

Possible problems

If the tube is clogged:

- Try to flush it through with water from a syringe. Do not attempt to force the water through as the tube may burst. Instead, try to alternate between sucking and flushing to dislodge the blockage.
- If this fails, fill the tube with lukewarm water and leave it for 20 minutes, then attempt to suck it out with a syringe. 1/8 teaspoons of baking soda can be added to the water to increase the effect.
- If the blockage can be observed directly, dislodging it by massaging the tube can be attempted.
- If the tube can't be unblocked by the above means it will need to be replaced by specialist personnel.
- Using Cola or other acidic liquids will not help matters since acids cause precipitation of proteins and may worsen the blockage.

If the tube is dislodged:

- Skin will regrow to cover the opening through the skin into the stomach in a matter of hours if the tube is removed. In order to keep it the passage open, insert a sterile Foley type urinary catheter or similar implement.
- Contact the hospital immediately for an appointment to have the tube reinserted. Please make sure the tube is sent with the patient to the hospital.

To prevent the tube from dislodging:

- If the tube is kept in place by an water-filled cuff inside the stomach, the volume of the cuff must be inspected weekly and the cuff must be topped up if necessary. Its capacity (in ml of water) will be displayed on the valve.
- If the patient is confused, restless or otherwise in danger of pulling on the tube by accident the tube should be covered (e.g. with bandages, a belt, a corset or similar) in order to prevent accidental dislodgement.
- **If the tube is dislodged, clogged or damaged:** Please call Medisinsk poliklinikk, tel. 23 22 57 20
- **If nausea, diarrhea, obstipation, hiccups, reflux or similar discomfort:** Please contact your dietitian, or the hospital dietetic service tel. 23 22 54 15.

PEG

Percutaneous Endoskopisk Gastrostomy



Information leaflet on PEG, cleaning and maintenance

What is PEG?

- PEG is a procedure whereby a thin, flexible tube is placed through the skin of the abdomen and into the stomach itself. The procedure is guided by endoscopy and performed under local anesthesia.
- The tube is used to provide nutrients, hydration and medication to persons with severely impaired swallowing function.

When the tube is in place:

- The tube needs to be kept open for the first two hours after placement in order to allow air to vent from the stomach. Air injected into the stomach during the procedure may otherwise cause discomfort.
- The tube can be used 2-4 hours after placement. Initially, 60 ml of sterile water is introduced through the tube. If this causes pain, usage of the tube must be postponed according to the doctor's assessment. Otherwise the tube is ready for use and nutrition can be introduced.
- The outer disc of the tube should fit tightly enough that it is in contact with the skin for the first 24 hours, but without pressing on the skin.
- After 24 hours the outer disc should be loosened, the tube should be pushed 2-3 cm further in and be rotated 360 degrees. It should then be pulled out until the inner disc pushes against the internal stomach wall. The outer disc should then be tightened until there is 5-10 mm clearance between the skin and the outer disc, and fixed in place. This is the permanent position of the outer disc.

Changing tubes:

- The tube does not need replacement unless it is clogged, damaged or other problems should arise.
- The tube can be exchanged for a shorter, more easily concealable type («button type») after a minimum of three months.

Tube feeding:

- If the full amount of nutrition needed can not be administered immediately after tube placement, additional intravenous nutrition and/or hydration may be necessary for a few days.
- When receiving nutrition and/or hydration through the tube, it is important to sit upright, or at least have the upper body angled 30-45 degrees from vertical position. One should remain in this position for at least 30-60 minutes after tube feeding is finished. This is to prevent reflux of stomach content. Reflux carries with it danger of aspiration to the airways, which may lead to pneumonia.
- The tube can be used to administer any type of drinkable fluid – water, juice, milk, nutritional drinks, liquid medication, and even medicines in pill form that have been crushed to powder and mixed with a small amount of water. **However:**
- Modifying medication by crushing pills or opening capsules should only be done as a last resort, if the medication is unavailable in other forms (e.g. liquid), is essential, and can not be replaced by another type of medication. Several types of medication should not be modified under any circumstance. Please consult a physician or a pharmacist before modifying medication.

Tube maintenance:

- The wound should be tended daily until granulated tissue appears (usually one week after the operation). After that, the area where the tube passes through the skin should be tended every two to three days.
- Wash the skin around the tube with disinfectant every day for the first week. Wash with soap and water (or in the shower) minimum every two to three days after the first 1-2 weeks.
- Dry the area gently, make sure the area beneath the outer disc is dry.
- A split compress underneath the locking disc is not necessary unless the patient experiences chafing.
- After each use the tube must be flushed through with 20-40 ml of water to avoid clogging.