Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Percutaneous Endoscopic Gastrostomy (PEG)

1. Introduction

1.1. Percutaneous Endoscopic Gastrostomy (PEG) is a procedure in which a flexible feeding tube passing through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to pass directly into the stomach, bypassing the mouth and oesophagus.

1.2. There are various indications for having a PEG:

1.2.1. Acute ischaemic or haemorrhagic stroke

1.2.2. Chronic progressive neuromuscular disease

1.2.3. Dementia

1.2.4. Cystic fibrosis

1.2.5. Oro-pharyngeal and oesophageal malignancy

2. Pre-operative Preparations

2.1. A written informed consent is required.

2.2. Eating and drinking should be avoiding for at least six hours before the procedure.

2.3. Do not take any valuables or wear any metallic belongings or jewellery to the procedure room; dentures, glasses and contact lens should be removed.

2.4. Avoid having any make up or nail polish as it may interfere with our medical observations.

2.5. Patient should inform the medical staff of any major medical problems including diabetes, lung disease, heart disease, hypertension and pregnancy, or with pacemaker and implant.

2.6. Patient should provide information concerning of current medications used especially the use of antiplatelet and anticoagulation drugs and allergic history if any.

3. Procedures

3.1. Prior to the procedure, depending on the individual patient's condition, sedation may be given to the patient to alleviate any anxiety and discomfort related to the procedure.

3.2. Patient are required to maintain supine position.

3.3. Local anaesthetic solution will be sprayed into the throat to numb the area.

3.4. Patient will wear a small plastic mouth guard as to facilitate the insertion of endoscope by our doctor.

3.5. Disinfect the skin on the abdomen. Once the correct insertion site is found, a local anaesthesia will be infiltrated into the skin on the abdomen;

3.6. A small cut is made and the PEG tube is then inserted and secured.

3.7. Patient is under close monitoring during the whole procedure.

3.8. In general, the procedure will last for 20 – 30 minutes.

4. Post-operative Instructions

4.1. Most often feeding can be started at a slow rate and then gradually increased over time to ensure you tolerated the feeding process well .

4.2. PEG site should be cleaned as instructed.

4.3. Immediately consult your doctor or return to the hospital for professional attention in the event of any signs of site infection, increasing in swelling or pain on your abdomen, leakage around the PEG tube, or blockage the tube, shivering, high fever or any other unusual symptoms, etc.

4.4. After discharge home, you need to take care of your PEG to ensure:

4.4.1. It does not become blocked;

4.4.2. The skin around the stoma site remains healthy;

4.4.3. The external crossbar securing the tube does not become dislodged or loose.

5. Possible Risks and Complications

5.1. The procedure is relatively safe. Complication is rare as mentioned below:

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5.1.1. Drug allergy
5.1.2. Pain or infection at the PEG site
5.1.3. Leakage of stomach contents around the tube site
5.1.4. Dislodgement or malfunction of the tube
5.1.5. Bowel perforation

6. References

6.1. Queen Elizabeth Hospital Birmingham (2016). Patient Information Sheet: Having a PEG tube inserted?
6.2. American Society for Gastrointestinal Endoscopy (2017). Patient Information Sheet: Percutaneous Endoscopic Gastrostomy (PEG).
6.3. Medscape (2016). Clinical Procedures: Percutaneous Endoscopic Gastrostomy (PEG) tube placement.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____