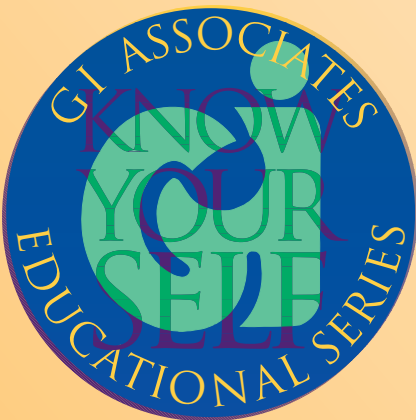


PEG/PEJ



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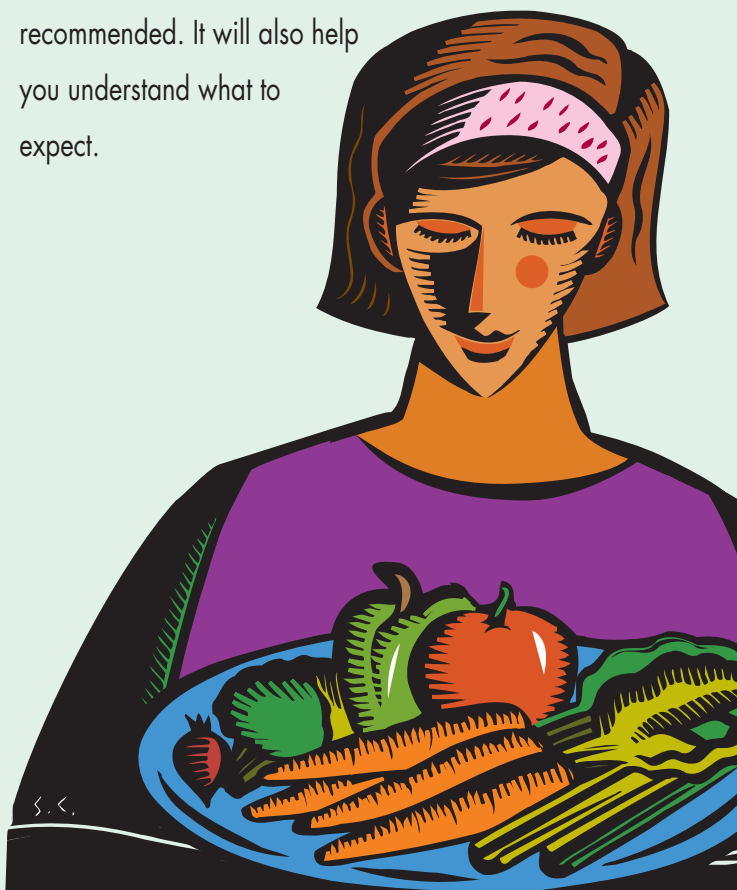


PEG/PEJ

An alternative for those who cannot eat.

When the usual nutrition process is not possible...

When something happens to interfere with getting the food and water that you (or your loved one) needs, another way must be found to make sure the body gets what it needs. The following information will help you understand why an alternate method of feeding has been recommended. It will also help you understand what to expect.



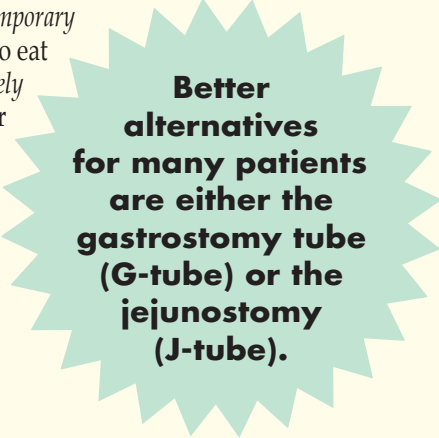
What could interfere with nutrition?

Like fuel in a car, our bodies must have food and water (nutrition) to support life. However, there are many different conditions that can keep a person from orally taking the nutrients needed. Some of those are listed below.

- **Stroke**
- **Cancer**
- **Surgery**
- **Difficult swallowing**
- **Cystic fibrosis**
- **Dementia (deteriorated mental skills)**
- **Central nervous system disorders**

Also, severe burns to the face or esophagus and other injuries can keep a person from eating normally. Any condition that causes a person to become unconscious for an extended time also interferes with nutrition.

Such situations may be *temporary* or *permanent*. The ability to eat and drink may be *completely lost* in some cases. In other cases, a person may not be able to eat and drink *enough* to supply all of the nutrition that is needed.



Better alternatives for many patients are either the gastrostomy tube (G-tube) or the jejunostomy (J-tube).

What are the alternatives?

Fortunately, a person can be fed in a different way, making nutrition possible even when one has lost all or some of their ability to eat and drink. A *feeding tube* can be used for that purpose.



There are several types of feeding tubes. *Nasogastric tubes* are small round tubes that enter through the nose and end up in the stomach or small bowel. They are often used in situations where the tube will not be in place for a long time. Drawbacks of tubes are that they can be uncomfortable and irritating to the nasal passages and the throat.

Better alternatives for many patients are either the *gastrostomy tube (G-tube)*, which goes directly into the stomach through the skin, or the *jejunostomy (J-tube)*, which is placed in the intestine through the skin.

The doctor makes the decision about the type of tube and where the tube should be placed, taking into consideration the unique medical needs of the individual patient.

How long will the tube be needed?

The length of time a person needs to be fed through a tube depends on the medical condition of the patient.

PEG

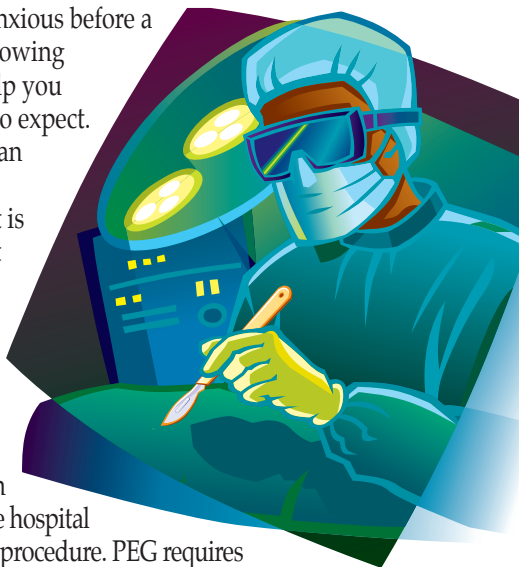
PEG is a technique for placing a gastrostomy tube in the **stomach**. PEG is an abbreviation for *percutaneous endoscopic gastrostomy*. *Percutaneous* means “through the skin”. An *endoscope* is a flexible lighted tube through which the doctor can see the inside of the digestive tract. The endoscope can be used to place a PEG tube properly in the stomach.

What happens during the procedure?

It is normal to be anxious before a procedure. The following description will help you understand what to expect.

It is our belief that an informed and cooperative patient is the most important part of a successful procedure!

Years ago, tube placement required surgery. It is much easier today and can be done either in the hospital or as an out-patient procedure. PEG requires only a small opening in the skin.



To place the PEG tube, the patient will be medicated and will sleep during the procedure. Then, the endoscope is inserted through the mouth and passed down the esophagus to the stomach. The stomach is inflated with air, so the doctor can see exactly where to place the tube.

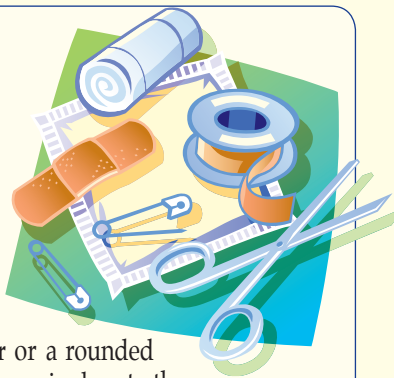
PEJ

A *PEJ* procedure is much the same as the *PEG* procedure, except the tube needs to be placed into the intestine (jejunum) instead of the stomach. *PEJ* is an abbreviation for *percutaneous endoscopic jejunostomy*. PEJ may be harder to maintain long term, therefore these are used less often than PEGs.

After the Procedure

Once in place, the tube will extend about 12 to 15 inches from the skin and will have a cap or plug on the end. To keep the tube in place, there is a short

cross- piece called a **bolster** or a rounded **bumper**. The bolster or bumper is close to the skin where the tube enters the body. The actual passageway from the skin into the stomach is called the stoma.



What kind of care is needed?

Good care of the tube can help avoid irritation and soreness at the stoma site. Once the tube is in place, good routine care of the tube will help prevent soreness and complications. Three steps are included in daily care — **cleaning, rotating and drying**.

Cleaning

It is important to take good care of the stoma area. It should be cleaned daily with *hydrogen peroxide*. A Q-tip or small piece of gauze can be used. The area under the bolster should always be cleaned well.

Rotating

The tube itself should be turned using the thumb and forefinger once a day while cleaning. The tube should move easily in a full circle. This helps dislodge debris (any substances) that might attach to the tube.

Drying

The area around the tube should be kept dry. After cleaning, the area should be allowed to air dry before placing clothing over the area. *Bandages and heavy dressings are not needed and in fact, should be avoided.* Many patients use no dressing at all if there is no drainage.

Care of the lips, mouth and teeth

Because food and water are not being taken in normally, the lips, mouth, tongue and teeth need extra attention (oral hygiene). If the patient is unconscious or not able to care for these areas, someone else needs to make sure that it is done. The following tips will help to keep these areas clean and comfortable:

- **A soft bristle brush should be used to clean the teeth.**
- **The tongue and mouth area can be cleaned and freshened with a lemon-glycerin swab, which are disposable and can be purchased in small packets.**
- **Lip gloss or a small amount of petroleum jelly can be used on the lips to keep them from becoming dry and cracked.**



Because food and water are not being taken in normally, the lips, mouth, tongue and teeth need extra attention.

Tube feeding

Once the tube is in place, the doctor will order the *formula* that will be used for feedings. The formula will be tailored to the patient's weight and individual medical needs. The doctor will order either **bolus feedings** (several times a day) or **continuous feedings** (continual drops measured by a pump).

Either the patient (if conscious and able to care for self) or a family member will receive more instruction about tube feeding before leaving the hospital or outpatient facility.

Are there any complications?

Prevention

Good daily care of the tube can help avoid irritation and soreness at the stoma site. If the patient is unconscious or impaired, there may be a tendency to pull the tube out. That can be avoided by placing soft mittens on the patient's hands or by covering the PEG site with an *abdominal binder* (a soft fabric band wrapped around the abdomen).

Potential complications

Potential complications include those that are generally associated with upper endoscopy and conscious sedation. These include, but are not limited to:

Bleeding may occur at the site of the PEG incision or biopsy site during the endoscopy and PEG procedure.

A tear or perforation of the wall of the colon, liver, esophagus or stomach may occur, but this is also very uncommon. Such a tear may seal itself, or may possibly require hospitalization and surgery.

Generalized risks include unexpected drug reactions or severe complications that are related to other diseases, such as heart attack and stroke. Death is a remote possibility, as it is during any medical procedure. Death during endoscopy is very rare.

Wound infection after PEG/PEJ are not uncommon and may require antibiotics or removal of the PEG/PEJ. Rarely, surgery may be required to correct the problem.

In Summary...

When eating normally is not possible, patients who are conscious may miss the enjoyment of eating food. That person may experience a normal sense of sadness and loss. Feeding tubes offer an alternative to eating that is for many, a matter of maintaining life itself. Advancements in tube design and placement have made it possible to receive nutrients in the most comfortable way possible.

For those that are caring for a person with a feeding tube, the information provided will help you understand this alternative process for nutrition.

Working in partnership with your gastroenterologist will assure the best possible care for yourself or loved one.

