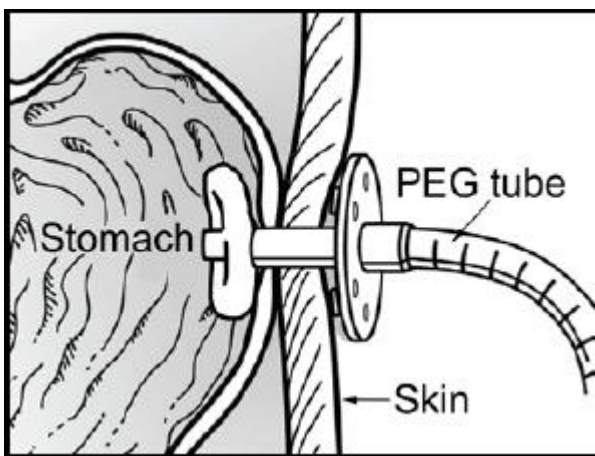


Percutaneous Endoscopic Gastrostomy (PEG) Tube Basic Care Guide



A PEG tube is a tube inserted surgically into the stomach through the abdominal wall. The tube is kept in position by being held between a mushroom shaped retention flange in the stomach and a flat disc (skin flange) on the abdominal wall. This initial gastrostomy will stay in for 3-12 months. An anaesthetic and a gastroscopy will usually be required to change this tube to a low profile device or 'button'.



Care of your PEG tube and skin

- Use a clean cloth and tap water to wash around your PEG tube. Clean the skin insertion site and under the plastic flange at least two times per day.
- Start with cleaning as part of your daily shower routine. Some people may need to clean under the plastic disc more frequently.
- Rotate (turn) the tube completely each day (starting 3-5 days after insertion)
- Do not put dressings under the flange unless instructed to. Once oozing stops there is no need for a dressing. Vaseline can be used as a barrier to protect the skin whilst there is ooze.
- It is normal for your PEG tube insertion site to be red, crusty and moist for the first week and sometimes longer.
- The insertion site can be tender at times. If you are concerned discuss this with a health care professional.
- Bathing may recommence 3-4 days after the initial gastrostomy insertion. It is a good way to keep the stoma clean.

Care of your PEG tube and skin continued

- Swimming, either in the sea or pool can be recommenced 2 weeks post insertion.
- If you are using your PEG tube for feeding, then you need to take care of your mouth, by cleaning your teeth and using a mouth rinse and lip balm.
- The clamp on the tube should be placed in a new position every day to avoid weakening the tube.
- Flush your tube twice a day with 20ml of tap water, when you are not using it for feeding (cooled boiled water if under 6 months old or immunosuppressed).

A word on granulation

Granulation tissue is the body's attempt to heal the tube site. It is typically a red/pink soft tissue that appears around the stoma. It can weep fluid that is sticky and pus like and can bleed easily. It may grow quite rapidly. However, while granulation tissue may be bothersome, it is not dangerous and it is not an infection. If you notice granulation tissue please contact PEG clinic for advice.



Picture courtesy: <http://www.feedingtubeawareness.org/troubleshooting/tube-sites/granulation-tissue>

If your PEG is accidentally removed:

If your PEG is accidentally removed please come to the emergency department **immediately**.

Important contact details (for all gastrostomy related questions and problems):

The PEG clinic is here to help with all your gastrostomy questions/concerns. We are an outpatient clinic and do not come to the wards.

If you would like further education on the care of the tube please call us for an appointment on day of discharge or if you have any further questions or concerns, feel free to contact us at any stage.

If your child is an inpatient and you would like their gastrostomy reviewed please ask the nurses/treating Doctor to page the Gastro consult fellow.

PEG clinic – Level 2 day medical unit – motility room

Clinic runs Monday – Friday 9am-12pm (excluding public holidays)

9345 5673, email: peg.nurse@rch.org.au