Clinical nutrition
Patient Information

Looking after your Percutaneous Endoscopic Gastrostomy tube (PEG)

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Home delivery Company 24 hour helpline

- Abbott Nutrition: 0800 0183799
- Nutricia Homeward: 0845 7623636
- Fresenius Homecare: 0808 1001990
Why do I have a PEG?
You have this tube because you are unable to safely swallow enough food to keep you healthy. It provides a safe route for you to receive all the nutrients you require without choking on your food.

How long do I need to have my PEG?
Most people require a PEG long term as their swallow remains unsafe. You will, however, be regularly reviewed by a Dietitian to see how much food you require.

How long does my tube last for?
If it is well cared for, a tube can last for up to five years. You may require an endoscopy to replace your tube. Arrangements for this can be made by your GP or the Nutrition Nurse Specialists.

One way of increasing the life of your tube is to leave the clamp undone when the end connector is in place. This prevents the clamp squashing the tube. You can also change the place the clamp sits along the tube to avoid squashing the same part of the tube each time.
What do I need to look out for?

You need to look at your site regularly to check for signs of infection. The things to look out for are:

- redness
- pain
- discharge which is yellow and smelly

If you notice these signs, contact GP, your company nurse or the nutrition nurse specialists.

It is also possible for the skin at the exit site to become pink and/or lumpy and it may bleed easily. This may be an overgrowth of tissue which can be easily treated with a special dressing or ointment. Again, contact your GP, company nurse or the nutrition nurse specialists if you are worried.

- Leaks of fluid around the tube
- Pain on feeding or flushing your tube
- New bleeding

If you have any of the above signs stop feeding immediately and telephone for urgent advice.

Monday to Friday 08:30 to 16:00 - nutrition nurse specialists
01223 216037

Out of hours – Please contact your GP

If you cannot wait to be seen by your GP, please contact your local hospital’s emergency department.

What is a PEG?

A PEG is a soft tube placed through your skin into your stomach which allows food to enter directly.

The term ‘PEG’ describes the way it is placed:

- Percutaneous – through the skin
- Endoscopic – the equipment used to examine the stomach
- Gastrostomy – opening into the stomach

A connector to attach the syringes and giving sets to the tube.

A clamp which allows the tube to be closed.

The PEG is prevented from sliding too far into the stomach by a triangular bumper on the outside.

The PEG is prevented from falling out because of a circular bumper which lives within the stomach.
How do I clean my PEG and the skin around it?

For the first week:
- Remove the dressing the day after your tube is inserted, this is no longer required.
- Clean the tube and site daily.
- Use the gauze swabs provided. Carefully clean under the triangular bumper using neat Octenisan body wash then cleanse with water.
- Dry well. Apply the Bactroban ointment around where the tube exits the skin.
- It is important not to move the triangular bumper for the first week as keeping it in place helps the site to heal better.

After the first week:
- It is no longer necessary to use the Octenisan and Bactroban. Still clean daily with warm soapy water.
- You may now release the triangular bumper to enable easier cleaning. Make sure you replace the bumper approximately 2mm from the skin so that the tube does not slide in and out.
- Do not forget to clean the back of the triangular bumper.

Can I have a bath?
For the first two days after your tube is placed don’t have a bath or shower. Wash using the Octenisan body wash.

For the rest of the first week you may have a shallow bath or a brief shower using the Octenisan body wash, but try not to immerse the site in water completely.

After the first week, if the skin around your site is clean and dry you may return to your normal bathing routine. If you have any concerns please contact either your company nurse or the nutrition nurse specialists.

How do I manage my tube?
It is important to insert and rotate your tube once a week to stop the bumper in your stomach getting stuck. To do this, follow these instructions:
- Wash your hands with soapy water and dry well.
- Release the triangular bumper by opening the blue clip, remove the tube from the groove and slide back the triangular bumper away from the skin.
- Clean the tube, bumper (front and back) and stoma area with soapy water.
- Push two to four centimetres of the tube into the stomach and turn the tube in a complete circle with your fingers.
- Gently pull the tube back until resistance is felt.
- Place the triangular bumper back in its normal position, reinsert the tubing into the groove and close the fixation catch carefully.