Feeding Tube Placement (PEG)
Answers to your Questions
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 camera and 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 and/or drinking lead to frequent coughing and/or 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.
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.

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
- Avoid coughing/choking, chewing or swallowing problems from eating and/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 camera and a light) that is passed through the mouth and down the throat into the stomach.
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 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 and advise you on the best method to administer your tube feedings. You can purchase your tube feeding formula and supplies at a medical supply store as recommended by the dietitian.

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.

In BC, the cost of formula, supplies and equipment is not covered (except those receiving social assistance) and for many families, that can create a financial challenge.

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.

For those individuals with decreased hand function or who are dependent for their care needs, you will need to make sure someone can take on responsibility for administering your tube feedings. Unfortunately, in the community not all home care workers can be trained to give tube feedings. Check with your Home Care team to see what supports are available.

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.