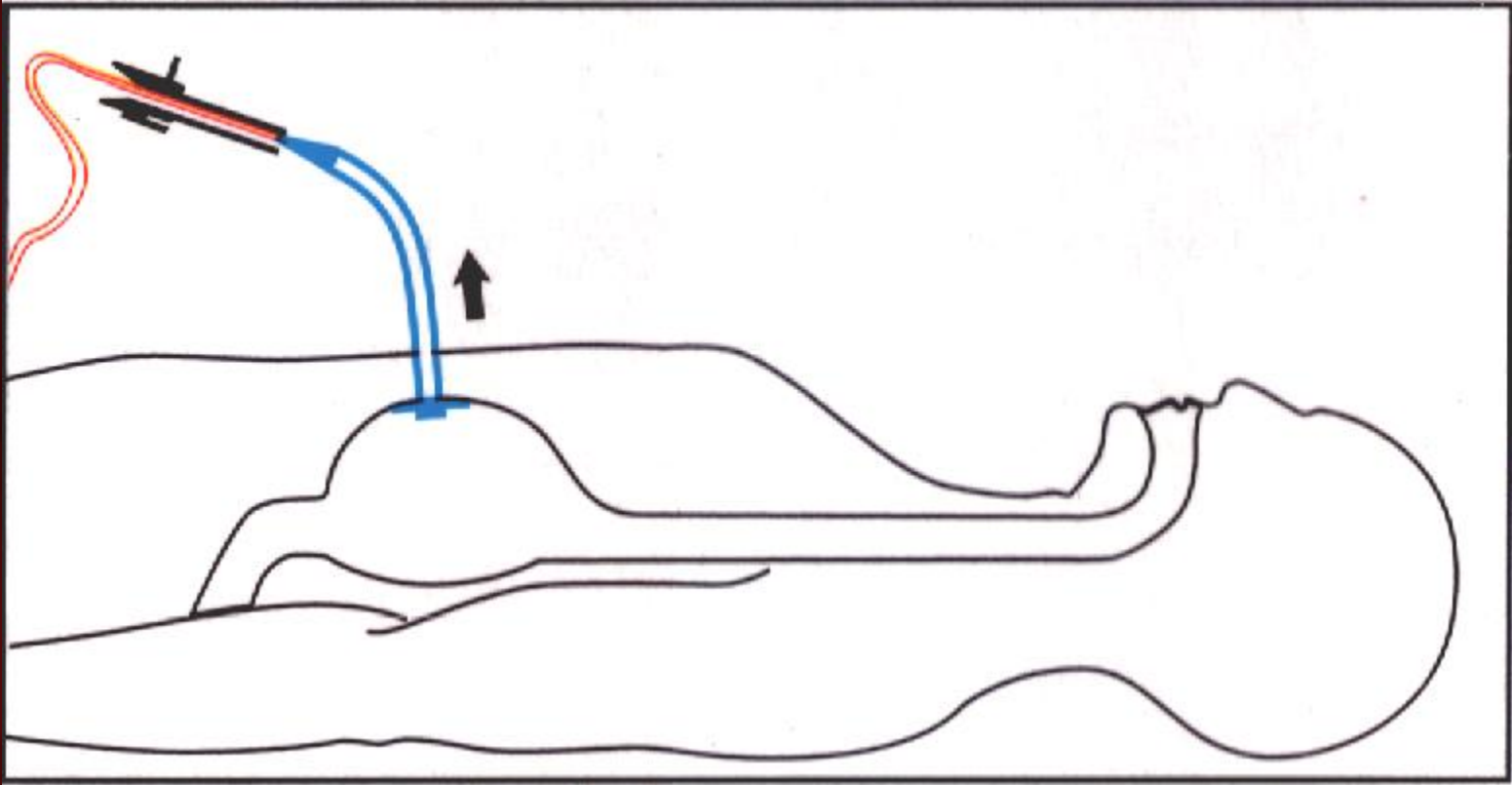
The guide wire thread of the tube is cut off close to the cone.

Procedure for insertion



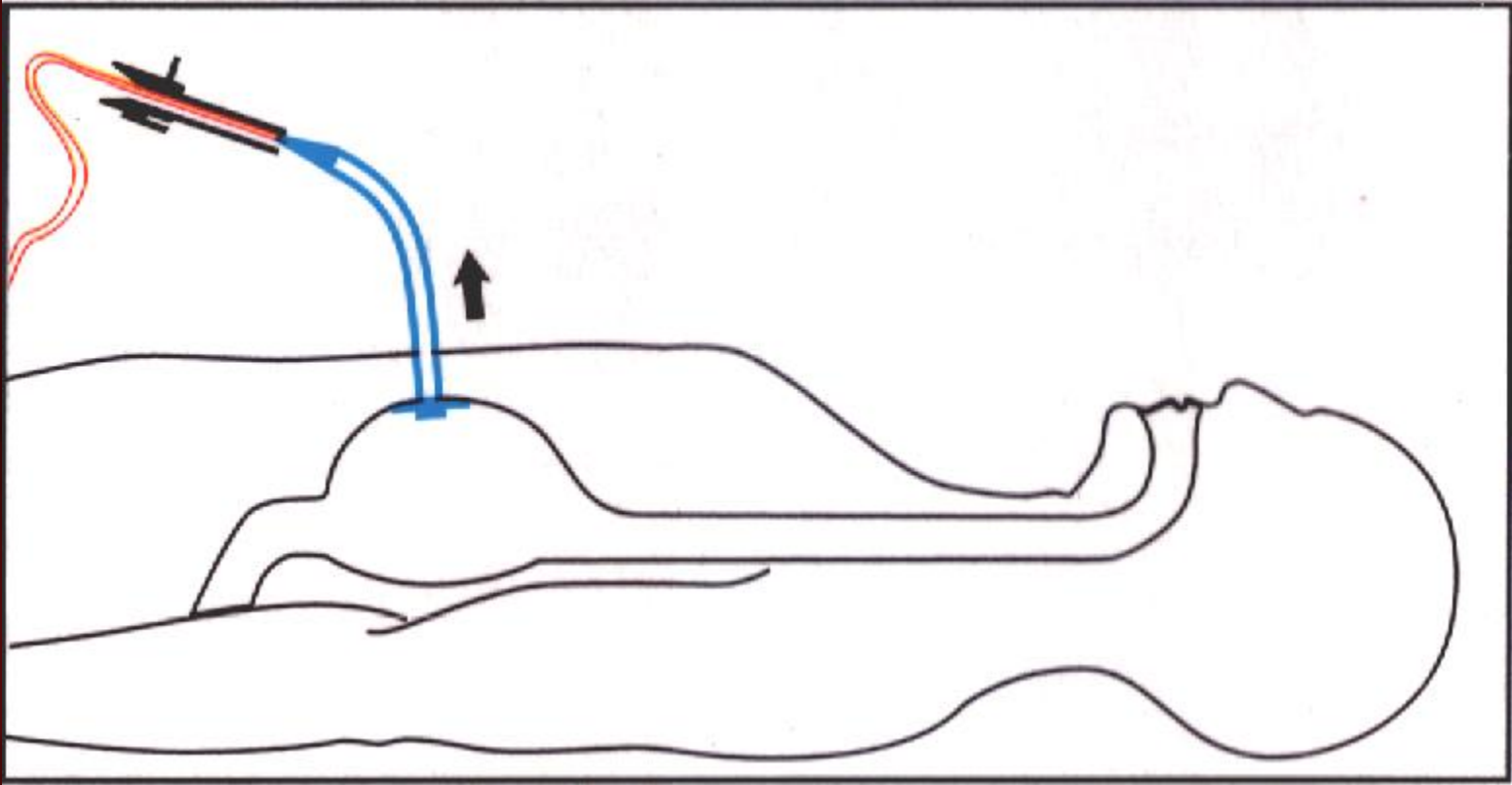
The outer end of the tube is pulled through the hole of the fixation plate.

Procedure for insertion



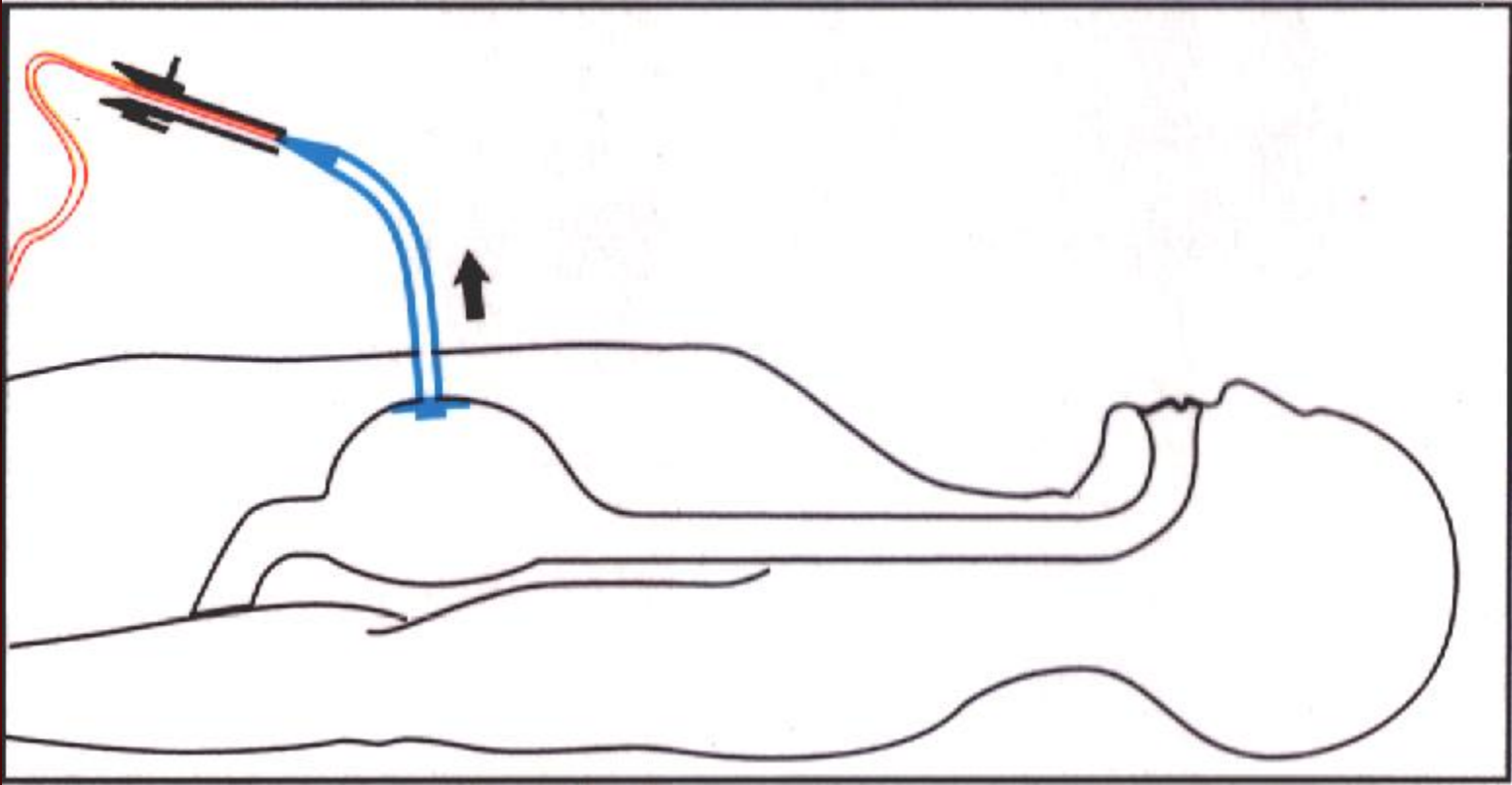
Then the tube clamp is pushed onto the tube.

Procedure for insertion



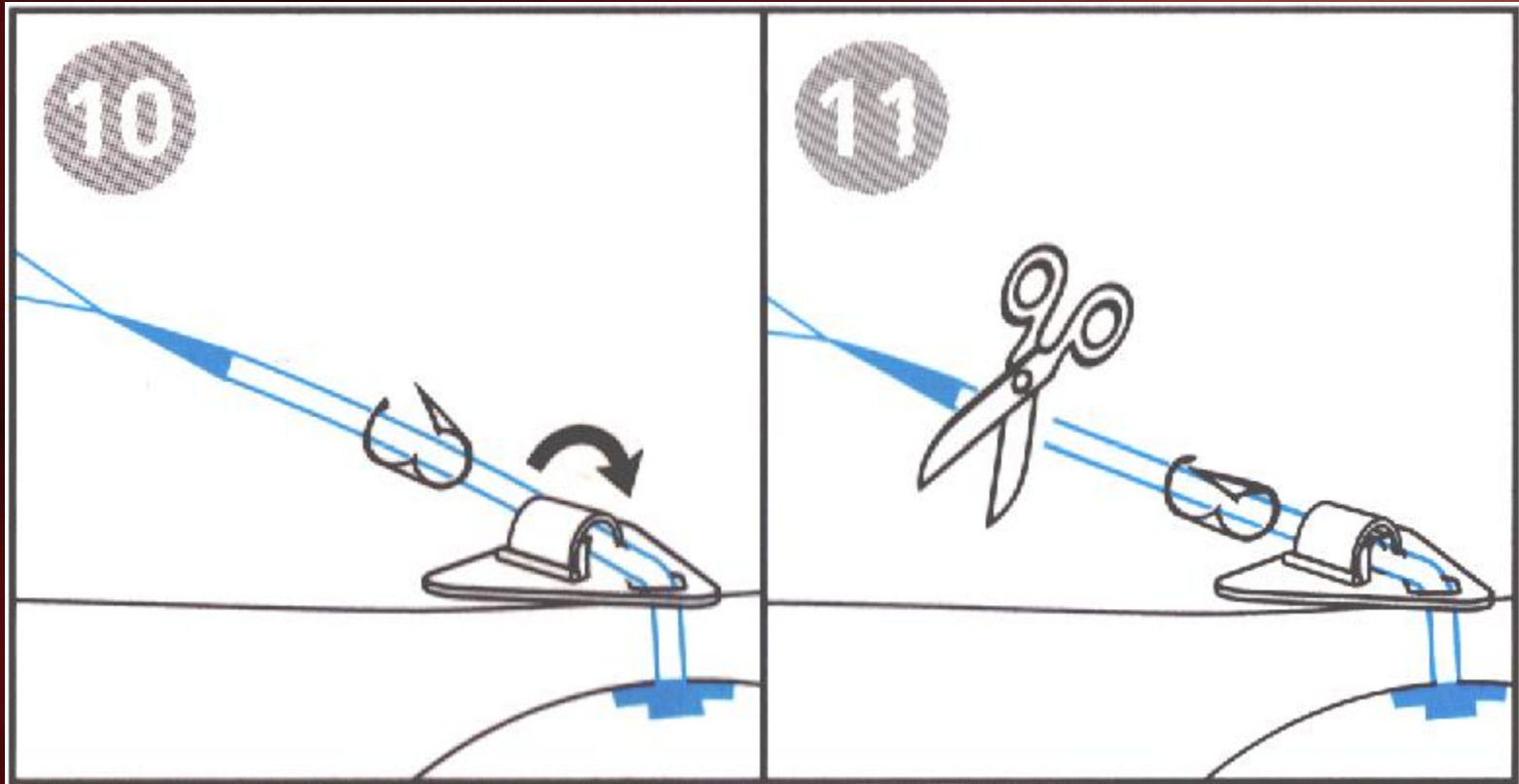
The tube is pulled until elastic resistance is felt and it is kept under tension.

Procedure for insertion



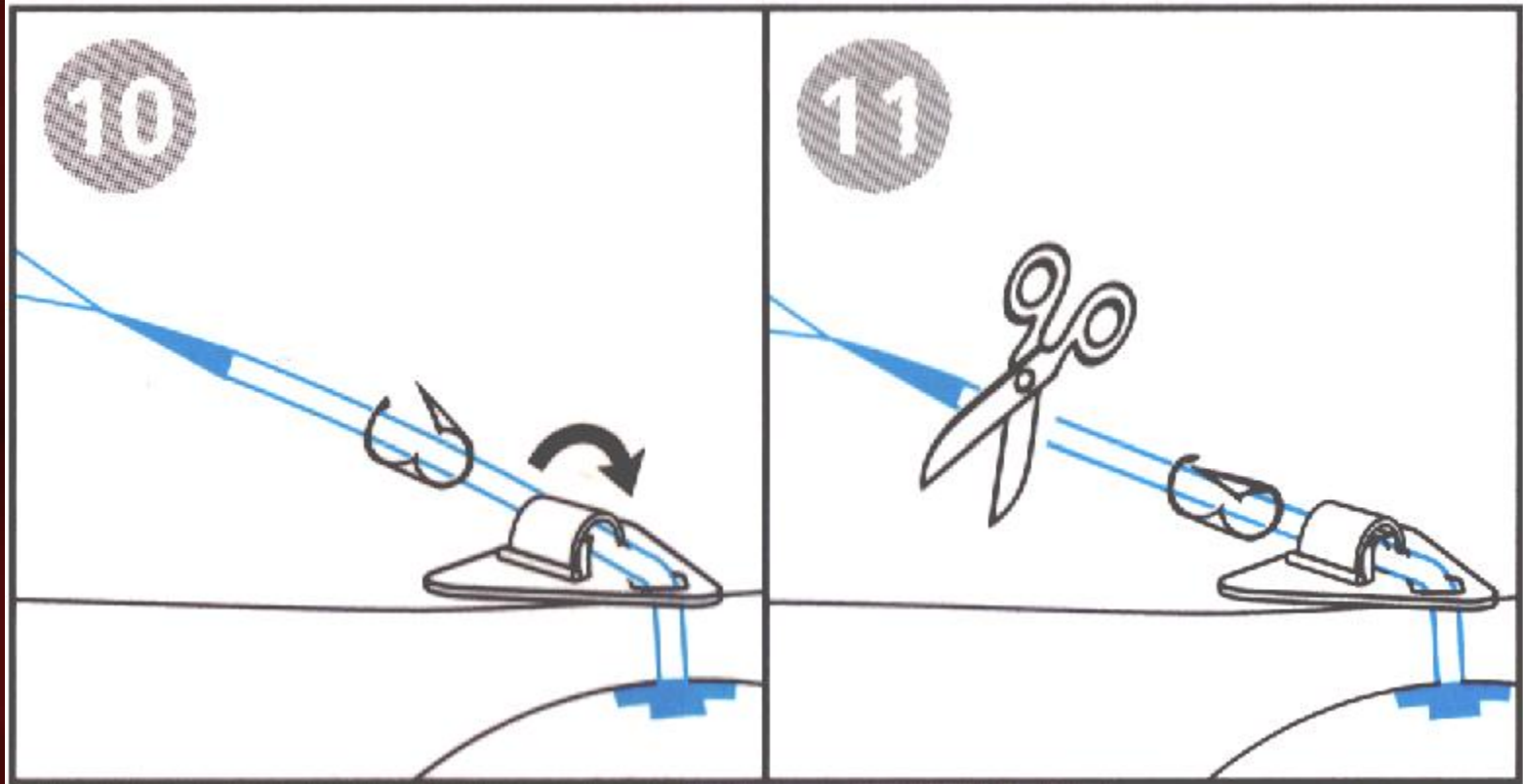
The puncture site, fixation plate and tube are cleaned and dried thoroughly to ensure secure attachment.

Procedure for insertion



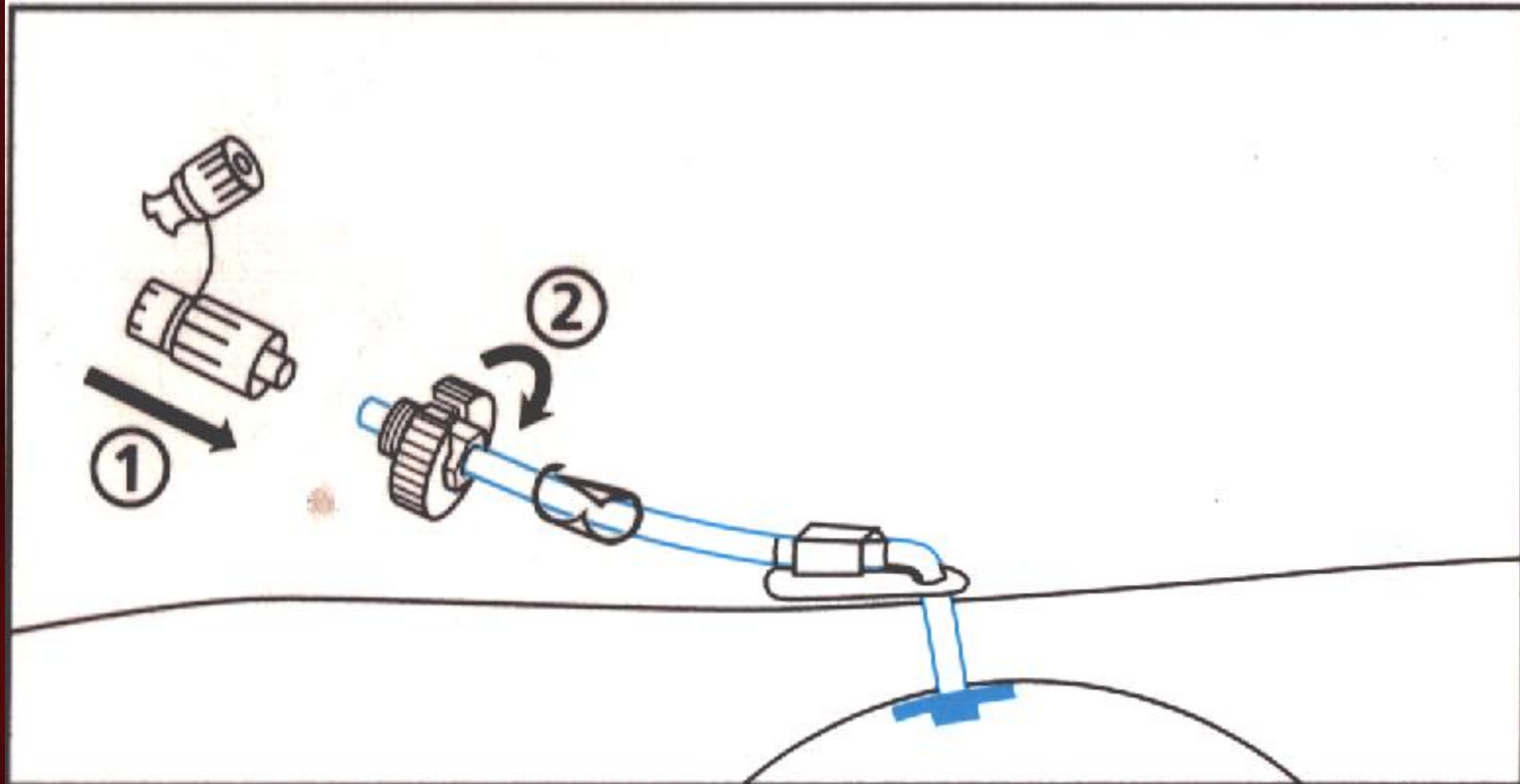
The tube is inserted into the fixation plate guide and secured using the clip (10).

Procedure for insertion



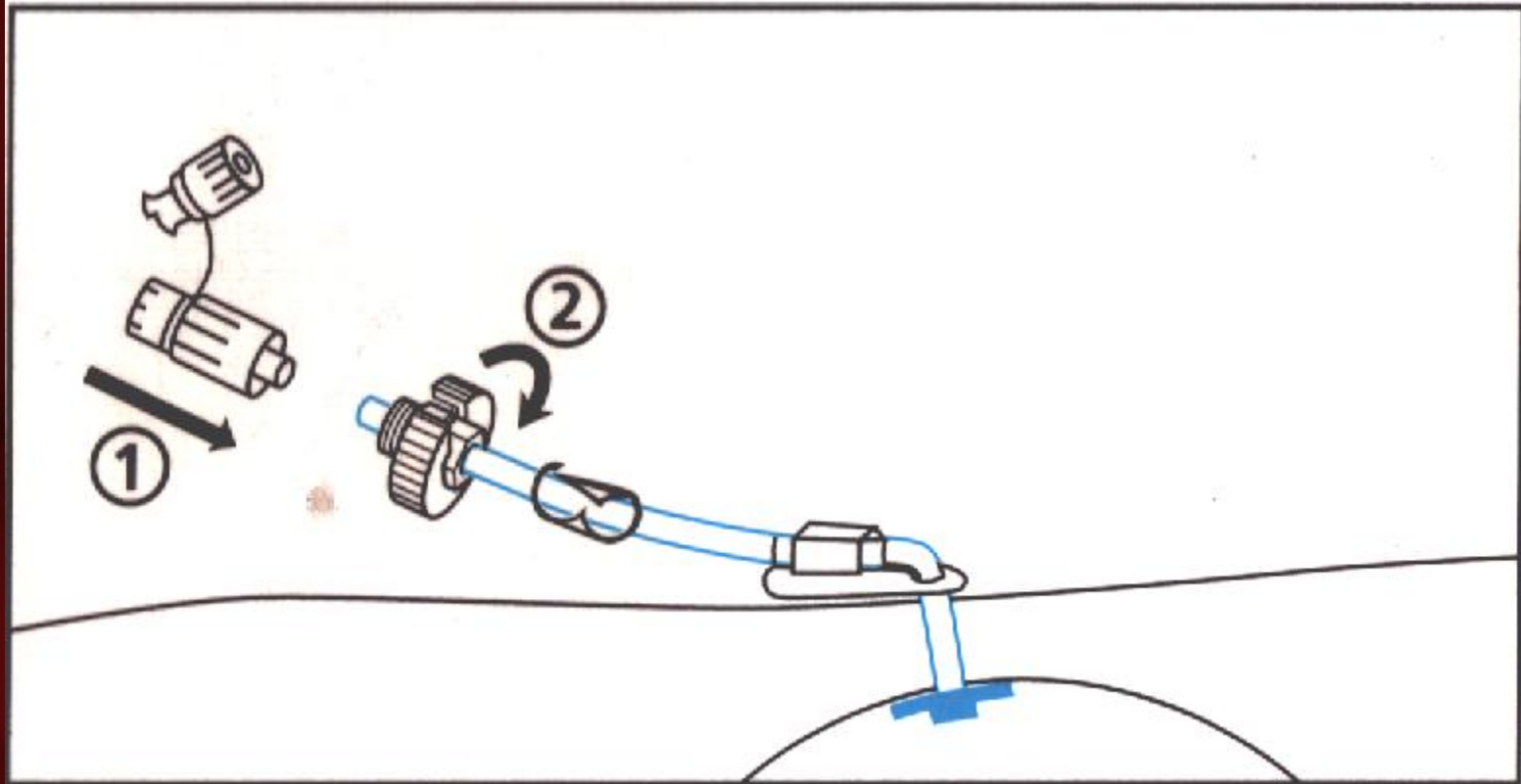
The tube clamp is closed and then the cone of the tube is cut off (11).

Procedure for insertion



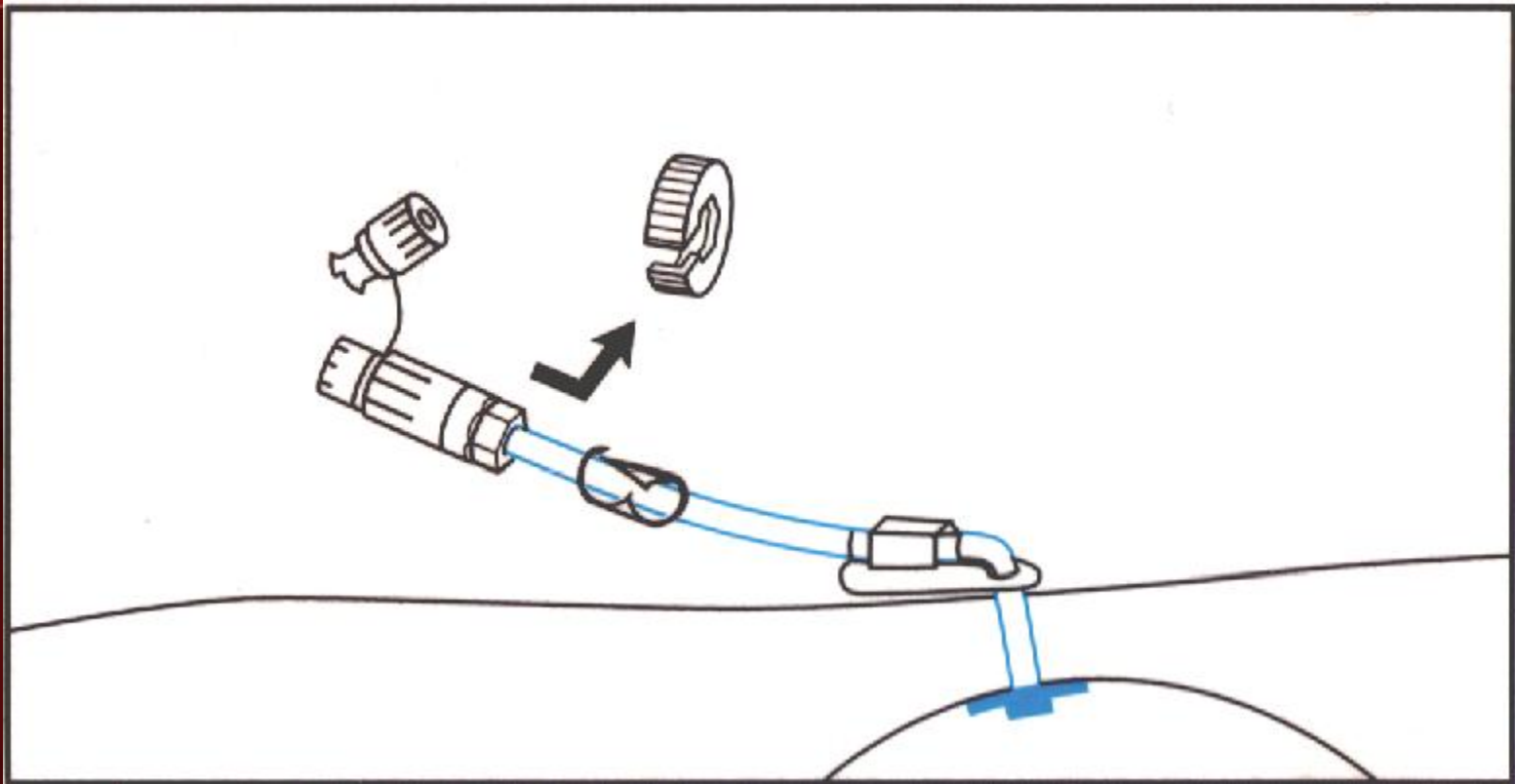
The fixing screw for the Luer lock connector is pushed over the tube.

Procedure for insertion



The pin of the Luer lock connector is pushed as far onto the tube as possible and secured with the fixing screw.

Procedure for insertion



The screwing aid is pulled off in a downward direction and removed.

- **A PEG tube can normally remain in situ for several months without complications being recorded if the PEG is well cared for.**
- **If problems, such as blockage, perforation, ..., are encountered the Clinical Nutrition Team should be consulted.**

Care of the puncture site

- **Loosen the clamp device of the outer fixation plate and pull back plate.**
- **Clean puncture site and fixation plate.**
- **Push tube carefully 2-3cm into stoma and rotate daily.**
- **Pull tube gently until resistance is felt, push fixation plate onto the slit compress and fix into position.**

Care of the puncture site

- **For the first week, the PEG should be covered with a dressing and kept clean. A soiled dressing must be changed.**
- **After that the dressing can be removed but the PEG and stoma must be kept clean.**

Care of the tube

- The tube is to be flushed with at least 20ml water before and after feeds – at least once daily.
- If the tube blocks, under no circumstances should the tube be cleared using force or a wire, for risk of perforating the tube.
- Do not flush tube with acids, especially fruit juices, teas, ... as it may cause irritation or coagulation.

Administration of medicines

- **Preferably medications should be dissolved or liquid – syrups or drops.**
- **The tube should be flushed with 20ml of water before, after and between medications.**
- **Medications, such as antacids, Epanutin, ..., should not be administered together with food under any circumstance.**

- **Low-Profile Skin-Level Gastrostomy**



The Clinical Nutrition Team

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 - **Pager: 356 3076**
 - **Extension: 1748**
- **Mr. G. Axiak — Clinical Nutrition Nurse**
 - **Pager: 356 2141**
 - **Extension: 1761**
- **Mr. J. Seychell — Clinical Nutrition Nurse**
 - **Pager: 356 5318**
 - **Extension: 1761**