

## Information on P.E.G. feeding



After some types of brain injury, you may have difficulty swallowing, or eating enough food. This can be for many reasons, for example, a poor swallow, weak muscles of the throat, and tiring quickly when eating. If the doctor feels this may continue for a long time (more than 4 – 6 weeks), a method of feeding using a P.E.G. tube can be used. P.E.G. is short for “percutaneous endoscopic gastrostomy”. This is when a feeding tube is placed through the skin near the belly button, into the stomach. This is done under local anaesthetic and sedation. A little discomfort but no pain can be felt.

Once the tube is in place, feeding can begin straight into the stomach. Feeding normally starts about six hours after the P.E.G. has been put in place. The feed used is a specially prepared liquid, which provides all the nutrients you need each day eg. calories, protein, fat, vitamins and minerals. The nursing staff will contact the dietitian, who will work out the best feed for you. In your notes will be instructions from the dietitian on the type of feed and when it should be given. Generally, most feeds run overnight, so during the day time can be spent concentrating on therapies.

Nursing staff can teach both you and your relatives how to give the feed. There are two ways, which can be used on their own or together.

### 1) Via a pump

A feeding pump attached to a stand will be by your bedside. There will also be gloves, syringes and sterile water. The feed is in a sterile bag that hangs above the pump. A tube (called a giving set)

runs from the bag, through the pump, and attaches to the P.E.G. tube. The pump can be set to deliver a set amount of feed to flow into your stomach over long periods of time (8 – 12 hours).

## 2) Bolus

Bolus feeding is when a set amount of feed is given 3 – 4 times a day, like regular meals. This is done by attaching a syringe to the P.E.G. tube and pouring the feed into it. The feed flows into the stomach by gravity.

Drugs can also be given via the P.E.G. tube. After feed or drugs have been given, the P.E.G. tube is flushed with sterile water to stop it from blocking.

## Daily Care of the P.E.G. site

The area around where the P.E.G. tube enters the stomach is called the “stoma site” (the stoma is the hole made by the tube). This area needs to be washed and dried at least once a day. For the first two weeks, it is advisable to shower or wash with a cloth rather than having a bath. The P.E.G. tube must be turned 360 degrees daily. It is also important to look for redness, leakage, soreness and swelling. These need to be reported to the doctor in case of infection.

When the P.E.G. tube has been in position for two weeks, bathing and swimming can be done as before. The P.E.G. tube should not restrict you doing any activity and it can easily be hidden by clothes.

You will be given all the help and advice you need

to carry on with P.E.G. feeding if you still need the P.E.G. tube when you are discharged from hospital. When you are able to eat enough through your mouth, the P.E.G. tube can easily be removed.

## Who to ask if you want more information

Speak to your nurse, dietitian or speech and language therapist.

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