

# **Feeding Tube Placement (PEG)**

## Answers to your Questions

North Shore, Sea to Sky,  
Sunshine Coast, Powell River,  
Richmond and Vancouver

Adapted with permission from:

***There's more than one way to "Eat" A Meal!***

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If PEG feeding has been presented to you as an option, you probably have a lot of questions. This is a brief introduction to the procedure and what it may have to offer you.

PEG describes the what, where and the how of the procedure.

- P - percutaneous - through the skin
- E - endoscopic - using a tube with a light
- G - gastrostomy - direct access to the stomach through a tube

### **Why get a PEG?**

There are several situations when a PEG might be recommended including:

- Significant problems with chewing or swallowing food and/or liquids
- Eating has become a tiring activity
- Food intake is poor in spite of usual appetite
- Progressive weight loss
- Decreased breathing muscle function

### **When should I get a PEG?**

- Eating or drinking leads to frequent choking
- Poor intake due to fatigue and difficulty eating
- Dehydration from insufficient fluid intake
- Before lung function decreases below 50% or there is increased risk of pneumonia
- It takes more than one hour to eat a meal
- Loss of 10% or more of usual body weight

**The recommendation is “the earlier, the better” – even before it is needed – when the procedure is easier to tolerate.**

## Why not get a PEG?

If, after receiving all the information, the idea of tube feeding is not acceptable to you, then perhaps a PEG is not for you. Feeding by PEG will not stop the progression of the disease.

When the risk of the procedure outweighs the benefits, it would not be recommended.

PEG may not be possible if you are severely malnourished or if your breathing muscles are very weak (Lung function below 40%).

The cost of the tube feeding formula is also a consideration.

## Benefits of PEG

- Avoids choking, chewing or swallowing problems from eating or drinking
- Improved nutrition and general health, resistance to infection and weight maintenance
- Improved hydration, important in general health, bowel and bladder function
- Better use of energy – energy used in eating can be used for other activities
- Improved quality of life

## The Procedure

PEG insertion is an out-patient procedure requiring a local anaesthetic and mild sedation. It is recommended that it be done in conjunction with an inpatient hospital stay for further assessment to monitor tolerance to the feeding and monitor breathing.

The procedure involves an endoscopic tube (a tube with a light) that is passed through the mouth and down the throat into the stomach.

The ideal site is located when light can be seen on the outside of the abdomen. The feeding tube is slipped down and out through a small opening in the abdominal wall.

A flange on the inside of the stomach and a “bolster” on the outside of the abdomen ensure the tube stays in place. Water is then flushed through the tube to ensure the tube is in the right place and is clear.

## Managing the Tube

You will be shown how to keep the insertion site clean, how to check for infection, how to clean the tube and how to prevent and deal with blockages in the tube as well as cleaning and maintenance of any other equipment required for feeding.

## To Eat or Not to Eat

If you get a PEG when you are having a lot of problems chewing or swallowing, you may find it preferable, as well as necessary to give up eating.

Some people initially use the tube only for maintaining adequate fluid intake while their meals remain the same. There are others who use tube feedings to supplement their daily intake either at the end of a meal or to replace one or two meals completely.

The pressure to satisfy all nutrient requirements completely by eating is reduced and they can really enjoy whatever they do eat. Then there are those who switch from eating by mouth to total tube feeding.

## What to put through the tube?

Whether you take some or all of your nutritional requirements through the tube, you will have to flush it with water daily to keep it clear. If you are receiving all of your nutrition by formula, you will flush the tube with water before and after feeding. The amount depends on your fluid requirements, the volume of formula and on how much you are able to drink.

You will be given a prescription for a canned liquid formula designed for feeding through a tube into the stomach.

There are a number of products available on the market designed to provide all the nutrients (protein, carbohydrate, fat, vitamins and minerals) in amounts that meet your requirements.

The dietitian will assess your calorie and fluid needs and will recommend a formula to meet your needs. You may have to try several to find one your digestive system tolerates well.

\* You can purchase your tube feeding formula and supplies through Special Products at Children's and Women's Hospital 1-866-727-7759 or at a local medical supply store.

## Feeding Schedules

Feeding schedules vary depending on the personal preference, lifestyle and nutritional requirements. Since everyone is unique, a feeding/eating plan is developed on an individual basis and is adjusted as often as is required due to changing circumstances. Feeding can be continuous or intermittent.

**Continuous feedings** are given over 16 to 24 hours and require a pump to regulate the flow. It is administered slowly and can be given at night.

**Intermittent feedings** of one to one and a half cans of formula are given over one or two hours. These can be done with a pump or by gravity drip. They are often given at usual meal and snack times. Feedings start slowly and the amount and speed increases gradually until the recommended amount and timing are achieved.

## The Bottom Line

The decision to have or not have a PEG is yours. If you choose to have a PEG, you decide when it will be used. If you choose not to have a PEG, your team will support your decision and will continue to assist you in finding foods and fluids that you can manage. You may also choose to have the PEG removed.

If you have any other questions please talk to your healthcare team.

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