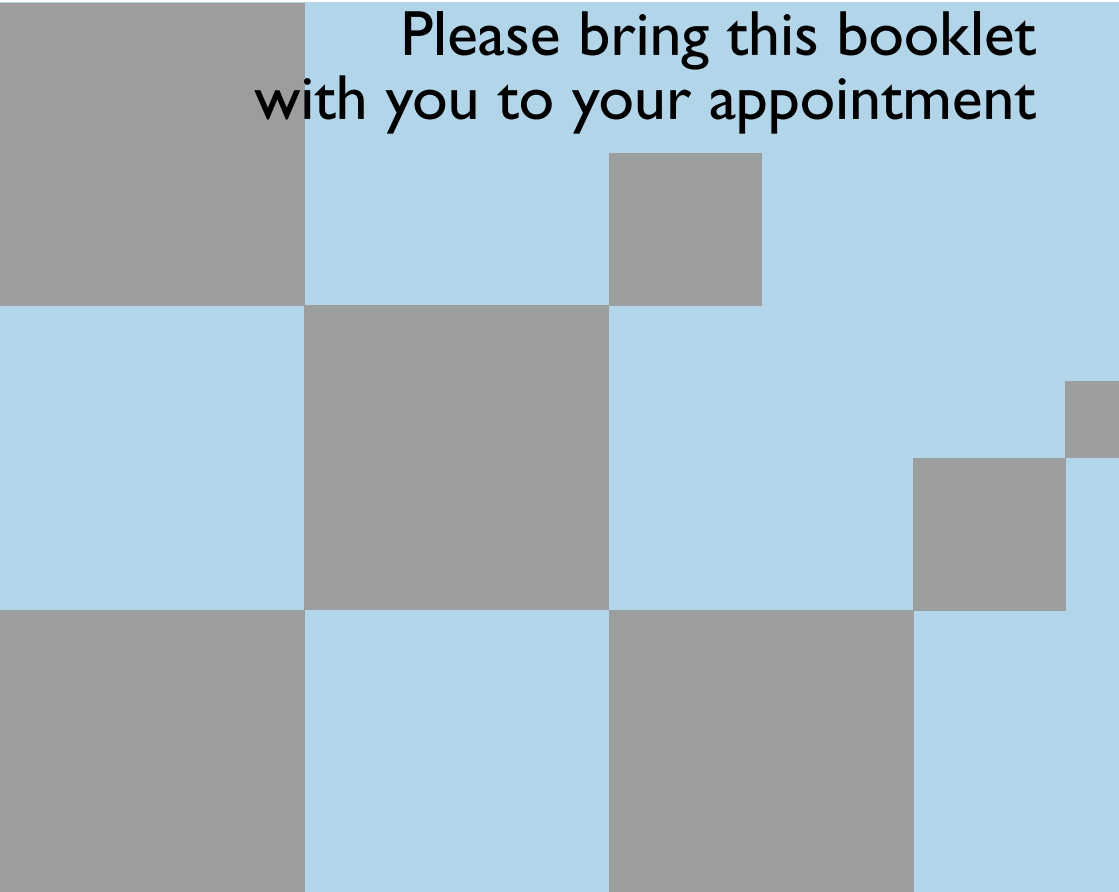


Gastroscopy for insertion of a PEG feeding tube

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 Oxford (01865) 221466

Horton Hospital, Endoscopy Unit
Telephone Banbury (01295) 229668

Day and date:

Time:

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.

Introduction

You have been advised by the Enteral Nutrition Clinical Nurse Specialist Team, your Dietitian or hospital Doctor to have a PEG tube inserted. **Your formal consent is required before we can carry out this examination.** This booklet has been written to explain how the examination is carried out and what the risks are. The consent form is at the front of the booklet.

If there is anything you do not understand, or anything you wish to discuss further – but still wish to attend for the appointment, do not sign the consent form. Instead, bring it with you and you can sign it after you have spoken to one of our doctors.

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. You will notice that the consent form is carbonised, allowing you to keep a copy for your records. Please complete the form while it is still attached to this 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.

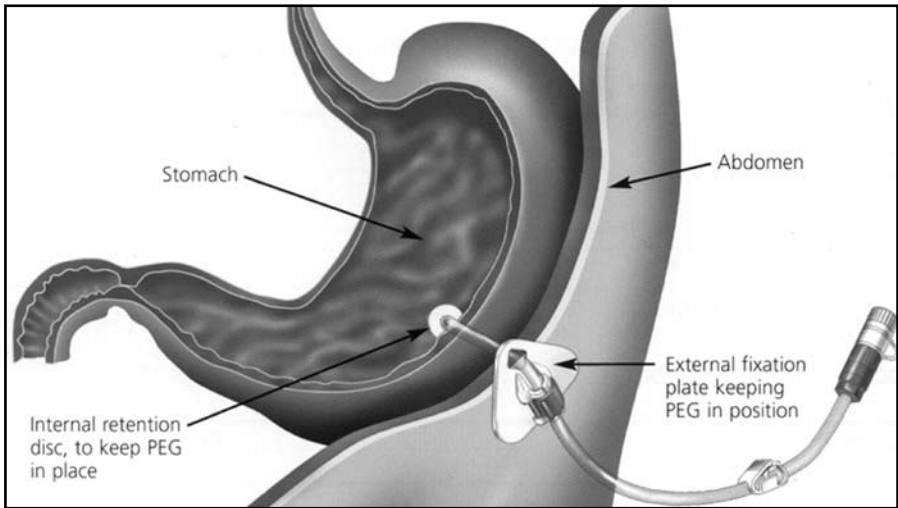
During the examination, the endoscopist may need to take some small tissue samples, called biopsies, for analysis under a microscope in our laboratories. This is painless. Any samples we take will be kept. Photographs may be taken and will be kept in your health record.

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 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 via a NG feeding tube 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 about my medicines?

Take all your regular medicines with a small sip of water. If you are diabetic or taking Warfarin or Clopidogrel, please ring the Endoscopy Unit for advice. If you are a ward patient, speak to your Doctor.

If you are coming from home to your appointment please make a list of all medicines you are taking and any allergies you have and bring this with you to Endoscopy Unit.

Patients with diabetes

If you have diabetes controlled by insulin or medication please telephone the Endoscopy Unit for advice at least 1 week before you endoscopy appointment.

Anticoagulants

Please telephone the Endoscopy Unit at least 2 weeks before your endoscopy appointment if you are taking anticoagulants, e.g. **Warfarin or Clopidogrel**.

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 mixed-sex department and that you will be cared for by staff of both sexes and different races.

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

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 and 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 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. The feeding tube will then be passed through this. 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. Most 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.

- 08.00 - 16.00 hrs Monday to Friday
Enteral Nutrition Clinical Nurse Specialist Team
on (01865) 740 378

or the via John Radcliffe switchboard on (01865) 741166 bleep 4132 or 4347
- Outside these hours please contact the on call Gastro Registrar via the hospital switchboard on (01865) 741166 or the Horton General Hospital on (01295) 275500

What are the risks?

A gastroscopy is a simple and safe examination for most people. Serious problems are rare. 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. Nationally this happens to approximately 1 in 2000 patients but it's less often in this hospital. 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%
- Minor complications occur in 15% of cases and are mostly related to infection around the site of the tube. These are national rates and the rates are lower in our Trust.

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:

- Enteral Nutrition Clinical Nurse Specialists
- Endoscopy Nurses
- Dietitian
- Medical staff
- Ward Nurses

How to contact us

Enteral Nutrition Clinical Nurse Specialist Team

Telephone: 01865 740 378

Bleep: 01865 741166 4132 or 4347

Patient support group

PINNT – A good source of information about tube feeding and providing support to patients, family and carers:

PINNT

PO BOX 3126

Christchurch

Dorset BH23 2XS

01202 481 625

Website: www.pinnt.com

e-mail: PINNT@dial.pipex.com

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

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473**.

When we receive your call we may transfer you to an interpreter. This can take some time, so please be patient.

Approved by:
Linda Clements, Clinical Nurse Specialist
Jane Collier, Consultant
Version 1, June 2009
Review, June 2011
Oxford Radcliffe Hospitals NHS Trust
Oxford OX3 9DU
www.oxfordradcliffe.nhs.uk

OMI 693.1