

Patient information

Patient considering a gastrostomy tube

Introduction

This leaflet provides you with basic information on gastrostomy tubes and aims to answer some frequently asked questions. It is not meant to replace an informed discussion between you and the specialists involved in your care.

There are two common types of gastrostomy tube insertion, known as a **PEG** (percutaneous endoscopic gastrostomy) and a **RIG** (radiological inserted gastrostomy). Your doctor will discuss with you the appropriate procedure to your needs.

The benefits of gastrostomy feeding

The reasons for having the gastrostomy tube will be different for everyone. Some of the more common reasons include:

- You may not be able to swallow your food and drinks safely because of swallowing difficulties. Continuing to eat and drink may risk food and/or fluid going down the “wrong way”. Instead, the food that is swallowed may enter your lungs and this may result in you becoming unwell and can lead to a chest infection.
- Having feeds via gastrostomy can help to prevent weight loss and optimise your energy levels, allowing you to continue with your normal daily activities.
- Supporting you through a period of time when you are not able to take food and fluids orally (via your mouth) as a result of a medical treatment you have had.

Having a feeding tube may not change your medical condition or the course of your disease, but it can help make sure that you keep in the best possible health particularly if eating and drinking becomes difficult.

The risks of gastrostomy placement

Having a gastrostomy does have some risks. The risks are bleeding, pain, infection, and perforation of the organs close to your stomach. These risks should be discussed fully with your doctor.

To reduce the risk of bleeding you will have a blood test prior the procedure. The pain/discomfort can be treated with regular paracetamol. To reduce the risk of infection, you will be given an antibiotic before the procedure. Please make the doctor aware if you are allergic to any antibiotics e.g. penicillin.

Making the decision

The decision is yours. Your medical team will support you with any decision you make. If you prefer not to have the tube inserted but to continue the way you are, discuss this with your doctor, dietitian, speech and language therapist and the nutrition nurse.

When you have made your decision, if appropriate, talking your decision through with your relatives and carers will hopefully bring you all to a shared understanding.

Percutaneous endoscopic gastrostomy (PEG)

The procedure is done in endoscopy and will take approximately 30 minutes.

Before the procedure:

- Your doctor will arrange a blood test and if you take any anticoagulant medication your doctor will tell when to stop taking the tablets.
- You should not eat or drink for six hours before the tube is fitted.
- If you are at home, a bed will be booked for you. The nutrition nursing team will get in touch with you with the details.

The procedure:

- You will lay down during the procedure. The doctor will give you local anaesthetic sprayed into your throat to numb it.
- A small flexible tube (called an endoscope) will be passed down from your mouth into the stomach. Some air will be passed through the tube into the

stomach to give the doctor a clear view of where the feeding tube will be placed.

- When the doctor identifies your stomach they will give you an injection of local anaesthetic and do a small cut into your stomach.
- The tube will be inserted into your stomach with a guide wire is inserted from the outside.

Post procedure:

- You need bed rest for six hours.
- You should not eat or drink for four hours. After the four hours you will have water via your gastrostomy tube.

Radiologically inserted gastrostomy (RIG)

This procedure is done in radiology and will take approximately 30 minutes.

Before the procedure:

- Your doctor will arrange a blood test and if you take any anticoagulant medication your doctor will tell when to stop taking the tablets.
- A CT scan will be booked before the procedure.
- You should not eat or drink six hours before the tube is fitted.
- If you are at home, a bed will be booked for you. The nutrition nursing team will get in touch with you with the details.

The procedure:

- A nasogastric tube will be inserted on the ward then you will be taken to the X-Ray department.
- Air will be passed into your stomach via the nasogastric tube. This is used to inflate the stomach to make it clearly visible under X ray guidance.
- The radiologist will then numb the skin around the identified site with local anaesthetic, before making three small cuts. The doctor will secure the site with stitches called “anchor sutures” and then do a small cut and insert your gastrostomy tube.

Post procedure:

- You need bed rest for six hours.
- You should not eat or drink for four hours. After the four hours you will have water via your gastrostomy tube.

Frequently asked questions

What food is used with a PEG/RIG?

There are specially prepared liquid feeds, which contain all the nutrients needed. These are available on prescription and can be delivered to your home. The dietitian will discuss with you the type of feed and volumes you require.

The feed can be given in different ways:

- using a feeding pump
- using a syringe.

Where do I get my feed from?

You will be given a one-week supply of feed and equipment before discharge, and then you will be contacted by our contractor called Abbott. Abbott will deliver a month's supply of feed and equipment within a few days of you going home.

What happens when I get home?

Your nutrition nurse will follow-up at home after discharge. You will be provided with a 24/7 helpline number before discharge.

Your dietitian will make contact with you to discuss the progress of your feed.

Can I go on holiday?

Yes, the tube does not stop you from going on holiday. Please contact Abbott to find out more details.

Useful contacts

- **Nutrition nurse:** 01284 713609
- **Dietitians' office:** 01284 713668
- **Speech and language therapy:** 01284 713303.

Please ask if you require this information in other languages, large print, or audio format: contact the Patient Advice and Liaison Service (PALS) on 01284 712555.

If you would like any information regarding access to the West Suffolk Hospital and its facilities, please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



© West Suffolk NHS Foundation Trust