

**This factsheet is about PEG feeding**

Percutaneous gastrostomy (PEG) feeding is where a tube is placed directly into the stomach from the outside to help feed a person who, for various reasons, is unable to maintain enough nutrition simply by eating food. The tube goes through the skin, so it is called percutaneous, and gastrostomy means making a hole in the stomach. Depending on the underlying cause, a person who is PEG fed may also be allowed to eat food via the usual route. However, it is important to clarify this with the doctor.

**Reasons why a person may need PEG feeding**

There are many reasons why PEG feeding may be needed. It may be because there are problems with swallowing or obstruction in the upper airway. Inserting a PEG may be preceded by passing a nasogastric (NG) tube which is a tube inserted through the nose, into the oesophagus (food pipe) and into the stomach. Whilst safer than PEG feeding, it is not a long term solution.

Problems with swallowing can be due to a stroke or chronic neurological conditions which gradually weaken the swallowing muscles. The reason an unsafe swallow can be dangerous is because during swallowing, the patient may choke, and could lead to some food going into the lungs which can cause serious pneumonia (lung infections). Patients with throat or oesophageal cancer may need PEG feeding as swallowing may be hindered and placing an NG tube feeding can sometimes be difficult.

Other reasons for a person needing a PEG feed includes patients who may need extra calorie intake if they cannot adequately maintain nutrition themselves, such as patients with Crohn's disease, cystic fibrosis. Occasionally, some patients with dementia who will not eat or tolerate an NG tube may need PEG feeding.

**What are the risks of PEG tube insertion and what is the procedure?**

The decision for a PEG tube must be fully discussed with the patient and their family as it is important to discuss any concerns with the GP or consultant. PEG tube insertion is a safe procedure. However, as with any procedures there are risks, and the main one is not being able to get the tube into the stomach, and an operation may be needed. There is also a risk of bleeding, infection or pain. These will all be explained during the consent process. Written consent is needed prior to PEG insertion, and sometimes family members may need to help if the patient is unable to adequately give their own consent.

The procedure takes about 20-30 minutes. Sedation will be used and the entire procedure will be performed under sterile conditions. The procedure is undertaken using a gastroscope (a small tube with a camera on the end is inserted into the mouth, which goes into the stomach), so the stomach can be directly visualised and the tube can be guided into the correct place. The area just below the rib cage and to the left (overlying the stomach) will be cleaned and a local anaesthetic will be given, so pain shouldn't be felt, just some pushing and pulling. A small hole in the skin will be made, which will guide the tube into the stomach. Patients normally go home on the same day as the procedure, and feeding generally starts about 6 hours after tube insertion.

**How to manage a PEG tube**

It is important for the patient and/or carers to be fully educated about managing the PEG tube itself, as well as about the feeding programme that is being prescribed. A nutrition nurse will teach how to manage the tube and a dietician will be involved for nutritional advice and support.

The nutrition nurse will go through how to care for the PEG tube and any complications to look out for. Generally, the tube must be flushed with 30ml of water before and after using it, to help prevent the tube blocking. Flushing involves drawing up sterile water into a syringe, attaching it to a specific hole (port) on the tube and squeezing the water in. There may be a few ports on the end of the tube, and the nutrition nurse will explain each of them. The tube can be used for feed, water and liquid medicines only. If the PEG tube is not being used, it must be flushed at least once a day with water. It is important to clean the site where the tube enters the skin and keep it dry. The nutrition nurse will

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demonstrate how to do this and all the necessary equipment will be supplied. The PEG tube may need to be replaced/changed at some point, and the nutrition nurse will suggest when this may need to happen.

There are different PEG feeding regimes that are individualised to the patient, depending on their nutritional needs. The dietician will advise the patient which feed is needed, how fast the feed needs to be given and how often the feed needs to be given. Feed may be given on and off during the day, or continuously overnight, whichever is best for the patient. Extra fluids may be needed through the PEG tube. Some people may be able to eat food via the mouth, even with the PEG tube in. It is important to clarify with the doctor whether this is allowed or not, as this can influence the type of feed the dietician recommends.

### What can be the impact of PEG feeding?

The presence of a PEG tube can impact a person in many ways. These include the complications of the underlying condition, complications of the PEG tube itself and its overall impact on general wellbeing such as body perception and social issues.

The two major complications associated with a PEG tube is infection and blockage. The infection can be localised to the stoma site, or may spread into the abdominal lining or blood. When it is localised, it can cause redness, pain or offensive odour. If this happens, the nutrition nurse must be contacted as soon as possible who will arrange for a swab to be taken to see what could be causing it. However, if the infection is severe and has spread into the abdominal lining (peritonitis) or blood, the patient may experience fevers, severe abdominal pain and become very unwell. If this happens, medical attention must be sought immediately. Skin ulcers can develop, so good PEG tube care is important.

When the tube is blocked, feed may leak from the tube where it enters the skin. If this happens, stop the feed and contact the Nutrition nurse. The tube may be blocked if there is difficulty in flushing it. If lots of pressure is required to flush the tube, do not force it. Instead, contact the nutrition nurse, who will have a look at the tube, and order further investigations if felt necessary.

The PEG tube may become dislodged or the end that is inside the stomach may move to the incorrect position. These may manifest as pain, nausea or vomiting, and if any of these occur, then contact the nutrition nurse and dietician. It is important to seek help promptly, as it is important to keep the hole safely open with a temporary tube until a permanent replacement is put in.

### Does PEG feeding need to be monitored and, if so, how?

Patients with PEG feeding need to be monitored regularly by the doctor, dietician and nutrition nurse. The doctor will monitor the underlying condition, and request blood tests. This is to ensure that the PEG feeding regime is adequate, with regards to hydration and nutrition. The dietician will also check these bloods to make sure certain electrolytes and salt levels are normal. The nutrition nurse will make sure the patient is happy with PEG tube care and will review the tube, concentrating on how the site looks to ensure it is healthy and not infected.

### What to ask your doctor when you see them?

Am I allowed to eat and drink with my PEG tube in? Will I need the PEG tube in permanently?  
How often do I need blood tests?

*For more information about research in this area please contact Core.*

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