

- Introduction Page 1
- What is a PEG tube? Page 1
- When to start thinking about a PEG tube Page 1
- Continuing to eat and drink Page 2
- The benefits of PEG feeding Page 2
- How is the PEG tube put in? Page 2
- What are the risks? Page 3
- What happens next? Page 3
- What can I put down the tube? Page 3
- Recuperation Page 4
- What else do I need to know? Page 4
- Contact details Page 4

Peg Feeding

Introduction

This factsheet has been developed to help people with MSA understand what a PEG tube is and how it can help as a supplement or alternative to taking food by mouth. It describes the process of having a PEG tube fitted and explains the risks.

What is a PEG tube?

A PEG tube is a thin tube that comes into the stomach through a small hole made in the abdomen. This allows liquid feeds and fluids to go directly into your stomach without the need for you to swallow it.

PEG stands for:

- Percutaneous** - formed through the skin
- Endoscopic** - placement of the tube
- Gastrostomy** - surgical formation of an opening through the abdominal wall into the stomach

When to start thinking about a PEG

It is better to think about a PEG before considerable weight loss has occurred and before you are at risk of chest infection due to aspiration (inhalation) of food into the airway. Before making a decision you should discuss it with your family, and the dietitian, speech and language therapist and doctor.

Continuing to eat and drink

Many people with MSA continue to take some foods and/or drinks by mouth after a PEG has been fitted. You may even enjoy them more because you can eat just small amounts and only the foods you like, without having to worry about getting enough to eat. Your speech and language therapist will advise you about what is safe for you and what types of food and drink are suitable.

The benefits of PEG feeding

Difficulty in swallowing can become distressing for all concerned. PEG feeding can remove the anxiety, which often accompanies meals and allows you to get all the nutrition you need from a specially prepared liquid feed.

Sometimes the effort and the time it takes to eat a full meal reduces the pleasure we normally get from eating and drinking. A PEG can be used to top-up your nutrition if after 20 minutes or so you have had enough of eating. It is also a good way to increase your fluid intake, especially if you need to take extra fluid to maintain a good blood pressure, or maintain good urinary flow through a urinary catheter. Being able to increase your fluid intake generally will also help reduce fatigue, reduce constipation, keep your airway secretions loose and reduce urine infections. PEG feeding may reduce the risk of chest infections, which can result from small amounts of food and/or fluid entering the airway during swallowing. However, the muscle at the top of the stomach may be less efficient in people with MSA so feed can back up into the food pipe and still go down the airway. Also, chest infections can occur from saliva going down the airway, which will not be prevented by having a PEG.

For most people with MSA having PEG feeding provides an improved sense of wellbeing as your energy levels increase. If you have lost a lot of weight your dietitian may prescribe a high calorie feed to help you regain some of it. After this, the type and amount of feed will be adjusted to help keep your weight at the right level for you.

Many people with MSA have trouble with their bowels. The reasons for this include weakened pelvic floor muscles and poor fibre and/or fluid intake associated with swallowing difficulties. It can take a while for the bowels to get back to a normal pattern and your dietitian may advise the use of a special feed with extra fibre if constipation is a problem.

The PEG can be used to have your medications; this can be particularly helpful when acutely unwell as at these times swallowing can be more difficult than usual and you may have extra medication to take.

How is the PEG tube put in?

You will need a short stay in hospital, often overnight, sometimes for a couple of days.

Peg Feeding

- A general anaesthetic is not usually required and you will not be unconscious, but it is unlikely that you will remember much about the procedure. You will be given an injection beforehand to make you relaxed and sleepy.
- A qualified nurse will remain with you throughout the procedure.
- In order for the doctor to see where they need to insert the PEG tube, they will pass a tube into your mouth and down into your stomach. This will not interfere with your breathing and will not be painful, but it may be uncomfortable. A small amount of air is put into the stomach to obtain a good view.
- The PEG tube is then positioned in the stomach. A small hole is made in the skin, in the upper part of the abdomen, for the tube to pass through.
- On the inside of the stomach a small spongy disc on the end of the tube prevents it from falling out. A small clip holds the tube securely on the skin surface of the abdomen.

What are the risks?

- A sore throat after the initial examination is common and should resolve after a few hours.
- There is a small risk of damage to crowned teeth or dental bridgework.
- There is a small risk of an infection occurring during the procedure, most commonly when the tube comes out onto the abdominal skin surface. An antibiotic will be given to reduce the risk and treat any infection.
- There is a small risk of bleeding where the tube passes through into the stomach.
- Any complications are most likely to occur within the first few days after the procedure. Only 1% of procedures develop into more serious complications.

What happens next?

Whilst in hospital you will be shown how to look after the tube, how to clean the area around the tube; and how to use the tube for food, fluids and taking medication.

What can I put down the tube?

Through the tube you can take:

- Your food - There are many types of specially formulated liquid feeds that can go down the PEG- your dietician will determine which is the best for your needs.
- Medication in liquid form
- Water
- It may be possible for other fluids to be taken but this must be discussed with your dietitian first as some liquids can corrode the tube.

You can choose to use the PEG as much as you wish, and you can still eat and drink what you can safely manage and enjoy. We strongly recommend that you follow the advice of your speech and language therapist regarding this.

Peg Feeding

People often feel much better after the PEG tube is in place. Mealtimes can be less of a struggle and it can assist effective nourishment and hydration. Weight loss may become less of an issue. You should feel less tired, hungry and thirsty than before the PEG was inserted.

Initially you will be given water through the PEG and the dietician will work out an individual regime for you to ensure you have the correct calorific intake and nutritional balance.

Recuperation

The stomach and abdomen will heal in five to seven days. Any discomfort can be treated with medication.

You, your carer or family will be taught:

- How to care for the skin around the tube
- Signs and symptoms of infection
- What to do if the tube is pulled out
- Signs and symptoms of tube blockage
- What feeds to use and how often
- How to hide the tube under clothing
- When normal activities can be resumed

What else do I need to know?

- You will be able to take a shower soon after the PEG is inserted and after two weeks you can take a bath and even go swimming.
- You can go out and will find the PEG tube is unobtrusive under clothing.
- It is wise to ensure the tube is curled up and securely fastened to your abdomen to reduce the risk of it being caught and pulled when getting dressed or moving about.

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Please see overleaf for the areas covered by our MSA Nurse Specialists:



Revision date: 11/17 | Review date: 11/19 | Version: 1.3



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