



Nutrition and dietetics

# Care of your Freka PEG tube: a guide for patients and carers

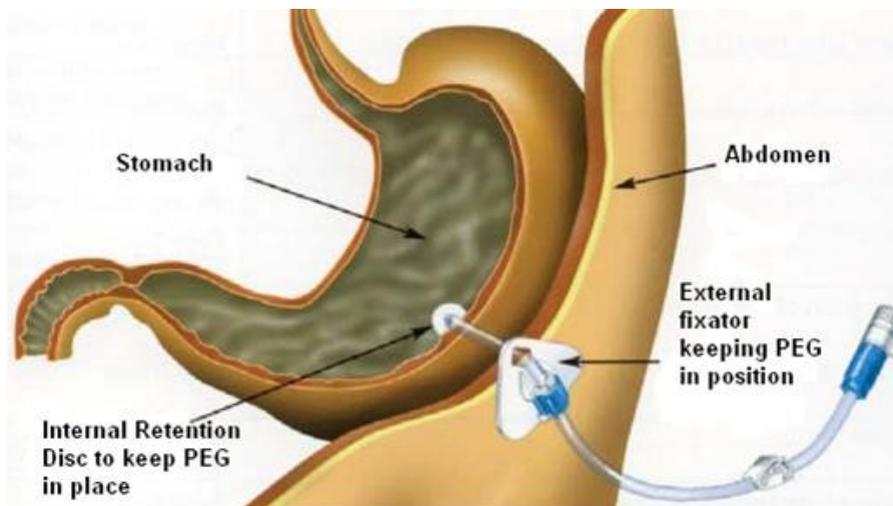
## Introduction

This booklet provides basic information on how to care for your PEG tube and also includes your feeding regimen.

Your dietitian, ward nurse or enteral nutrition clinical nurse specialist will be pleased to help you if you have further queries or concerns.

## What is a PEG tube?

A percutaneous endoscopic gastrostomy (PEG) tube is a small plastic tube which is inserted into your stomach. Your PEG tube allows you to be fed directly into your stomach and to receive the food and fluid that you require.



## How long will my tube last?

On average a PEG tube will last eighteen months to two years. A PEG tube usually needs to be changed or removed in hospital. Please contact your dietitian or enteral nutrition clinical nurse specialist to discuss this.

## Flushing your PEG tube

The inside of your tube is cleaned by flushing it. To flush your tube attach a 60ml enteral syringe containing 30-60mls of freshly drawn tap water from a drinking water tap and gently push this through your tube. It is important to flush your tube regularly to prevent it blocking. If you are receiving chemotherapy or immunosuppressant drugs you are advised to use cooled boiled water. It is important to flush your tube regularly to prevent it blocking .

Your PEG tube **MUST** be flushed:

- before and after each feed
- before and after each medication
- at least once a day if you are not using your tube for medication or feed

Remember not to put anything down your tube other than feed, water or liquid medication.



Flushing your PEG tube

You should also keep the end of your PEG clean. Your dietitian, enteral nutrition clinical nurse specialist or the enteral feed company nurse will advise you on the best way of doing this.

### What is the stoma site?

The point where the PEG tube enters your body to go into your stomach is called the stoma. The area of skin around the stoma is called the stoma site.

## Daily care of PEG tube and stoma site

Date of tube insertion.....

Type of tube inserted.....

On a daily basis from days one to ten after placement you should:

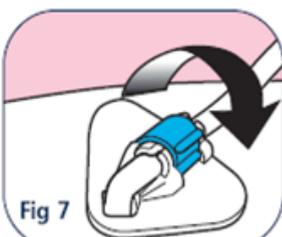
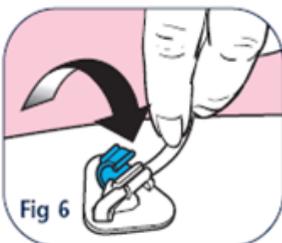
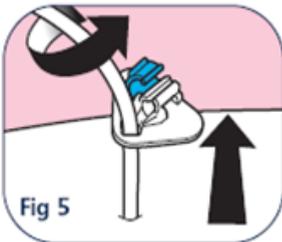
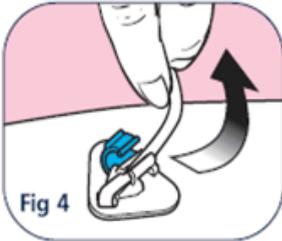
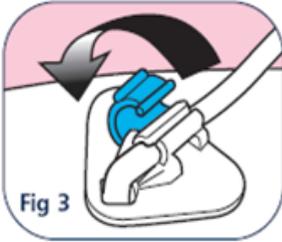
- wash your hands thoroughly with soap and water before and after touching your stoma site
- clean your stoma site daily with sterile saline and gauze
- have a shower but not a bath
- note the position of the tube (measurement on the tube)

**Before day ten you should never loosen the fixation plate or skin disc.**

## Daily pushing in and turning of your PEG tube - ten days after your tube has been inserted

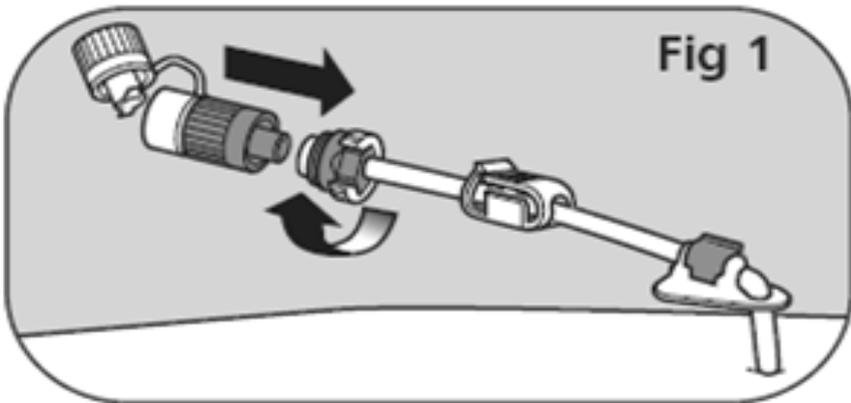
1. Wash your hands thoroughly with soap and water
2. Clean the external plate with soap and water
3. Open the fixation catch (see Fig 3).
4. Detach the tube from the groove in the fixation plate (see Fig 4)
5. Move the plate away from the skin (see Fig 5).
6. Clean the tube and stoma area and the underside of the plate and dry. Push 4-6cm of the tube into the stomach and then turn 360 degrees
7. Pull the tube back until resistance is felt. Re-clean the tube to remove any stomach acid
8. Place the fixation plate back to its original position (approx. 0.5cm away from the skin). Re-insert the tube in the groove (see fig. 6) and close the fixation catch (see Fig 7)
9. Your fixation plate should not be too tight or too loose
10. Keep the clamp unclamped when not in use to prevent ridges in the tube

**Failure to push and turn your PEG tube could result in buried bumper syndrome which will possibly require endoscopic or surgical intervention.**



## Replacing the PEG end

- wash and dry your hands thoroughly
- clamp the tube using the quick release clamp
- unscrew and remove the existing luer lock PEG end
- slide on the new fixation screw
- insert the luer lock adapter into the tube
- screw the two parts together
- close the cap off on the end of the PEG



## What position should I be in to feed?

Do not lie flat during feeding or for about half an hour after you have finished your feed as this could make you feel nauseous. If you are using your feeding tube whilst in bed or overnight, prop yourself up with pillows at a 45 degree angle.

## What is my feeding regimen?

Your dietitian has prescribed the volume of feed and water that meets your needs and a suitable method and rate for you to administer this. This is called your feeding regimen. Try to keep to the recommended regimen and discuss with your dietitian if you would like to change the feeding regimen in any way.

## Syringes

Syringes are used to flush the tube with water to give medication, or on the advice of your dietitian, to give feed (bolus feeding). At home the syringes can be reused as directed by your dietitian. The syringes should be washed after each use as advised.

## Giving sets

A giving set links the bottle of feed to your feeding tube via a pump. Giving sets must be changed every 24 hours and the used set thrown away.

## Feed

Feed should be stored at room temperature and discarded after 24 hours. If you have an opened bottle of feed (to be fed later that day) then you should store the feed away from heat sources and direct sunlight. Leave the giving set attached to the feed and place the dust cap on.

## Oral hygiene and mouth care

Even if all your food is taken via your tube dental plaque can still build up quickly in your mouth. It is important to clean your teeth at least twice a day if possible to guard against gum infections. An artificial saliva or mouth wash may help if your mouth is dry. Check with your nurse or doctor about this. If your mouth feels sticky steam inhalation may help.

## Will I be able to eat and drink?

This will depend on your medical condition. Discuss this with your dietitian, speech and language therapist or doctor.

## Troubleshooting

You should contact your enteral nutrition clinical nurse if you experience any of the following in the first few days after having your PEG inserted:

- bleeding from the site
- leaking from the site
- a lot of pain
- a temperature

You can contact your enteral nutrition clinical nurse specialist on telephone: 01865 740378 or 0300 304 7777 , page 4132 in office hours.

Out of office hours please contact either:

On-call Post Endoscopy Procedure on 0300 304 7777, Bleep 6825

Or on-call Gastroenterology Doctor on : 0300 304 7777, Bleep 4084

## Stoma site problems

If there is leakage, irritation, redness, bleeding, skin breakdown or excessive movement of the tube please inform your dietitian, enteral nutrition clinical nurse specialist or your doctor.

These problems sometimes occur when the tube or bumper inside is causing friction or pressure on the stoma tract. Try to prevent tension on the tube. You may find it helpful to tape the end of the tube to alternating positions on your skin. Also ensure the fixation plate is not too tight or too loose.

## Dislodged tube

If you think that the tube has dislodged, do not feed or flush it. Contact the enteral nutrition clinical nurse specialist or your doctor.

## Blocked tube

If a tube blockage is suspected this should be dealt with immediately to increase the chance of unblocking the tube.

If the tube is blocked try the following:

- Gently squeeze the tube up and down between two fingers.
- Using a 20ml syringe try to flush the tube with warm water.
- Attach an empty 20ml syringe to the end of the tube and gently push and pull on the plunger of the syringe creating a gentle pumping action.
- Try to flush with 10mls soda water in a 20ml syringe. Replace the tube cap and undo the clamp. Wait at least 15 minutes before trying to flush the tube again.
- If you have Clog Zapper administer it following the instructions on the packet.
- If you do not have Clog Zapper or if the tube remains blocked contact enteral nutrition clinical nurse specialist. If it is out of hours, contact the on-call gastro specialist registrar via the Oxford University Hospitals switchboard. Telephone: 0300 304 7777
- Do not use any other methods to unblock the tube.

## What happens if my PEG falls out?

This is very unlikely to happen but if the tube comes out cover the site with a clean towel and save the tube. Go to the nearest Accident and Emergency Department with your tube immediately. It is essential that you have a new tube put in within one to two hours or your stoma will close and you will need to have a new PEG placed.

## Who should I contact if I need help?

If you experience persistent nausea, vomiting, cramps, diarrhoea or constipation then contact your dietitian, enteral nutrition clinical nurse specialist or GP.

If you have any pump or feed related problems such as difficulty setting up, running the feed or curdled feed contact the pump manufacturer on the helpline number or contact the enteral feed company nurse.

Telephone numbers can be found in the useful numbers section on page 15.

## Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of nutrition and dietetics team or contact the Patient Advice and Liaison Service on freephone 0800 328 7971.

## Your enteral feeding regime

Name:

DATE:

FEED:

WATER:

RATE:

This feed will provide.....kcal and.....mls of fluid

SIGNATURE.....DATE.....

PRINT NAME.....

Notes:

- Flush the tube with a minimum of 60mls water before and after feeding and between bottles.
- Flush the tube with water before and after each medication administered via the tube.
- Remain at an angle of 45 degrees during feeding and for at least 30 minutes post feeding.
- Change giving sets and feed containers every 24 hours.

## Useful contact numbers

Hospital dietitian:

Community dietitian:

Enteral nutrition clinical nurse specialist:  
Tel: 01865 740378 or 0300 304 7777  
Page: 4132/4347

Feed delivery company and pump helpline: 0800 0183 799

District nurse:

Patients on Intravenous and Nasogastric  
Nutrition Therapy (PINNT) support group:  
[www.pinnt.com](http://www.pinnt.com)

Feed company nurse contact details:

If you would like to have information translated into a different language, please contact the Equality and Diversity Team at: [EqualityandInclusion@oxfordhealth.nhs.uk](mailto:EqualityandInclusion@oxfordhealth.nhs.uk)

**Arabic** يُرجى الاتصال بنا إذا كنتم ترغبون في الحصول على المعلومات بلغة أخرى أو بتسليق مختلف.

আপনি এই তথ্য অন্য ভাষায় বা আলাদা আকারে **Bengali** পেতে চাইলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।  
**Urdu** اگر آپ یہ معلومات دیگر زبان یا مختلف فارمیٹ میں چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کریں۔

**Chinese** 若要以其他語言或格式提供這些資訊，請與我們聯繫

**Polish** Aby uzyskać informacje w innym języku lub w innym formacie, skontaktuj się z nami.

**Portuguese** Queira contactar-nos se pretender as informações noutra idioma ou num formato diferente.

Oxford Health NHS Foundation Trust  
Trust Headquarters  
Littlemore Mental Health Centre  
Sandford Way  
Oxford  
OX4 4XN

Switchboard 01865 901 000  
Email [enquiries@oxfordhealth.nhs.uk](mailto:enquiries@oxfordhealth.nhs.uk)  
Website [www.oxfordhealth.nhs.uk](http://www.oxfordhealth.nhs.uk)

Become a member of our Foundation Trust  
[www.ohftnhs.uk/membership](http://www.ohftnhs.uk/membership)