

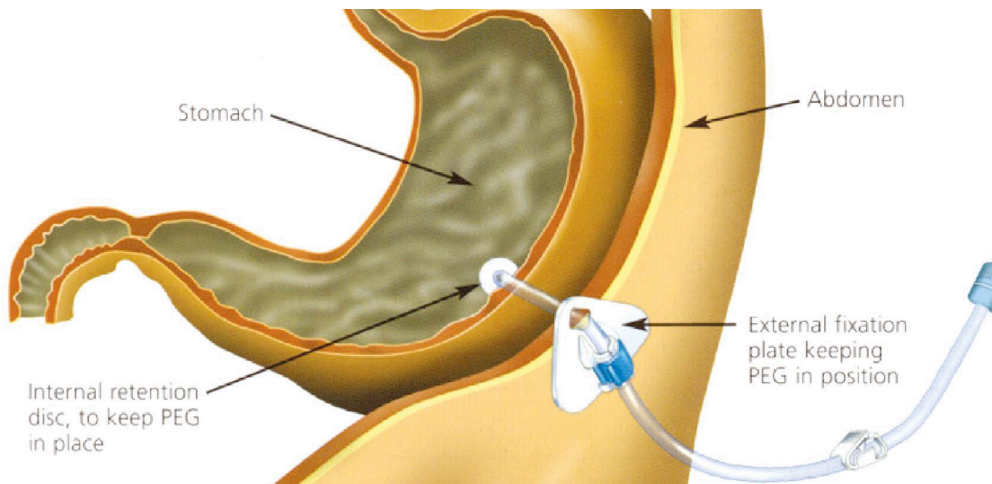
Skin Percutaneous Endoscopic Gastrostomy (PEG) removal

Author: Ilona Troiceanu, Clinical Nurse Endoscopist,
Endoscopy Unit

This leaflet is to be used in conjunction with Gastroscopy – Oesophago-gastro-duodenoscopy (OGD) leaflet.

What is a PEG removal?

This is the permanent removal of the Percutaneous Endoscopic Gastrostomy (PEG) tube, this includes the removal of the internal bumper and the external part of the feeding tube (the whole tube is removed).



Why do I need my PEG removed?

You are now able to meet your nutritional requirements by mouth and do not use your PEG tube for feeding therefore it is best the PEG tube is removed to avoid any complications or infections.

How is the PEG removed?

The PEG is removed during a gastroscopy – please refer to gastroscopy leaflet for information regarding preparation for the procedure, management of your medication, sedation and throat spray, management of the diabetes and management of anticoagulation as needed.

So what does removal of a PEG involve?

The endoscopist will examine your abdomen to check that it is safe to go ahead with the procedure and also check the PEG rotates and retracts freely.

Your stomach is going to be inflated so the endoscopist can have a clear view of the lining of your stomach and identify the internal bumper of your PEG. This may cause you to feel bloated during or after the procedure. This is normal and should resolve on its own.

Once the internal bumper is located, a snare (lasso device) will be passed down the endoscope and around the internal bumper so this can be removed. The PEG tube will be cut on the outside near to the skin and, once the tube has been cut, the internal bumper will be removed by removing the endoscope and snare through your mouth. The procedure should take about ten minutes to complete.

A dressing will be placed over the hole/stoma, where your PEG was sited, to prevent any leakage onto your clothes. Within 24-48 hours the hole/stoma site will close. A mild amount of drainage is normal for the first 48-72 hours.

What you should DO after your PEG is removed?

- It is very important to change the dressing daily and keep the dressing dry for five days.
- You may shower 24 hours after the tube is removed. While showering, please avoid direct water pressure to the site for five to seven days. After showering, apply a fresh, dry dressing.
- You may be prescribed PPI (medication) to reduce the acid in your stomach and facilitate healing of the stoma.

What you should NOT DO after your PEG is removed?

- Do not apply any cleanser/ointment to the area. Clean site with warm water.
- To prevent infection, do not bathe in a bathtub, sit in a Jacuzzi or hot tub, or swim for at least two weeks.
- Do not do exercise for at least a week, that puts extra pressure on your stomach (such as shovelling); no bending over, no sit-ups or heavy lifting.

Are there any complications?

With every medical procedure, the risk must be compared to the benefit of having the procedure carried out. The doctor who has requested the procedure will have considered this very carefully. These are rare and include:

- Wound infection (one person in every ten procedures carried out).
- Inflammation of the peritoneum (a lining of the abdominal cavity).
- Risks associated with a gastroscopy and sedation/ throat spray.

You should contact your GP or A&E if you have: high temperature, increased tenderness at the site, redness or drainage at the site, unusual drainage from the site.

Alternative to an endoscopy PEG removal

Endoscopy PEG removal is the simplest way of removing your PEG tube. Another method is **Cut and Push** or **Cut and Drop** – when the PEG tube is cut next to your skin, and the internal bumper is pushed into the stomach. Usually the internal bumper will pass through your system and you will pass it when you go to the toilet. It is painless and the most of the people do not realise when this is happening. Occasionally the bumper can get stuck in the stomach or bowel causing bowel obstruction; in this situation you will need surgery to remove the bumper. This method is not suitable for people who are not fit enough to have surgery.

Contact telephone numbers:

Advice can be obtained from the Endoscopy Unit on 01493 452370, Monday to Friday 08.00 – 18.00 hours.

Alternatively you can contact your GP or the Accident and Emergency department on 01493 452559.

Feedback

We want your visit to be as comfortable as possible. Please talk to the person in charge if you have any concerns. If the ward/department staff are unable to resolve your concern, please ask for our Patient Advice and Liaison (PALS) information. Please be assured that raising a concern will not impact on your care. **Before you leave the hospital you will be asked to complete a Friends and Family Test feedback card.** Providing your feedback is vital in helping to transform NHS services and to support patient choice.

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The hospital can arrange for an interpreter or person to sign to assist you in communicating effectively with staff during your stay. Please let us know.

For a large print version of this leaflet, contact PALS 01493 453240