

Percutaneous Endoscopic Gastrostomy (PEG) removal by cut and push technique

Nutrition and Dietetics

Introduction

Your doctor and/or dietitian have recommended that your Percutaneous Endoscopic Gastrostomy (PEG) tube should be removed.

A PEG is removed when:

- You are able to eat enough and your doctor and dietitian agree that you no longer need the tube.

Or:

- When you still need a feeding tube, but your PEG needs to be replaced with another type of tube.

How is the PEG tube removed?

In line with national best practice recommendations, the usual way of removing your tube is by endoscopy. This involves passing an endoscope, a long flexible tube, through your mouth into your stomach. A loop is then used to pull the bumper up and out through your mouth as the endoscope is removed. The bumper is the part of the tube that usually stops it falling out. You could have this done with or without sedation.

If you have a particular reason for wanting to avoid endoscopy or if endoscopic removal of your PEG is not advisable, we may be able to remove your PEG by "cut and push". This involves cutting the PEG tube close to the skin and pushing the bumper left on the inside, into your stomach.

What happens to the bumper?

This will pass through your stomach and bowel, and you will pass it when you open your bowels. This is painless and most people do not even know that they have passed the bumper.

How should I prepare for "cut and push" removal?

You can eat and drink as normal before your appointment. You can also take your usual medications.

How long does "cut and push" removal take?

It only takes a few minutes to remove your tube. You will be able to go home straight afterwards because you do not need to have sedation with "cut and push" PEG removal.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

Are there any risks with “cut and push”?

There is a small risk that the bumper could get stuck in the bowel and cause a blockage or obstruction. One in 250 people who have a “cut and push” may suffer from an obstruction. If this happened, you would need to come into hospital to have the bumper removed. You may need an operation for this.

How would I know if the bumper was causing a blockage?

You would have vomiting, abdominal pain and constipation. The symptoms would be quite severe and get worse rather than better. If you were to have a blockage, it would probably be within 2 weeks of having the “cut and push”.

Occasionally the bumper could remain in your bowel for several months. In most cases the bumper would not cause a problem. However, if you have your PEG removed by “cut and push” you may be asked to have an X-ray after 1 month (unless you have seen the remnant in your stool).

Training

The Royal Wolverhampton NHS Trust is a regional centre for endoscopy training. You may be asked if you would be willing for your procedure to be done by a trainee healthcare professional.

All trainees are under the direct supervision of an expert practitioner until they are fully competent.

The qualified practitioner is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

Who do I telephone for more information?

If you have any queries please telephone Monday – Friday,
8.00am – 6.00pm

Enteral Nutrition Nurses: 01902 695336

Nutrition and Dietetics Service: 01902 695335

Or visit the website:

<https://www.royalwolverhampton.nhs.uk/services/service-directory-a-z/gastroenterology/>

New Cross Hospital: 01902 694191 or 01902 695191

Cannock Chase Hospital: 01543 576736

Nutrition and Dietetics Service: 01902 695335

Or visit the website:

<https://www.royalwolverhampton.nhs.uk/services/service-directory-a-z/gastroenterology/>

Useful External Agencies:

Guts UK

The Charity for the Digestive System
3 St Andrews Place
London
NW1 4LB
Tel: 020 7486 0341
email: info@gutscharity.org.uk
<https://gutscharity.org.uk/>

PINNT

Po Box 3126,
Christchurch,
Dorset,
BH23 2XS
<http://www.pinnt.com/>

PALS

(Patient Advisory & Liaison Services)
Patient Information Centre
New Cross Hospital
Wolverhampton, WV10 0QP
Telephone: 01902 695362
E-mail: rwh-tr.PALS@nhs.net
www.pals.nhs.uk

This leaflet has been produced by the Endoscopy Unit in partnership with Nutrition & Dietetic Services.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。