

PEG (percutaneous endoscopic gastrostomy) removal – advice following “cut and push” PEG removal

Gastroenterology (Endoscopy)

Introduction

This leaflet aims to give you advice on what to do after you have had a “cut and push” PEG removal.

You have had your PEG tube removed by cutting it close to the skin and pushing the ‘bumper’ into your stomach. This will pass through your stomach and bowel and you will pass it when you have your bowels open.

When can I eat and drink?

You can drink normally for the rest of the day, and have a light evening meal. The next day you can eat and drink normally.

When can I take my usual medicines / tablets?

You can take your usual medicines straight after the procedure.

How would I know if the PEG ‘bumper’ was causing a problem?

Vomiting, abdominal pain and constipation can indicate that the bumper may have caused a blockage. This is rare, and symptoms would be quite severe and continue to get worse rather than better. If you were to have a blockage, it would probably be within two weeks of having the “cut and push”. You should telephone for help and advice. The contact details are at the end of the leaflet.

Why do I need an X-ray?

Very rarely 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 will be asked to have an X-ray after one month (unless you have seen the remains in your stool).

What happens if the PEG bumper is seen on the X-ray?

If you are well, there would probably be no need to do anything to remove the remnant. However, if at a later date you developed problems with severe abdominal pain and vomiting, the doctors treating you would need to know that you may have a retained PEG bumper.

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.**

What to do if you have had your PEG removed because you no longer need it?

There will be a small hole (stoma) remaining so it is best to cover it with a dressing for 24 – 48 hours. There may be a slight leakage of stomach contents until the stoma has scabbed over. The stoma starts to heal over within a few hours, and is usually completely scabbed over after 48 hours.

What should I avoid following removal of the PEG?

You should avoid having a bath or swimming for 48 hours, until the stoma has scabbed over. However, you can have a shower straight after the “cut and push”.

If you have had your PEG removed and replaced with a different type of tube, what should you do about your usual feeds?

You can start your feed as soon as you wish. You do not need to change the way you feed and should carry on with your usual feeding regime.

What should I do if I have any problems with my new tube?

We would not expect you to have any problems but contact numbers are provided at the end of the leaflet.

How do I look after my new tube?

Your Dietitian or Nurse will explain to you how to care for your replacement gastrostomy (feeding) tube.

Who do I telephone for advice?

Monday – Friday 9am - 4pm please contact the Nutrition Nurses on 01902 695336 or 01902 307999 and ask for pager 3749 or 7426

At all other times you should attend the Emergency Department at New Cross Hospital (or your local hospital if this is nearer).

You should explain that you have recently had a PEG tube removed by the ‘cut & push’ technique and that you are experiencing symptoms as described previously.

Please advise the Doctor in the Emergency Department to inform the ward Gastroenterologist (9am to 5pm) or the on-call Gastroenterologist out of hours.

It may be necessary for you to stay in hospital overnight.

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 the Nutrition & Dietetic Service; New Cross Hospital, Wolverhampton, WV10 0QP

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。