



## Nutrition and Dietetics

# Making the Decision to Have a Feeding Tube Inserted

This information is for: \_\_\_\_\_

Given by: \_\_\_\_\_

This leaflet is for people who are considering having a Percutaneous Endoscopic Gastrostomy (PEG) Tube or Radiological Inserted Gastrostomy (RIG) tube inserted for hydration and/or feeding. It explains what is involved, what to expect and what risks or side effects there may be.

Many people require a *gastrostomy* (surgical opening through the abdomen into the stomach) to meet their nutritional and hydration needs. Listed below are a few reasons why you may require a PEG or RIG tube:

- Having difficulty swallowing safely, for example following a stroke or from a neurological condition
- Not being able to eat and drink enough to maintain weight.
- Unable to eat or drink adequate amounts before or following surgery, for example stomach or bowel surgery, or head and neck surgery.
- During radiotherapy or chemotherapy when it may be difficult, or has been difficult, to eat normally.

### Is it my decision to have a PEG tube inserted?

Yes, the decision is yours. However, your relatives and members of the multi-disciplinary team (MDT), which includes doctors, specialist nurses, dietitians, speech and language therapists, are always available to discuss this with you to help you to decide.

### What is a PEG tube?

PEG stands for:

**P**ercutaneous (through the skin)

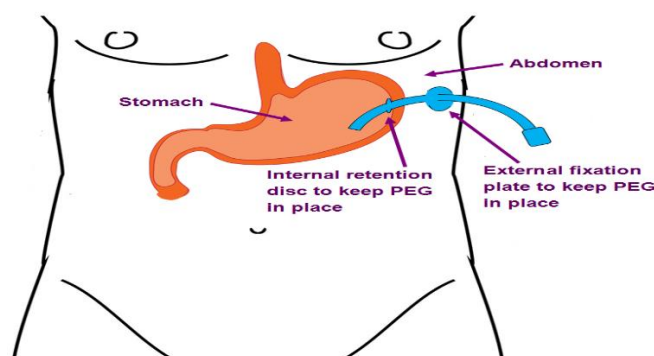
**E**ndoscopic (instrument used to examine the stomach)

**G**astrostomy (opening into the stomach)

It is a narrow soft, plastic tube inserted into your stomach through the skin of your abdomen. This tube remains in place to give nutrition, water and medicines if you are

unable to take an adequate diet and fluids by mouth. You may still eat and drink as you are able with a PEG tube in place.

### PEG tube in the body



### How is a PEG tube inserted?

Following light sedation and local anaesthetic to the skin, a long thin flexible camera with a light on the end (a *gastroscope*) is passed through the mouth, down the throat and finally into the stomach. This allows the doctor to see the best place to position the PEG tube. The tube is then passed via the gastroscope into the stomach and through the skin of the outer abdominal wall. The tube is held in place inside the stomach by a small circular disk, and the tube is held in place by a different disc on the outside of the skin. The procedure takes about 30 minutes to complete.

If you are unable to be sedated, a similar procedure without the use of a camera will take place using local anaesthetic to the skin. The procedure is called a *Radiologically Inserted Gastrostomy tube (RIG)* that is undertaken in the Radiology Department. It involves using a *nasogastric tube (NGT)*, which is passed into the stomach through the nose, to inflate the stomach. Once the NGT has inflated the stomach, x-rays are used to guide the tube into the stomach through the abdominal wall. The RIG tube is held in place inside the stomach with a tiny balloon filled with sterile water rather than a disk like the PEG uses.

### The Benefits of a PEG/RIG tube

- Nutritionally complete liquid “feed” (which contains proteins, carbohydrates, fats, water, minerals and vitamins) and medications may be put through the tube easily. This is especially important when you are not able to take adequate nutrition by mouth or you cannot swallow safely.
- Improving your nutrition will help prevent some of the problems linked to malnutrition, such as pressure sores, lack of energy, infection and low mood. It will also reduce any anxiety related to the inability to eat.
- It enables you to maintain your weight, or help you regain lost weight.
- The tube can also help reduce the risk of chest infections which can occur when food or drink accidentally pass into the airways or lungs during swallowing.
- A PEG/RIG tube is less likely to become dislodged than other types of feeding tubes such as tubes placed in the nose.

## What are the risks of a PEG/RIG tube?

In most people, PEG/RIG feeding tubes do not cause any problems. However, occasionally the following complications may be experienced:

- Infection within the abdomen (*peritonitis*) and bleeding can occur. Both are rare and can occur within a couple of days of insertion.
- Infection of the skin around the tube can occur. This can be treated by a course of antibiotics and daily cleaning of the skin around the site.
- Some abdominal pain may be experienced after the procedure. This should settle within a few days, and you will be given pain relief.
- Occasionally, there can be leakage from around the tube. However, this is unusual.

## Preparations for the procedure

- You will have a blood test before the procedure and, for some patients, an assessment of your breathing will be required.
- To have a clear view when using the camera, your stomach must be empty, so it is important you have **nothing to eat for 6 hours before your procedure**.
- If you have diabetes and take medication for this, you will be given special instructions by the doctors caring for you regarding when to take it.

## Before the procedure

The doctor will ask you to sign a consent form to confirm that you understand the procedure and agree to go ahead with insertion of the tube.

## How soon after the tube is inserted can I start having liquid feed and eat/drink if able?

The Endoscopy Unit or Radiology Department will send instructions back with you to the ward. Normally, feeding and/or eating can commence after 4 hours. The feed is a specially prepared liquid, containing all the essential nutrients that you will need daily. The feed will be introduced slowly to begin with as instructed by a Dietitian, either by an infusion pump or a slow (*bolus*) feeding, which uses a handheld syringe.

## Will I be able to take anything by mouth if I have a tube inserted?

This will depend on your condition and treatment. If you have swallowing difficulties, your Speech and Language Therapist will advise whether it is safe for you to eat and drink and what types of food, drink and texture are most suitable for you. Even if you do not eat or eat very little, your mouth must still be looked after. Brush your teeth at least twice a day to prevent plaque build-up.

## Who will look after the tube?

It is very important to consider this before you decide to have a PEG/RIG tube. Giving feed and medication through the tube and caring for the tube requires daily attention. Some individuals can give themselves feed through the PEG/RIG tube, whilst others require support from relatives, carers and healthcare professionals.

## **Can I continue to do normal everyday activities once a tube is inserted?**

You resume normal activities after a tube has been inserted. The tube is small and can be easily hidden beneath clothing.

There are different types and styles of tubes that can be considered when making the decision to have a feeding tube. Please ask your consultant for more information.

## **Can I bath or shower?**

For the first 10 days after insertion, you should try to keep the *stoma* (where the tube enters your abdomen) as dry as possible. The stoma site should be cleaned with sterile gauze and sterile water daily until healed (your district nurse can do this if you are unable to do this yourself). After 10 days you can shower as normal or have a bath. Ensure the area is dried thoroughly after cleansing or bathing. **Do not** use any creams/talcum powder around stoma area unless prescribed.

Once the stoma is healed you can go swimming if you wish. It is suggested that you wear a swimming costume or tee shirt over the stoma site to avoid accidental damage to the tube.

## **How long will I need my tube?**

Some people will need to be fed through their tube on a long-term basis. This may be the case if you cannot swallow safely.

However, for some people the PEG tube may only be required for a short time to enable them to have major surgery or recover from an illness.

## **Does my tube need changing?**

- A PEG tube will usually not need to be replaced for about 3-5 years.
- If you have a RIG tube, this has a balloon at the end of the tube, which is filled with sterile water. The sterile water will need to be changed weekly either by yourself, a carer or a nurse. The tube will need to be replaced at intervals determined by the type of tube you have. This will be arranged by the team caring for you after discharge from the hospital.

## **Removing a PEG/RIG tube**

If the tube is no longer required and you are eating and drinking normally, arrangements can be made to remove the tube. The decision to remove your PEG/RIG tube will be made by the multi-disciplinary team (MDT). However, your wishes are considered and considered and you, and your family will be kept fully informed of these plans.

## **Will my bowels be affected by a PEG/RIG?**

Occasionally, people get slightly looser stools or diarrhoea while they are using this method of feeding. There may be many reasons for this, and it may not be related to the feed itself. Therefore, it is not usually necessary to stop the feed. If you have these symptoms, please inform your consultant and dietitian and they will advise on the best way to control it.

## **What about sexual relationships?**

Having a gastrostomy tube should not interrupt your home life and this includes personal and sexual relationships. You can still share your bed with your partner, and it should not interfere with sex or damage the tube. If you have concerns, please discuss them with a member of the team caring for you.

## **Going home with a PEG/RIG tube**

Your discharge from hospital will be carefully planned so that you have everything you need. You and/or your family or carers will be shown how to care for the tube and how to use the feeding system that is most suitable for you.

You will be supported in the community by the Home Enteral Nutrition (HEN) team ('enteral' means 'intestine'). You will be given written information containing the contact telephone numbers to seek help, should you need it, after you go home.

A HEN Team Dietitian will contact you and arrange to visit you at home at regular intervals to ensure that you are managing with your tube and feeding regimen. A HEN Homeward Nurse can visit you in your own home if you have any problems with your tube or feeding pump.

A home care company in conjunction with the HEN Team will organise the order and supply of feed and all the necessary equipment you will need. The supplies will be delivered to your home free of charge on a regular basis.

## **What happens if the tube falls out?**

Only the RIG (balloon type) tube may fall out due to damage or accidental removal.

- If you are in hospital your nurse will arrange for a replacement
- If at home, you should either telephone your GP or HEN Team or go to the nearest A&E immediately. The stoma (where the tube entered your abdomen) will start to heal within a few hours and therefore the tube needs to be replaced as a matter of urgency. You will be provided with a spare tube on discharge from the hospital.

## **What problems might I encounter?**

Tube problems:

- Blockage
- Inflammation of the skin
- Infection
- Leaking
- Split or damaged tube
- Displacement (partially or fully falls out)

Problems with the liquid feed:

- Diarrhoea
- Constipation
- Nausea
- Vomiting

In hospital, your dietitian will advise you how to deal with any feeding issues if they arise. You and/or your carer will also be advised on how to avoid these problems.

### **What do I do if I have problems?**

You and/or your carer will be given training and written information on how to care for the tube and contact numbers of people to telephone if you run into problems. You and/or your carer will be given this before you leave the hospital.

### **Any further Questions?**

If you have any concerns or questions about having a feeding tube inserted or caring for a feeding tube, please discuss these issues with the doctors looking after you. You may also contact the Dietitian Team, the Nutrition Nurse Specialist Team, or the Speech and Language Therapist Team.

### **Useful Contact Telephone Numbers:**

Dietitian Team:	01305 254415
Speech and Language Therapist Team:	01305 255165
Nutrition Nurse Specialist Team:	01305 255394
Home Enteral Nutrition (HEN) Team:	01305 254895



Please write down any questions you may have about feeding tubes. A member of staff will be happy to chat.

### **About this leaflet:**

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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