

Therapeutic Gastroscopy PEG Insertion

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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Marshall Cross Road,
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Introduction

You are in discussions with your GP or hospital doctor about having a PEG tube placed to help with your nutrition. This is placed during a procedure known as a gastroscopy (OGD).

This procedure requires your formal consent and this booklet has been written to help you to make an informed decision in relation to agreeing to the investigation.

If you are unable to keep your appointment for this procedure, please notify the department as soon as possible and they will be able to arrange another date for you.

What is an OGD?

This is an examination of your oesophagus (food pipe), stomach and the first part of your small bowel called the duodenum. The instrument used in this investigation is called a gastroscope which is a flexible tube which allows light to be directed onto the lining of your upper gut and allows the endoscopist to see pictures on a television screen. Your procedure also involves the placement of a feeding tube, called a PEG tube.

During the investigation, some tissue samples (biopsies) from the lining of your upper digestive tract may be taken for analysis: this is painless. The samples will be kept.

Photographs may be taken for your records.

The procedure will be performed by or under the supervision of a trained doctor or nurse endoscopist, and we will make the investigation as comfortable as possible for you. Most patients have sedation for this procedure, although others prefer to remain awake and have local anaesthetic (numbing) throat spray.

Notes

What is a PEG tube?

This is a tube which is inserted into your stomach with the help of a gastroscop. It will mean you can be fed without having to swallow and is a safe and effective long-term method of getting your daily nutrition.

How is a PEG placed in the stomach?

The endoscopist will perform an OGD and, once clear views of the stomach have been obtained, the operator will decide on the most suitable area to insert the PEG tube.

An area of skin on your stomach will then be cleaned and a local anaesthetic injected into the skin. A small cut will be made in your skin and a plastic tube is placed through the skin into your stomach.

A fine thread is passed through this tube and grasped from inside the stomach with a snare which passes through the centre of the gastroscop. The gastroscop is then carefully removed with the thread attached.

The PEG tube is then tied to the thread and gently pulled through the mouth until it comes out through your skin on your stomach, leaving the other end secured by a disc inside your stomach. The PEG is then secured into position with a fixing plate.

What are the alternatives?

This is sometimes the safest way of putting food into your stomach on a long term basis if you are unable to swallow or meet your nutritional needs by mouth. A nasogastric tube is an alternative but is not usually used long term or at home although if your individual risk is higher, then this may be a suitable solution for you.

Preparation

You will need to have your blood taken prior to the procedure to ensure your blood will clot correctly. This will be arranged for you. It is necessary to have clear views and for this the stomach must be empty.

Do not have anything to eat or drink for six hours before the test.

What about my medication?

Your routine medication should be taken. It would be helpful to bring a list of your current medications. If you need any essential medication e.g. anti-epileptics, please take these with a sip of water.

Diabetics

If you are a diabetic controlled on insulin or medication please ensure the endoscopy department is aware so that the appointment can be made at the beginning of the list. Please see guidelines printed in the back of the book.

Anticoagulants/allergies

Please telephone the unit (01744 646231 between 9-10am or 2-3pm) if you are taking any blood thinning medication e.g. Warfarin/dabigatran or Clopidogrel/ticagrelor.

What happens when I arrive?

When you arrive in the department you will be met by a trained endoscopy nurse who will ask you a few questions, one of which concerns your arrangements for getting home. The nurse will ensure you understand the procedure and discuss any outstanding concerns or questions you may have. You will be offered the choice of sedation or local anaesthetic (numbing) throat spray.

Insulin pump	Continue as normal.	Continue usual basal rates and start to bolus once oral intake has resumed.	Continue usual basal rates and start to bolus once oral intake has resumed.
You should resume taking your normal tablets the morning after the procedure. However, your blood glucose may be higher than usual for a day or so. If you have any problems or require further advice contact your diabetes specialist. If you are a St Helens resident, contact 01744 646200 - Option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).			

How to adjust my insulin before a Gastroscopy

Insulin	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
3,4, or 5 injections daily (eg. an injection of mixed insulin 3 times a day or 3 meal time injections of short acting insulin and once or twice daily background).	No dose change.	Omit your morning dose of short acting insulin if no breakfast is eaten. If you normally take a long acting basal insulin in the morning you should take 80% of your normal dose. If you normally take a pre-mixed insulin the dose should be halved. Omit your lunchtime dose.	Take usual morning insulin doses. Omit lunchtime dose. Your blood glucose will be checked on admission. Resume your normal insulin with your evening meal.

An endoscopy nurse will ask some questions regarding your medical health and make an assessment to confirm that you are sufficiently fit to undergo the investigation. If you are diabetic, your blood glucose level will also be recorded.

If you are happy to proceed, you will be asked to sign your consent form at this point if this has not been completed beforehand.

Sedation or throat spray?

Intravenous sedation or numbing throat spray can improve your comfort during the procedure. Sedation is recommended for this procedure.

Intravenous sedation

The sedation will be given into a vein in your hand or arm which will make you slightly drowsy and relaxed but not unconscious. You will be in a state called co-operative sedation: this means that, although drowsy, you will still hear what is said to you and therefore will be able to follow simple instructions during the investigation. Sedation also makes it unlikely that you will remember anything about the procedure. You will be able to breathe quite normally throughout.

As you will likely have sedation, a small cannula (small plastic tube) will be placed into a vein in your hand or arm, through which the sedation will be administered, along with an antibiotic to help prevent infection at the PEG site.

Whilst you are sedated we will check your breathing and heart rate so changes will be noted and dealt with accordingly. For this reason you will be connected by a finger probe to a pulse oximeter which measures your oxygen levels and heart rate during the procedure.

Your blood pressure may also be recorded.

It is recommended for you to stay in hospital for at least 24 hours after you have this procedure.

If you are not an in-patient, if you have sedation you will not be permitted to drive home or use public transport alone, so you must arrange for a family member or friend to collect you. If you live alone, arrange for someone to stay with you, or if possible, arrange to stay with your family or a friend for at least 12 hours.

You are also not permitted to drive, take alcohol, operate heavy machinery or sign any legally binding documents for 24 hours following the procedure.

The gastroscopy examination

In turn you will be escorted into the procedure room where the endoscopist and the nurses will introduce themselves and you will have the opportunity to ask any final questions.

If you have any dentures you will be asked to remove them at this point, any remaining teeth will be protected by a small plastic mouth guard which will be inserted immediately before the examination starts .

If you are having numbing spray, this will be sprayed onto the back of your throat and you will notice loss of sensation to your tongue and throat.

The nurse looking after you will ask you to lie on your back and will then place the oxygen monitoring probe on your finger. If you have decided to have sedation, the drug will be administered into a cannula (small plastic tube) in your vein and you will quickly become sleepy.

Detemir or Degludec/ Tresiba® or Insulatard® or Humulin I®).	Twice daily (Novomix 30®, Humulin M3®, Insuman comb 15®, Insuman comb 25®, Insuman comb 50®, Humalog Mix 25®, Humalog Mix 50®).	(for example, if you are on 30 units, take 24 units instead).	Halve your usual dose in the morning. Your blood glucose will be checked on admission Resume your normal insulin with your evening meal.
30units, take 24units instead).	No dose change.	(for example, if you are on 30units, take 24 units instead).	Halve your usual dose in the morning. Your blood glucose will be checked on admission Resume your normal insulin with your evening meal.
30units, take 24units instead).	No dose change.	(for example, if you are on 30 units, take 24 units instead).	Halve your usual dose in the morning. Your blood glucose will be checked on admission Resume your normal insulin with your evening meal.

How to adjust my insulin before a Gastroscopy

Insulin	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
Once daily (evening) (Lantus®/ Glargine or Levemir®/ Detemir or Degludec/ Tresiba® or Insulatard® or Humulin I®).	Your dose will need to be reduced by 20% (for example, if you are on 30units, take 24units Instead).	No dose adjustment necessary.	No dose adjustment necessary.
Once daily (morning) (Lantus®/ Glargine or Levemir®/.	Your dose will need to be reduced by 20% (for example, if you are on.	Your dose will need to be reduced by 20% and your blood glucose will be checked on admission.	Your dose will need to be reduced by 20% and your blood glucose will be checked on admission.

Any saliva or secretions produced during the procedure will be removed using a small suction tube. The endoscopist will introduce the gastroscop into your mouth, down your oesophagus (food pipe) into your stomach and then into your duodenum (small bowel). Your windpipe is deliberately avoided and your breathing will not be affected.

During the procedure samples may be taken from the lining of your digestive tract for analysis. The PEG tube will then be placed if felt safe to do so.

The Risks & discomforts of the Procedure

Upper gastrointestinal endoscopy (gastroscopy or OGD) is classified as an invasive investigation and therefore there is a possibility of complications. These occur extremely infrequently but we wish to draw your attention to them. The clinician who has requested the test will have considered the risks and must be compared to the benefit of having the procedure carried out.

Frequent risks:

- Sore throat, abdominal discomfort (2 people in every 100)
- The procedure cannot be completed (1 person in every 100).

Serious risks:

Uncommon (1 person in every 100–1000):

- Complications of over-sedation (problems with breathing, heart rate and blood pressure, which are short lived)
- Chest infection
- Adverse reactions to drugs or equipment
- Wound infection at the PEG site
- Making a hole in the small or large bowel requiring surgery.

Rare (1 person in every 1000–10000):

- Dental damage
- Significant bleeding (1-2 people in every 10000), requiring a blood transfusion.
- Cardiac irregularities including heart attack and stroke, requiring admission.

Very rare:

- Death (1 person in every 25,000)

After the procedure

You will be allowed to rest for as long as is necessary. Your blood pressure and heart rate may be recorded if you have had sedation and, if you are diabetic, your blood glucose will be monitored. Should you have underlying difficulties or if your oxygen levels were low during the procedure, we will continue to monitor your breathing and can administer additional oxygen. Once you have recovered from the initial effects of any sedation (which normally takes 30 minutes) you can be discharged home, if this is appropriate.

The nurses will explain about when to start feeding and how to look after the PEG tube. Since sedation can make you forgetful it is a good idea to have a member of your family or a friend with you when you are given this information. You will also be given an aftercare leaflet. If you wish you can take home a copy of the endoscopy report and a copy will also be sent to your GP.

When to start feeding after the procedure

No feeds will be put down the tube for four hours but once flushed with water, if there are no concerns or significant increases in pain or discomfort, feed can start with a regime organised by a dietitian.

<p>SGLT-2 inhibitors (eg. dapagliflozin, canagliflozin).</p>	<p>Take as normal.</p>	<p>Take as normal after procedure.</p>	<p>Omit.</p>	<p>You should resume taking your normal tablets the morning after the procedure.</p> <p>However, your blood glucose may be higher than usual for a day or so. If you have any problems or require further advice contact your diabetes specialist.</p> <p>If you are a St Helens resident, contact 01744 646200 - Option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).</p>

Medication	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
DPP-IV inhibitors (eg. sitagliptin, saxagliptin, vildagliptin, alogliptin, linagliptin).	Take as normal.	Take as normal.	Take as normal.
GLP-1analogue (eg. Exenatide, liraglutide, lixisenatide).	Take as normal.	Take as normal after procedure.	Omit.

How do I look after my PEG tube?

The tube should be flushed with 50mls of cooled boiled or sterile water before and after each feed to prevent the tube from blocking. This also applies to any medication (syrups or dispersible tablets) that may be put down the tube.

The area of skin where the PEG tube enters your stomach is called the stoma site. You may experience some discharge from the stoma site for the first few days. The area should be cleaned daily with saline and gauze. As part of your daily cleaning routine ensure the fixing plate is clean and dry.

What equipment will I need?

You will be given a weeks' supply of 60ml purple syringes, a bottle of sterile water, feed, giving sets (if fed via a pump) and a feeding pump (if fed via a pump). You should receive training by a specialist before discharge on how to give yourself feed, fluids and medications through your PEG. The syringes you are given from the hospital are single use only and must be thrown away after use. Within your first week of being home you should receive a delivery of syringes, feed and giving sets to be able to continue to give yourself nutrition. The syringes that arrive should have the word 'home' on the side and can be washed and reused.

What problems may I have with my PEG tube?

If you notice any redness, swelling or irritation around the stoma site this may indicate an infection in the wound. Cleanse the area several times a day and contact your doctor if the problem persists. They may choose to swab the area and give you antibiotics if required.

If the tube is leaking, contact your nutrition nurse for review.

Sometimes a PEG tube can block. If this happens, massage and roll the tube between your fingers and thumb and try a gentle flush of warm water. Do not use too much force. Do not poke anything down the tube. If you cannot unblock the tube, please contact your nutrition specialist nurse.

If you develop nausea, vomiting, diarrhoea or constipation stop your feeding regime and contact your doctor or dietitian.

What can I do with my PEG in place?

After the stoma site has healed (about 2 weeks) you can bath and shower as normal but you must ensure this is dried well afterwards. You can also go swimming after a few months, but it is advised to cover the site with a waterproof dressing and ensure that you wash in the shower afterwards and ensure it is dried well.

Even though you may not be eating you should remember to continue to keep your teeth and gums clean.

General points to remember

1. If you are unable to keep your appointment please notify the endoscopy department unit or nutrition specialist nurse as soon as possible.
2. Please follow the preparation instructions carefully the instructions on preparation and medications carefully.
3. It is our aim for you to be seen as soon as possible after your appointment time. However, there may be delays as emergencies can occur and these patients are given priority.
4. The hospital cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

If taken three times a day – omit your lunchtime dose.	If taken once a day in the morning – omit this dose. If taken twice a day omit both doses.	Take as normal.
If taken three times a day omit your lunchtime dose.	If morning – omit this dose. If taken twice a day – omit the morning dose.	Take as normal.
	Take as normal.	Take as normal.
	Sulphonylureas (eg. glibenclamide, glipizide, gliclazide/ gliclazide MR, glimpiride, gliquidone).	Thiazolidinediones (pioglitazone).

Medication	Day before the procedure	Day of Procedure:	
		Morning Appointment	Afternoon Appointment
Acarbose	Take as normal.	Omit morning dose if you have been told to fast from midnight.	Take your morning dose if eating breakfast. Do not take your lunchtime dose.
Meglitinide (eg. repaglinide or nateglinide).	Take as normal.	Omit morning dose if you have been told to fast from midnight.	Take your morning dose if eating breakfast. Do not take your lunchtime dose.
Metformin / Glucophage MR	Take as normal.	If taken once a day – do not stop. If taken twice a day – do not stop.	If taken once a day do not stop. If taken twice a day do not stop.

Guidelines for people with diabetes undergoing Gastroscopy

Instructions for your appointment

Please check your appointment information. Your appointment should be early morning. If not please contact the Endoscopy Unit on 0151 430 1293 for an alternative appointment time.

How to adjust Diabetes Treatment

Preparing for a Gastroscopy will involve a brief period of fasting. This means your diabetes medications may need to be adjusted.

If you take medications to control Diabetes please follow the instructions in the table on page 14:

'How to adjust my non-insulin diabetes medication before a Gastroscopy'.

If you take insulin to control Diabetes please follow the instructions in the table on page 18:

'How to adjust my insulin before a Gastroscopy'.

Please check the tables carefully. If you have any problems or require further advice contact your diabetes specialist.

If you are a St Helens resident, contact 01744 646200, select option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).

Hypoglycemia Advice

If you have any symptoms of a low blood sugar such as sweating, dizziness, blurred vision or shaking please test your blood sugar.

Guidelines for people with diabetes undergoing Gastroscopy or OGD

Instructions for your appointment

Please check your appointment information. Your appointment should be early morning. If not please contact the Endoscopy Unit on 0151 430 1293 for an alternative appointment time.

How to adjust Diabetes Treatment

Preparing for a Gastroscopy will involve a brief period of fasting. This means your diabetes medications may need to be adjusted.

If you take medications to control Diabetes please follow the instructions in the table on page 16:

'How to adjust my non-insulin diabetes medication before a Gastroscopy'.

If you take insulin to control Diabetes please follow the instructions in the table on page 20:

'How to adjust my insulin before a Gastroscopy'.

Please check the tables carefully. If you have any problems or require further advice contact your diabetes specialist.

If you are a St Helens resident, contact 01744 646200, select option 5 for emergency advice (available 0800-2200 weekdays and 0800-1600 weekends and bank holidays).

Hypoglycemia Advice

If you have any symptoms of a low blood sugar such as sweating, dizziness, blurred vision or shaking please test your blood sugar if you are able to do so.

If your blood sugar is less than 6mmol/L take 4 glucose tablets or 150ml of the sugary drink.

Please tell staff at the hospital that you have done this.

- Following your procedure you will be advised when it is safe to eat and drink
- If you are eating and drinking normally you should resume taking your normal tablets.

Your blood glucose levels may be higher than usual for a day or so.

Eating and Drinking Whilst Preparing for a Gastroscopy

On the day of the procedure

If your procedure is **in the morning**:

- Do not eat any food after midnight
- Drink clear fluids such as black tea or coffee, sugar-free squash or water up to 5am.

If your procedure is in the **afternoon**:

- Eat breakfast before 7am. Do not eat any food after this
- Drink clear fluids such as black tea or coffee, sugar-free squash or water up to 10am.

Important things to bring to hospital with you

- Glucose tablets or a sugary drink
- Blood glucose testing equipment (if you usually monitor your blood glucose)
- The tablets and insulin you usually take for your diabetes.