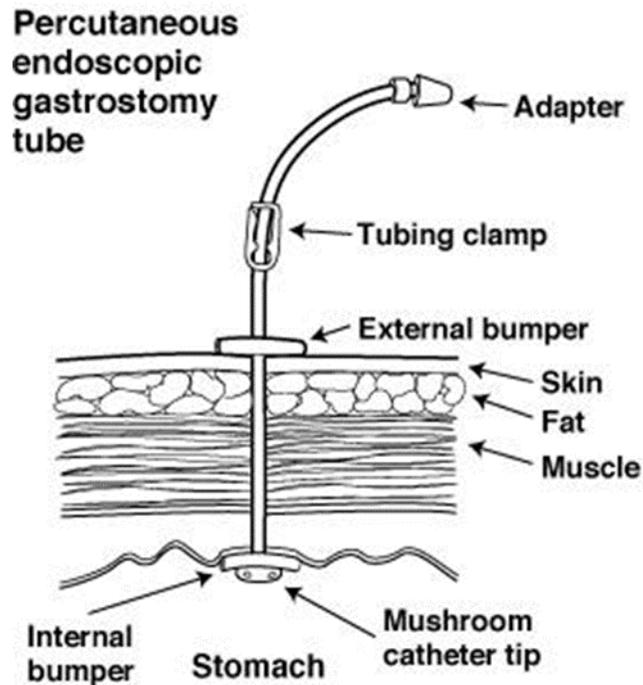


Percutaneous Endoscopic Gastrostomy (PEG) Quick Reference Guide



The parts of a PEG tube

- External bumper: the circular piece that rests against the outside of the stomach.
- Internal bumper: the soft rubber piece that holds the tube in the stomach.
- Tubing clamp: used to close the tube and prevent reflux of materials back through the tube when not in use.
- Adaptor, port, or Y port: the portion of the tube where fluids, feedings, and medications are administered.

Daily maintenance and use

- Clean under the external bumper with mild soap and water daily. Dry thoroughly afterwards. Try to keep site as dry as possible.
- If skin irritation occurs under the bumper, please notify your provider.
- Do not place gauze or other dressings between the external bumper and the skin. This can cause the internal bumper to be pulled into the stomach wall and can lead to “buried bumper.” This is when the bumper ulcerates the stomach wall and requires removal of the tube.
- The tube should be flushed with approximately 20 mL of water twice daily when the tube is not in use.
- The tube should be flushed with water before and after each medication and feeding.
- Be sure to crush medications that are administered through the tube if they are not in liquid form. Medications need to be reviewed by your provider to see if they can safely be crushed.
- Do not use acidic substances to flush the tube, as this can cause erosion and breakdown the tube.

Other Important Information

- Once the PEG tube is in place, it must remain in place for a minimum of 6 weeks. This allows for adherence of the stomach to the abdominal wall.
- Questions pertaining to supplemental feedings, calorie intake, and free water intake need to be directed to the dietician or to the primary care provider.
- Other questions regarding the PEG tube itself can be directed to the Digestive Center.

Removal of PEG tube

- Removal of the PEG tube is typically done in the clinic setting when the primary provider authorizes removal. A mutual decision is usually reached between the provider, dietary, and patient.
- If unintentional tube removal occurs at home, the patient needs to be seen as soon as possible as the tract closes very quickly. The clinic needs to be called and an office visit needs to be arranged.
- During non-clinic hours, the patient needs to go to the ER so a temporary tube can be placed.

References

Percutaneous Endoscopic Gastrostomy (PEG) - Cleveland Clinic Understanding Percutaneous Endoscopic Gastrostomy (PEG) – The American Society of Gastrointestinal Endoscopy (ASGE)