



Operation Information

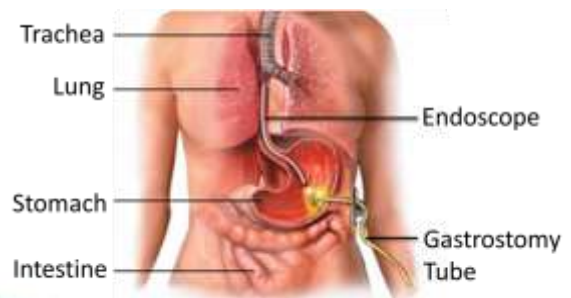
Percutaneous Endoscopic Gastrostomy (PEG)

Introduction

PEG is a procedure to place a feeding tube into the stomach through the abdominal wall. It allows liquid diet, fluids and medications to enter the stomach directly. Indications include illnesses that cause difficulty swallowing or interfere the body to process nutrition.

Outcomes

With the PEG tube placed, prescribed food can be given continuously (via a small portable pump) or in several portions during the day (bolus feeding).



Source:

<https://www.wnyurology.com/content.aspx?chunkid=14852>

Procedures

1. This operation is usually performed under intravenous sedation along with local anaesthesia.
2. Vital signs are monitored throughout the procedure by medical staff (including blood pressure, pulse and oximetry).
3. Local anaesthetic is sprayed on the back of your throat to numb the area.
4. A mouth-guard is placed between your teeth.
5. You are required to lie on your left side.
6. An endoscope is introduced through the mouth and esophagus into the stomach.
7. Air is passed through the endoscope to expand the stomach.
8. The endoscope helps locating the best position of the PEG tube.
9. A small cut is made on your abdomen. The PEG tube is then inserted and secured.
10. The PEG tube position is confirmed by endoscopic visualization.
11. The stoma (tube insertion site) of the PEG tube may be covered by a sterile dressing.

Possible Risks and Complications

PEG is considered a safe procedure but rare major complications may still occur. Potential risks include the following:

1. Pain
2. Bleeding
3. Infection
4. Perforation to the bowel or other internal organs
5. Reaction to medication
6. Failed placement of PEG tube
7. Leakage around the PEG tube
8. Dislodgement or displacement of the PEG tube

** The risks listed above are in general terms and the possibility of complications is not exhaustive.

Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications from arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. You may be instructed to withhold some medications such as aspirin, warfarin, clopidogrel or other blood thinning tablets. Please follow the doctor's advice.
4. Good hygiene can prevent surgical wound infection. Please clean up yourself on the day of the operation.
5. No food or drink six hours before operation.
6. Intravenous antibiotics is given to reduce risk of infection.
7. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
8. Please empty your bladder before the operation.

Post-operative Instructions

1. You may experience sore throat and sometimes bloating for a few hours as a result of air remaining in your stomach. This should improve gradually.
2. Dietitian may be referred to give you advice on the type and quantity of feed is best for you. The liquid feed offered contains all the essential nutrients you need.
3. Most often the feeding is started at a slow rate and increased gradually to ensure you tolerate the feed.

Advice on Discharge

1. Care your PEG as instructed to ensure that:
 - the PEG tube remains unblocked by flushing the tube with warm/ room temperature drinking water after giving liquid feed or medication (or daily if no feed or medicine is given via the tube);
 - the stoma remains clean and dry by cleaning the site with sterile gauze and saline after showers (avoid baths); and
 - the external crossbar (plastic disc) securing the tube is in place, is not dislodged or loosen.
2. Immediately consult your doctor or return to hospital for professional attention in the event of bleeding or pus discharge from the stoma, increased swelling or pain on your abdomen, leakage around the PEG tube, dislodgment or blockage of the tube, shivering, high fever over 38°C or 100°F, or any other unusual symptoms.
3. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

