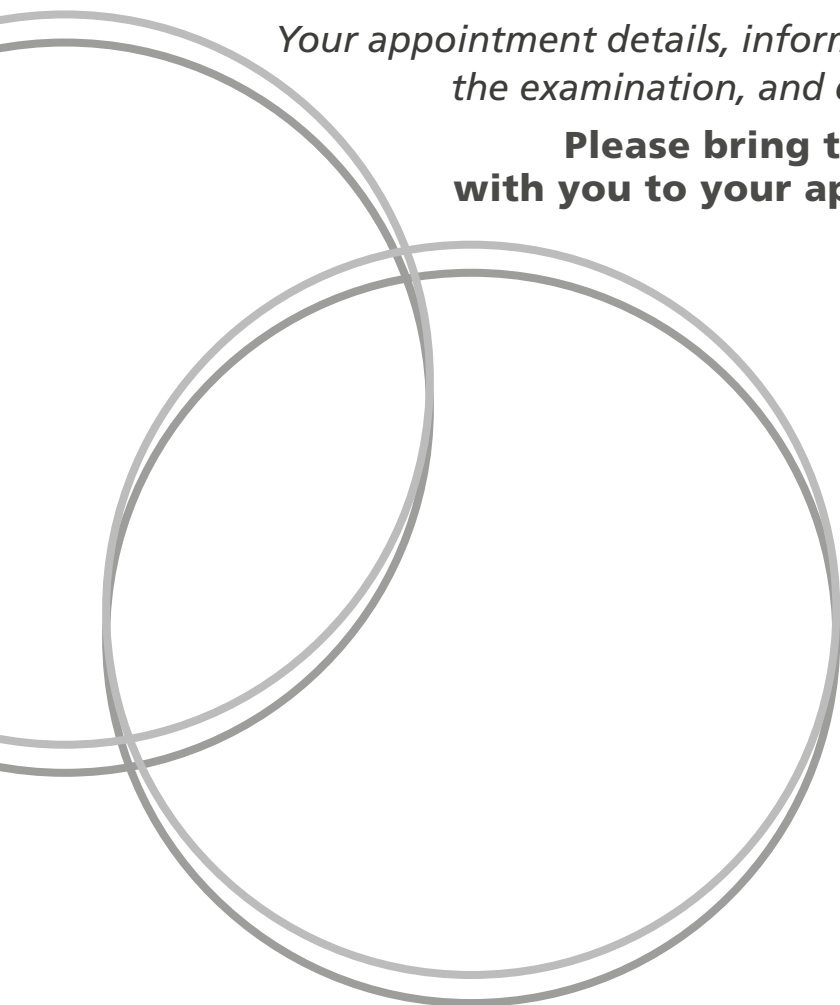


Gastroscopy for insertion of a PEG feeding tube

Oesophago-gastro duodenoscopy (OGD) for Percutaneous Endoscopic Gastrostomy

*Your appointment details, information about
the examination, and consent form*

**Please bring this booklet
with you to your appointment**



Your appointment

An appointment for your Gastroscopy and PEG insertion has been arranged at:

John Radcliffe Hospital, Endoscopy Unit

Telephone 01865223010 option 2

Horton General Hospital, Endoscopy Unit

Telephone 01295229668 option 2

Please telephone the Endoscopy Unit on the relevant telephone number above if this appointment time is not convenient for you or if you are unable to keep your appointment. This will enable staff to arrange another date and time for you and to give your appointment to someone else.

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

If you require travel information please refer to the website at www.ouh.nhs.uk or telephone the numbers above and we will send you an information leaflet.

Introduction

You have been advised by the Nutrition Support Team, your Dietitian or hospital Doctor to have a PEG tube inserted. **We will need to have your formal consent before we can carry out this examination.** This booklet explains how the examination is carried out and what the risks are.

The consent form is a legal document – please read it carefully. Once you have read and understood all the information, including the risk of complications, and you agree to undergo the examination, please sign and date the consent form. A copy of your consent form will be provided should you require it, so please do ask for a copy. **Please remember to bring the consent form to your appointment.**

If there is anything you do not understand, or anything you wish to discuss further, but still wish to come for the appointment, do not sign the consent form. Instead bring it in with you and you can sign it after you have spoken to the endoscopist. The consent form is at the front of the booklet.

What is a gastroscopy?

The examination you will be having is called an oesophago-gastro-duodenoscopy (OGD), sometimes known more simply as a gastroscopy or endoscopy. We need to perform a gastroscopy in order to insert your PEG feeding tube.

A gastroscopy is an examination of your stomach, oesophagus (the tube that carries food from your mouth to your stomach), and duodenum (the first part of your small bowel). The instrument used is called a gastroscope, a flexible tube with a diameter less than that of a little finger. The gastroscope has a light and a camera on the end. The camera sends pictures of the lining of your oesophagus, stomach and duodenum to a screen – where the endoscopist is able to look at them.

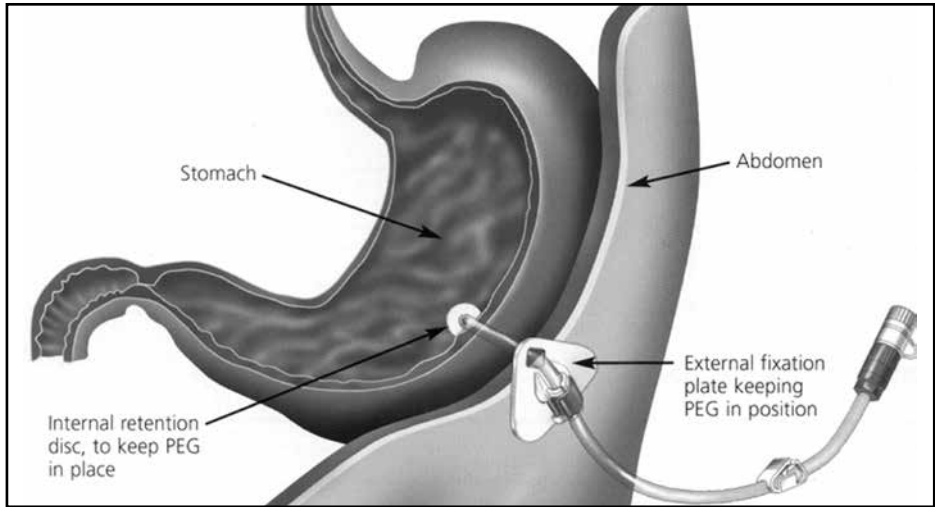
During the examination, the endoscopist may need to take some small tissue samples, called biopsies, for analysis under a microscope in our laboratories. This is painless. Any samples we take will be kept. Photographs may be taken and will be kept in your health record.

The examination is carried by a trained doctor or nurse called an endoscopist.

What does PEG stand for?

PEG stands for percutaneous endoscopic gastrostomy.

- **Percutaneous** is the term used for something that is inserted through the skin.
- **Endoscopic** refers to the endoscope or gastroscope used to carry out the procedure.
- **Gastrostomy** refers to an opening into the stomach.



What is a PEG feeding tube and why do I need one?

A 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 need.

A PEG tube may be useful if you:

- Have difficulty swallowing
- Have a risk of aspiration ('food going down the wrong way')
- Are unable to get enough nourishment from the food you eat.

It is important to be aware that if you suffer from reflux or regurgitation this problem will not be improved by having a PEG.

Your PEG feeding tube can be removed in the future if you no longer need it for nourishment. Your dietitian will advise you about this.

What are the alternatives?

Sometimes tube feeding can be achieved by passing a thin tube called a nasogastric (NG) feeding tube through the nose and into the stomach. This method of feeding is more visible and less comfortable and is more suitable for short term use.

For people who need tube feeding for long periods of time, a PEG is more comfortable and easier to manage at home. PEG tubes are also more discreet as they can be tucked away under your clothes; no-one need know you have one unless you choose to tell them.

Feeding tubes can also be put in place in Interventional Radiology, known as a Radiologically Inserted Gastrostomy (RIG), or in the Operating Theatre involving a small operation.

If you would like to discuss the options available to you, please speak to your medical team, dietitian or the Enteral Nutrition Clinical Nurse Specialist team.

Preparation

Eating and Drinking

Do not eat, drink or take anything for 6 hours before your appointment.

You will be able to have a few sips of water up to 2 hours before your test. If you do eat something, your test will need to be cancelled.

What do I need to bring with me?

Please leave all valuables at home. The hospital cannot accept responsibility for these items.

What about my medicines?

If you have diabetes controlled by insulin or tablets, please make sure that you tell us so that we can give you an appointment at the beginning of the morning or afternoon. If you have not already been advised about your diabetes medications, please telephone the Endoscopy unit at least two days before your endoscopy appointment for advise.

If you take anticoagulants or antiplatelets, please telephone the Endoscopy Unit at least two weeks before your appointment if you have not already been advised about your anticoagulants or antiplatelets.

If you are taking iron tablets, you must stop these one week before your appointment.

If you are taking stool bulking agents, you must stop these four days before your appointment.

You should continue to take your routine medicines unless advised otherwise.

How long will I be in the endoscopy department?

You should expect to be in the department for, approximately, most of the morning or afternoon. The Unit also deals with emergencies and these patients can take priority over people with routine appointments.

What happens when I arrive at the Endoscopy Unit?

When you arrive you will be met by a nurse who will ask you a few questions about your medical condition and any past surgery or illness you have had. This is to confirm that you are fit enough to undergo the PEG feeding tube insertion. The nurse will record your heart rate and blood pressure, and if you are diabetic, also your blood glucose.

The nurse will also make sure you understand the examination and you will be able to ask any further questions or raise any concerns you may have. The nurse will ask you for your signed consent form. If you have not already signed the consent form the doctor will be able to answer any questions you still have or talk to you about any concerns.

Please note that this is a specialist unit and you will be cared for by staff regardless of their gender, race or faith.

What happens during the PEG insertion?

The procedure is carried out in Endoscopy by a Doctor and an Enteral Nutrition Clinical Nurse Specialist. Very occasionally it may be done in the operating theatre.

You will meet the doctor before the procedure to ensure you have signed your consent form and to give you the opportunity to ask any further questions. You will then be escorted into the examination room where you will be introduced to the endoscopy nurses and the Nutrition Support Nurses.

You will be given one dose of antibiotics through a cannula to protect you from infections. This is routine practice when having a PEG feeding tube inserted. You will be given a small plastic mouth guard to put between your teeth to protect them during the examination. (If you have any dentures you will be asked to remove them first.)

We will then ask you to lie on your left side, unless you have difficulty rolling over onto your back, in which case you will have the procedure lying on your back. We will place a probe on your finger to monitor your breathing and heart rate during the procedure. You will be able to breathe quite normally throughout. You will then be given a sedative and painkiller injection into a vein in your hand or arm. This will make you drowsy and relaxed but is not the same as a general anaesthetic. The purpose is to make sure that the procedure is well tolerated and to avoid discomfort. It is unlikely that you will remember anything about the procedure afterwards.

A small suction tube, rather like the one used at the dentist, will be placed in your mouth to remove any saliva or other secretions produced during the procedure.

The endoscopist will put the gastroscope into your mouth and then pass it gently down your oesophagus into your stomach and then into your duodenum. You will be able to breathe normally through your nose. A small amount of air is blown into your stomach to help the endoscopist to see what is going on. The stomach does need

to be full of air to ensure the stomach presses against the tummy wall, so try not to burp the air up. The endoscopist will move the endoscope around your oesophagus, stomach and duodenum and look at the pictures on a screen.

An antiseptic solution will be used to clean the skin over your stomach. Local anaesthetic will be used to numb the area where the PEG tube is to be placed; this may sting at first. A thin, hollow needle will then be passed through your skin and into your stomach. A piece of string is passed into the stomach, captured by the endoscopist and pulled out of your stomach and mouth. The PEG is attached to the string which is then pulled back through the stomach. You will feel some pressure and some prodding over your stomach; you should not feel any pain.

Once in place a small plastic disc inside the stomach stops the tube from being pulled out. Another plastic disc on the outside stops the tube falling into the stomach. Sometimes a small dressing is placed over the tube, but this is not needed for everyone. PEG insertion usually takes 20 to 30 minutes.

What will happen after the procedure?

You will then be taken to the recovery area of the Endoscopy Unit. All patients feel quite sleepy after the procedure. Most people will stay in hospital after their PEG insertion. Once you have recovered from the sedation, you will probably be admitted to a ward if you have come from home or if you are an inpatient you will be taken back to the ward you are on.

When the tube is first placed, it can feel a little uncomfortable. This is often due to wind and generally settles after a few hours. We can give you painkillers if you need them.

In most cases you can be given some water through your tube to begin with. Feeding through your tube can usually start 6 hours after it has been inserted. If you are able to eat and drink you will be able to do so 6 hours after your PEG tube has been placed.

What will happen over the following days?

You may need additional pain relief and fluid via a drip. Either before the procedure or over the next few days you and your family will be shown how to use and care for your PEG tube – either by the ward nurses, the enteral feed company nurse or your Dietitian. You can take as long as you need to learn this.

Please ask for the booklet on caring for your PEG tube if you have not already been given it.

After you go home

If you have any problems with a persistent sore throat, worsening chest or abdominal pain, excessive bleeding or leakage of fluid around the tube insertion site, please contact us.

- 08.00 - 16.00 hrs Monday to Friday

Nutrition Support Nurses

on **(01865) 740 378**

or the via John Radcliffe switchboard on **(01865) 741166**
bleep 4132

- Outside these hours please contact the Urgent Endoscopy Advice Line on
Tel: **0186574116** – ask for bleep 6825

What are the risks?

A gastroscopy is a simple and safe examination for most people. Serious problems are rare however life threatening complications are possible. However, you need to weigh up the benefits against the risks of having the procedure. The risks can be associated with the examination itself, with the sedation or the PEG tube insertion. The main risks are:

- A tear (perforation) in the lining of the stomach or oesophagus, the liver, spleen, lining of the lung or colon. Nationally this happens to approximately 1 in 200 patients. Certain cases may be treated with antibiotics and intravenous fluids. Perforation may require surgery to repair the hole.
- Bleeding can occur at the PEG insertion site and nearly always stops on its own. Very rarely this could result in you being admitted to hospital.
- Problems with breathing, heart rate and blood pressure (related to sedation) – but such problems are normally short lived. We will monitor you carefully so that if any problems do occur they can be treated quickly. Older patients and those with significant health problems, for example, people with significant breathing difficulties, may be at higher risk.
- Mechanical damage caused by the endoscope to teeth or bridgework – this is very rare
- Heart attack or stroke (related to sedation). These are very rare and are more likely to affect the elderly patients (heart attack) or patients already at risk of having a stroke.
- Leaking from the stomach (peritonitis) after the tube has been placed this is experienced by about 1% of patients.
- In around 4% of patients we are unable to insert a PEG feeding tube; this may be due to existing medical conditions or previous surgery. If we are unable to place your PEG you will be referred back to the Nutrition Team who will discuss alternative feeding tubes with you, this may involve having a tube placed in interventional radiology.

- Pneumonia 2%.
- Seeding from the mouth or throat in some cancers to the abdominal wall can occur. Nationally this is quoted as 1%.
- Minor complications occur in 15% of cases and are mostly related to infection around the site of the tube.

However, risks do increase with age and for those who already have heart, chest or other medical conditions, such as diabetes or those who are overweight or smoke. Your doctor will discuss these risks with you.

People involved in your care

During your stay you are likely to come into contact with the following healthcare professionals:

- Nutrition Support Nurses
- Endoscopy Nurses
- Dietitian
- Medical staff/Endoscopists
- Ward Nurses

How to contact us

Nutrition Support Nurses

Telephone: **01865 740 378**

Bleep: **01865 741166 4132** or

Email: **NutritionSupportNurses@ouh.nhs.uk**

Patient support group

PINNT (Patients on Intravenous and Nasogastric Nutrition Therapy)
– A good source of information about tube feeding and providing support to patients, family and carers:

Website: **www.pinnt.com**

If you are unable to keep your appointment please help us by notifying the Endoscopy Unit on telephone numbers on page 3. as soon as possible. Your appointment slot can then be given to someone else, and you will be offered an alternative date and time.

Further Information

Please speak to the department where you are being seen if you would like an interpreter. You will find their contact details on your appointment letter. Please also ask them if you would like this information leaflet in another format, such as:

- easy read
- large print
- braille
- audio
- electronically
- in another language.

We have tried to make this information meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They will be happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

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