

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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Gastrostomy Tube/PEG aftercare guidelines for patients and carers

Patient information leaflet

If you require an alternative format of this leaflet please call the Patient Advice & Liaison Service on 01296 316042.

Safe & compassionate care,

every time

Introduction

This booklet aims to provide you with information about your gastrostomy feeding tube aftercare and to answer any questions. If you have additional questions or would like further explanation please contact your Nurse or Dietician who will be able to help you.

Please put this booklet in a safe place as you may wish to refer to it in future. For additional information regarding your tube please refer to the specific aftercare information, which you will given on discharge in Endoscopy, depending on your needs.

Skincare

The area where the tube enters your stomach is called the stoma site. You may experience a discharge at the stoma site for the first few days after PEG placement. A loose, thin absorbent dressing may be used to cover the site until the stoma has healed. Do not place bulky dressings under the external plate. Once the stoma site has healed (usually 7-10 days after placement) it is important to clean your stoma site daily with soap and water, and keep it dry. Do not apply any creams or powders.

After the tube has been in place for 10 days and the stoma site has healed, you should start to rotate it after you have cleaned it (see Rotating and Advancing the PEG on page 5). However, if rotation causes excess pain and/or the tube will not turn, stop and try again the next day. If at this time it is still painful and will not turn do not attempt to carry out the rotation. Contact your GP or Community Nurse.

CONTACTS :

To be filled by the nurse on discharge

GP

Address

Tel

Fax

Hospital Dietitian

Address

Tel

Fax

Community Dietitian

Address

Tel

Fax

Nutrition Nurse

Address

Tel

Fax

PEG Support Nurse (Endoscopy Unit)

Address

Tel

Fax

Community Nurse

Address

Tel

Fax

Hospital Consultant

Address

Tel

Fax

7. Place the fixation plate back to its original position (approx. 2 -5mm away from the skin). Re-insert tube in the groove and close the fixation catch.

8. Your fixation plate should not be too tight or too loose. If you feel that it is, your Community Nurse will be able to advise you.

If you experience nausea, vomiting or constipation you should contact your Community Dietitian for urgent advice.

If I cannot eat what will happen to my mouth?

Plaque can build up very quickly so it is important to brush your teeth at least twice a day. A mouthwash or artificial saliva, may help if your mouth is dry.

How do I clean the site?

Clean the site with soap and water and dry well. No creams should be applied unless clinically indicated. Skin needs to be kept dry and creams can encourage a moist environment.

Can I go on holiday?

Enteral feeding does not stop you going on holiday but it is good to have a letter from your doctor and make sure you have the necessary insurance. Contact your GP, Dietitian and Community Nurse for advice about replacement tubes and information regarding the supply of your feed.

Who do I contact if the tube gets damaged or I get a problem with the site?

Contact your GP or Community Nurse, so they can make an appropriate referral to the hospital.

How soon after tube insertion can I begin feeding?

Water will be used as an initial feed, put down the tube. This will be decided by your Dietitian or a PEG Nurse, but your feed usually commences about 4-6 hours after your tube has been placed. The feed is introduced slowly to begin with, so that your body can adjust to the feed.

What feed will I receive?

You will receive a prescribed, commercially produced liquid feed which contains all the essential nutrients you will need on a daily basis. You may receive part or all your daily food via your gastrostomy feeding tube, depending on your specific medical condition and needs. You may also need extra fluids through your gastrostomy feeding tube. Water can be administered using a syringe or administration set.

Feeding regimen

Your GP will prescribe the volume and rate of your feed to suit your needs. You may be fed intermittently or continuously during the day or overnight depending on which is best for you. Always follow the recommended regimen. If you have any problems with the feed you should inform your Dietitian.

To prevent heartburn and feed refluxing you should feed in an upright position. For overnight feeding you should use supporting pillows or a backrest. If you find this uncomfortable you can raise the mattress at the head of the bed instead.

Administration of medicines

All medicines should be administered in a liquid form. The same applies to self medication (e.g. for headache) and your Pharmacist will recommend a liquid form of pain relief.

- Do not crush sustained-release tablets/capsules. They are unsuitable for crushing because the whole dose is released at once.
- Drugs with enteric coatings should not be crushed and given via your gastrostomy tube as they are designed to be released in the small intestine.
- Do not add medicines to your enteral feed as it may cause physical/chemical instability of the feed and cause a blockage.
- Flush your tube before and after administration of each medicine.
- Medication should be given separately to prevent possible interaction.

Tube care

The gastrostomy feeding tube should be flushed with at least 30-50ml of cooled, boiled water before and after feed, or medicine administration to prevent tube blockage. You should only use the tube to administer feed, water and liquid medicines.

If there are leaks of fluid around the tube or pain on feeding, or new bleeding, pain or odour for the first 3 days stop feed immediately and telephone Endoscopy for urgent advice or go to A&E.

Tube blockage

If you are unable to flush the tube or you can see a blockage you may try the following, if unsuccessful on the first step try the next

1. Ensure all the clamps are open and the tube is not kinked.
2. Connect a 50ml female or reverse luer (purple enteral) syringe to the end of the tube and try to draw back (aspirate) to remove any excess fluid.
3. Massage the tube around the area of blockage if obviously visible.
4. Flush with 50ml of warm water (sterile or cooled boiled). Leave in the tube (clamp) for 30 minutes then reflush.
5. Flush with 50ml carbonated water. Leave in the tube (clamp) for 30 minutes then reflush. When trying to flush, use a pumping action with the plunger on the syringe. **Never** use excessive force and **never** attempt to unblock the tube by inserting sharp instruments. If this does not work contact your Dietician, GP or a Nurse.

Rotating and Advancing the PEG Tube

It is known that some people may be prone to what is called 'Buried Bumper Syndrome' (where the internal disc of the PEG tube becomes buried and the stomach lining grows around it). To help prevent this developing, the PEG should be rotated and advanced. Rotation and advancement should be carried out at least once a week and no more than once a day. This means holding the end of the tube and rotating it 360° (a complete circle) and pushing the tube approximately 2-3cm into the stomach and pulling it back to the original position. Do **not** rotate the tube if the site is discharging or not healed. Always check with your Healthcare Professional about how and when to start rotation.

A suggestion to rotate on a specific day as follows:

1. Wash hands thoroughly with soap and water.
2. Clean the external plate with water and gauze.
3. Open the fixation catch.
4. Detach tube from groove in fixation plate.
5. Move plate away from skin.
6. Clean tube and stoma area and the underside of the plate and dry. Push 2-3cm of the tube into the stomach and rotate, gently pull back the tube to feel resistance.