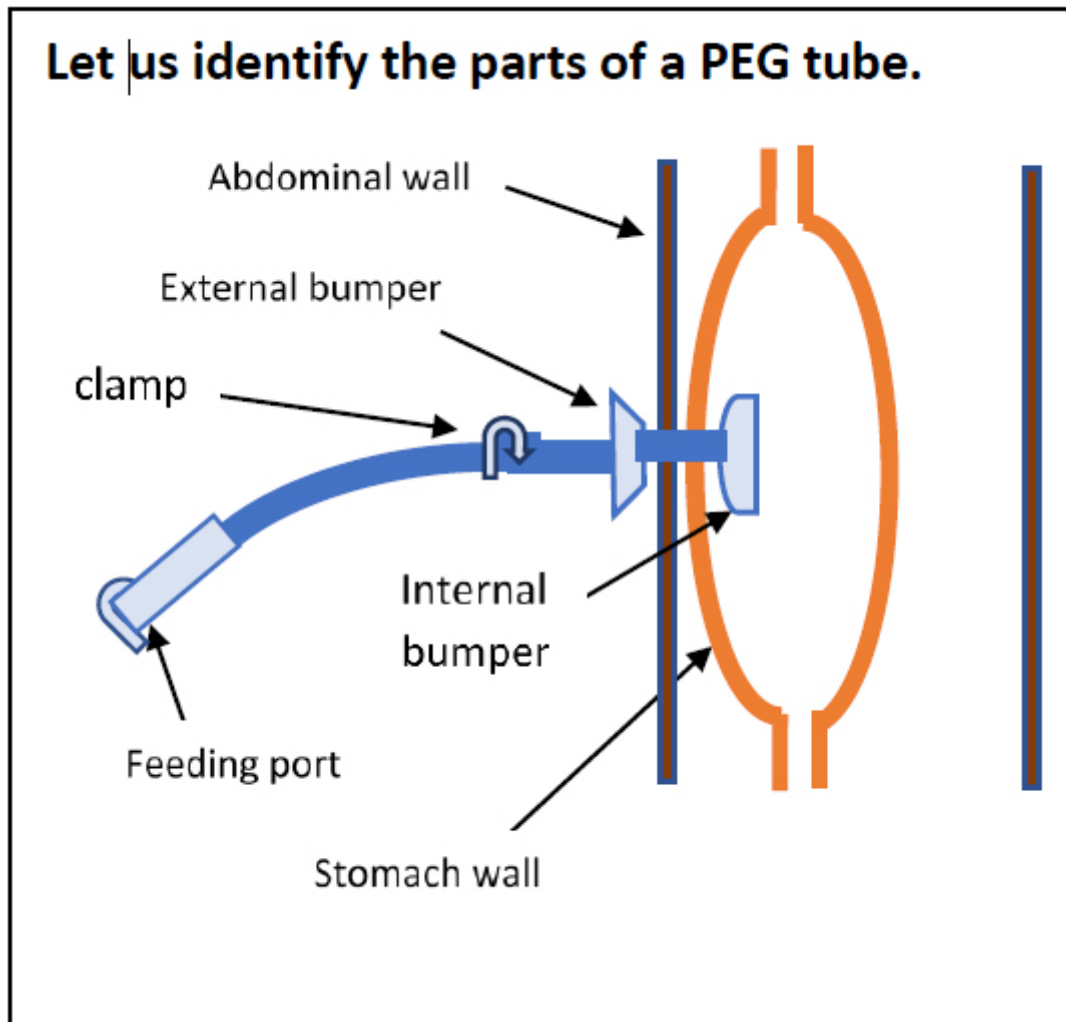


## Percutaneous Endoscopic Gastrostomy Tube (PEG Tube)



Percutaneous Endoscopic Gastrostomy (PEG) tubes are endoscopically inserted feeding tubes. Those are used in people who cannot take food orally. PEG tubes deliver liquid diet and medicines directly into the stomach.

### How to care for the PEG tube

- Cleaning the site during the first week  
Clean the area of the wound daily with water (boiled and cooled) or 0.9% saline. Dry well with a clean piece of cloth/gauze. Keep a piece of gauze between the skin and external bumper. Use a thin piece of gauze. If you use a big piece of dressing, there will be too much pressure on the wound. Seek medical advice if there is excessive pain, redness, pus discharge, or fever.

- Cleaning the site subsequently  
If the wound is healed, you can have a bath as usual, better to use a mild soap.  
Dry well after washing.  
No need for dressing at the entry site.
- Rotation of the tube  
After day seven of insertion, rotate the tube 360°. Do this daily, but no more than once a day.  
After day seven of insertion, loosen the external bumper, push the tube 2-3 cm in and then pull it back to normal position. Then bring the external bumper to the original position. Do not tighten the external bumper too much. Do this at least once a week.  
During cleaning and rotation, always stabilize the tube. Too much movement will cause inadvertent enlargement of the stoma site. Let us identify the parts of a PEG tube.
- Make a note of the external length of the tube  
The tube can get dislodged. To detect it, make a note on the centimeter marking at the skin level. Check daily whether it has changed.  
These centimeter markings disappear after some time. So, measure the external length of the tube from the external bumper to the feeding port.
- Feeding through the tube  
Sit up the person or prop up the bed at least to 30° during and at least ½ hour following feeds.  
Release the clamp and flush the tube using about 30 ml of water.  
Give the feed slowly over 15 – 20 minutes. Flush the tube at the end of the feeding. There will be reflux of stomach contents along the tube up to the level of the clamp. This will discolor the tube. So, apply the clamp close (≈5 cm) to the external bumper.
- Giving medicines through the tube  
Do not mix medicines with food.  
Better to give each medicine separately.  
Flush the tube before and after giving medicines using around 30 ml of water.  
Flush the tube using around 10 ml of water between medicines.
- What to do if the tube is blocked  
Take lukewarm water into a 60 ml syringe and connect the plunger. Connect it to the feeding tube and move the plunger in and out. Do not exert too much pressure.  
Milk the tube with your thumb and index finger towards the abdomen.  
If the above two maneuvers fail to relieve the blockage seek medical advice.
- In case of accidental removal of the tube  
Cover the area with a clean piece of cloth/gauze and seek medical advice immediately.