PERCUTANEOUS ENDOSCOPIC GASTROSTOMY TUBE (PEG-TUBE)

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OBJECTIVES

Nurses will be able to:

1. Describe how to support someone with a PEG tube.

2. Describe potential complications associated with PEG tube placement.

3. Describe benefits of PEG tube placement

4. List the proper cleaning methods for PEG tube maintenance (insertion site).

5. Discuss ethical concerns of PEG tube placement.
DEFINITION

- Percutaneous endoscopic gastrostomy (PEG) is a method of placing a tube into the stomach percutaneously, aided by endoscopy.

- First described by Gauderer in 1980.

- PEG tube placement is one of the most common endoscopic procedures performed today, and an estimated 100,000-125,000 are performed annually in the United States.
INDICATIONS/CONTRAINDICATIONS

Indications

- CVA
- Dementia (Multi-infarct/Alzheimer’s Disease)
- Cerebral Palsy
- Muscular Dystrophy
- Oropharyngeal or Esophageal disorders
  - Malignancies
    - Chemotherapy
    - Radiation Therapy
  - “Locked Jaw”

Contraindications

- Uncorrected coagulopathy thrombocytopenia
- Severe ascites
- Hemodynamic instability
- Intra-abdominal perforation
- Active peritonitis
- Abdominal wall infection at the selected site of placement
- Gastric outlet obstruction (Severe gastroparesis)
- History of total gastrectomy
- Lack of informed consent for the procedure

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Different variations of the technique include the pull (Ponsky), push (Sachs-Vine), introducer (Russell), and Versa (T-fastener) methods. Of these, the pull method is the most commonly used and is described in this article.
COMPONENTS

- External Port
- Tubing
- Internal Bolster
- External Bolster
Gastrostomy Tubes

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PEG TUBE INSERTION TECHNIQUE

1. Informed Consent
2. NPO after Midnight
3. Pre-operative Prophylactic Antibiotic Administration
4. Patient will be monitored for BP, Heart Rate, Pulse Oximetry
5. Patient will be administered Oxygen Nasal Canula/Facemask/Intubation
6. Patient will remain in a supine position
7. Anesthesia will be applied (Conscious Sedation or MAC anesthesia)
8. Esophag gastroduodenoscopy will be performed
9. A point of insertion will be identified by palpation and transillumination
10. PEG tube will be inserted by either Pull or Push-Guide Wire Technique
11. Endoscopic Confirmation of placement is a MUST
12. Post operative recovery care

FIGURE 3 – The gastric wall is punctured with a trocar introducer with a peel-away sheath (a and b), the gastrostomy tube is introduced through the sheath (c). The balloon is then inflated and the sheath is removed (d).
OVERVIEW OF VARIOUS TYPES OF FEEDING TUBES

Gastrostomy (G-Tube)
- A flexible tube or button
- Placed into the stomach
- Through an opening in the abdominal wall
- Provides feeding/medication administration
- Provides venting & drainage
POST OPERATIVE CARE

1. Vital Signs Q15 minutes times four,
2. Vital Signs Q30 minutes times 2, then as per routine
3. Do Not use PEG tube for four hours. After four hours, ok to give water and meds.
4. If patient has bowel sounds, ok to start tube feeds at 10 ml/hour after 8 hours.
POST OPERATIVE CARE LONG-TERM

- For the first 2-3 weeks:
  - Clean PEG tube daily with 1:1 Saline: Peroxide Mixture. Wipe away from PEG site. Blot dry and apply Bacitracin/Muporicin to the PEG site. Cover with clean 4x4 gauze.

- After 2-3 weeks:
  - Clean PEG site with soap and water unless complications occur.

- Flush PEG tube after each feed with 200 cc of water and clamp. Cover with clean 4x4 gauze.

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COMPLICATIONS

- 1. Infection
- 2. Perforation
- 3. Wound dehiscence
- 4. Dislodged PEG tube
- 5. Peritonitis
- 6. PEG tube clogging
- 7. PEG tube malfunction
TO PEG OR NOT TO PEG
THAT IS THE QUESTION

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PEARLS

1. COKE
2. What to do when a PEG gets pulled out
QUESTIONS AND DISCUSSION