

PEG Insertion

This leaflet explains more about percutaneous endoscopic gastrostomy (PEG) insertion. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a PEG?

A PEG stands for Percutaneous Endoscopic Gastrostomy. A gastrostomy is a thin, flexible tube that is placed directly into your stomach during an endoscopic procedure. The tube can be used to give your nutrition, hydration and medications directly into your stomach.

At St George's Hospital we routinely put in place a 16fr Corflo PEG (image below).

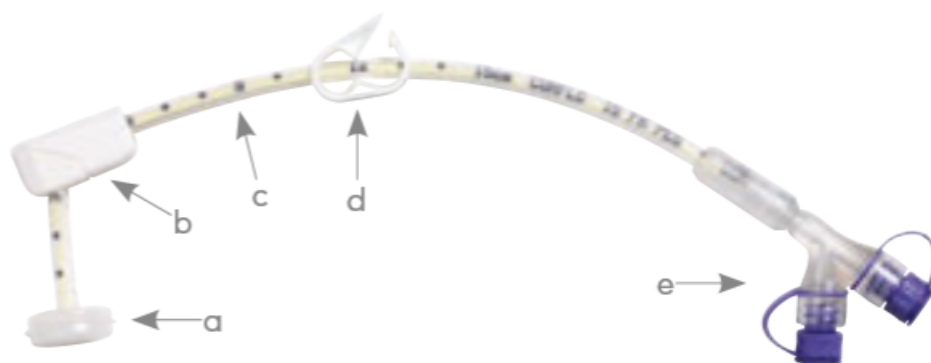


Fig. 1 CORFLO® PEG: a: internal retention bumper; b: external fixation device; c: polyurethane tubing; d: fast release clamp; e: ENFit® feeding connector

Why do I need a PEG?

A PEG tube is normally recommended when feeding via a nasogastric tube (NGT) has been required for more than eight weeks. Some patients require PEG feeding to meet all their nutrition and

hydration requirements and some may need it for supplementary feeding alongside eating and drinking.

A Nutrition Nurse Specialist will come and assess you before the procedure to ensure that it is appropriate. They will explain the procedure to you in detail and give you time to answer any questions.

What do I need to do to prepare for a PEG?

You will need to be admitted to the hospital for the procedure. We will usually admit you the night before so we can prepare you appropriately.

If you are on any medications that prevent blood clots (anti-coagulation / anti-platelets) these will need to be stopped before the procedure. When the Nutrition Nurse Specialist assesses you, they will check your medications and inform you and your doctors when to stop these.

A cannula will be inserted into a vein in your hand or arm. This is because you will receive an antibiotic, sedation and pain relief before the procedure. Blood tests will also be taken so that we can ensure your clotting is within range to prevent any bleeding.

You will need to fast for six hours before the procedure (including nothing through your NGT) to ensure your stomach is empty.

Please let us know if you have ever had any previous abdominal surgery and if you are unable to lie flat.

How is a PEG inserted?

The procedure is done in the Endoscopy Unit by a gastroenterology specialist doctor with another doctor or fully trained nurse assisting. They will talk to you about the procedure and ensure you understand the risks of this. You will be asked to sign a consent form.

The procedure takes around 30-40 minutes and you will need to lie flat during this time.

There will be two nurses present during the procedure, one of whom will be monitoring you constantly. If you have a lot of saliva or other secretions in your mouth then the nurse can help to remove this with suction to keep you comfortable.

You will be given a sedative before the procedure starts to make you feel more relaxed.

A mouth guard will be placed into your mouth to prevent you accidentally biting your tongue or the endoscope and you may have your throat sprayed with local anaesthetic to make the procedure more comfortable.

An endoscope, which is a thin black tube, is passed through your mouth, into your food pipe and into your stomach.

An antiseptic solution will be used to clean the area where the PEG is to be inserted.

Local anaesthetic is also used to numb the area.

A small incision is made into your abdomen and then a small hollow needle is placed through this incision into your stomach. The PEG is then placed at this point.

The endoscope is placed once more into the stomach to ensure the bumper is correctly placed into the stomach and is not too tight. This is the end of the procedure.

What are the complications of the procedure?

PEG insertion is a safe procedure and major complications are rare. However, as with all procedures there are some possible risks. These will be explained in detail by the Nutrition Specialist Nurse.

There may be rare occasions where the PEG may not be able to be inserted after the procedure is started (due to anatomical difficulties). If this is the case then alternative options will be discussed with you. There is about a 1 in 20 (5%) rate of major complications which are listed below:

- Bleeding
- Perforation of organs close to the stomach (large and small intestines / liver)
- Infection
- Inflammation / infection in the abdomen, known as peritonitis
- Chest infections, also known as aspiration pneumonia.

There is less than 1 in 100 (1%) risk of mortality related to PEG placement.

The complication rates stated above are generic figures and these may differ based on other factors, such as your existing medical conditions. These will be discussed with you on an individual basis by the Nutrition Specialist Nurse / Gastroenterology Doctor. You are welcome to ask any questions relating to these.

Will the procedure hurt?

You will be given local anaesthetic into the abdomen to prevent any pain during the procedure. You may feel some pressure but not pain. There will be a nurse with you at all times therefore if the procedure does become uncomfortable they can arrange for you to have some more pain relief.

Because the procedure involves insertion of an endoscope, you may feel a little bloated with air afterwards but this usually settles within 24 hours.

After the procedure some patients feel discomfort in their abdomen and this can make you reluctant to take deep breaths. It is important

to continue to take deep breaths to help prevent chest infections. The Nutrition Nurse will review you the day after the procedure and can recommend some pain relief if you are in discomfort.

It is very unusual to feel severe pain after a PEG has been inserted. If you do feel severe pain then your medical team will review you and your medication needs.

What happens after the procedure?

Once the procedure is finished you will be kept in Endoscopy Recovery area to ensure that your observations (heart rate and blood pressure) are stable. The nurses will monitor you closely before sending you back to the ward.

On returning to the ward you will continue fasting for four hours. After this time the PEG will be flushed with sterile water. If there is no pain on insertion of the water then feed and medications can also be administered through the tube. Your dietitian will advise on the best feed regime for you. If you can safely eat and drink then you can continue to do so at this point.

The dietitian will organise some training for you / your carer / your family to manage and care for the tube. This is usually done in hospital before you are discharged home but some of this training can be done at home if appropriate.

What happens on discharge?

When you are ready to go home the hospital dietitian will set you up for home enteral tube feeding. You will be discharged with a feeding pump if required and with all the equipment you will need at home. The hospital dietitian will refer you to a community dietitian who will continue to monitor you at home.

If you do not need to use your PEG immediately then you should flush this once per day to maintain the patency of the tube.

It is important to keep the stoma site clean and dry to prevent any infection at the site. You will be shown how to care for this before you are discharged home.

There is a community team which is available to assist with any tube problems once you have gone home. This will be the same team which provides the training in hospital and equipment / feed at home. They will give you their contact details.

PEG tubes can last a very long time and do not routinely require changing unless they are damaged or blocked. If this happens you can call the community team who will come to your house and assess the tube.

Contact us and helpful information

If you have any questions or concerns about any of the above please do not hesitate to contact us on the below numbers:

St George's Nutrition Nurses: 020 8725 2280

St George's Dietitians: 020 8725 3049

Nutricia: 0845 762 3641

PINNT Support group for patients receiving parental or enteral nutrition therapy

PINNT

PO Box 3126

Christchurch

Dorset

BH23 2XS

www.PINNT.com

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit

www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

The Walk-in and Advisory telephone services are closed on Wednesdays.

Please contact PALS in advance to check if there are any changes to opening times.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough wings.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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