What is a PEG?
PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and esophagus. This brochure will give you a basic understanding of the procedure—how it is performed, how it can help, and what complications may arise.

How is the PEG performed?
Your doctor will use an endoscope, which is a flexible tube with a light source and camera to enter into the stomach and identify a safe location for tube placement. A small opening is created on the skin of the upper abdomen and a guidewire is placed directly into the stomach. The feeding tube is then advanced into the stomach over this guidewire and secured to the stomach. Patients generally receive an intravenous sedative and local anesthesia, and an antibiotic is given by vein prior to the procedure. Patients can usually go home the day of the procedure or the next day.

Who can benefit from a PEG?
Patients who have an inability to take adequate nutrition through the mouth due to difficulty swallowing, esophageal blockages, problems with their appetite, and/or vomiting or can benefit from this procedure.

How should I care for the PEG tube?
A dressing will be placed on the PEG site following the procedure. This dressing is usually removed after one or two days. After that you should clean the site once a day with diluted soap and water and keep the site dry between cleansings. No special dressing or covering is needed. Specialty nurses may be available to help with the tube.

How are feedings given? Can I still eat and drink?
Specialized liquid nutrition, as well as fluids or medications, can be given through the PEG tube. After tube placement, oral intake may or may not be restricted. Recommendations should be discussed with your physician.

Are there complications from PEG placement?
Complications can occur at the time of PEG placement. Possible complications include pain at the PEG site, bleeding or injury to surrounding organs. Possible complications after PEG placement include infection of the PEG site, leakage of stomach contents, or accidental dislodgement or pulling out of the tube. PEG sites close quickly once the tube is removed, so accidental dislodgment requires immediate attention. Your doctor can describe symptoms to watch for what could indicate a possible complication.

How long do these tubes last? How are they removed?
PEG tubes can remain in place for months or years. However, they can break down or become clogged over extended periods of time and may require replacement. Your doctor can remove or replace a tube at the bedside without sedatives or anesthesia, or at repeat endoscopy in some cases.

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PEG may be recommended for patients who have difficulty swallowing or an inability to take adequate nutrition through the mouth.
In the PEG procedure, the doctor places and secures a feeding tube into the stomach. PEG tubes can last for months or years. These tubes can be replaced if necessary.

The decision to place a PEG tube is based on the patient’s condition and individual wishes, as well as the doctor’s (or doctors’) professional judgment. Questions pertaining to an individual case should be discussed with your doctor(s).

Important Reminder:
This information is intended only to provide general guidance. It does not provide definitive medical advice. It is very important that you consult your doctor about your specific condition.