



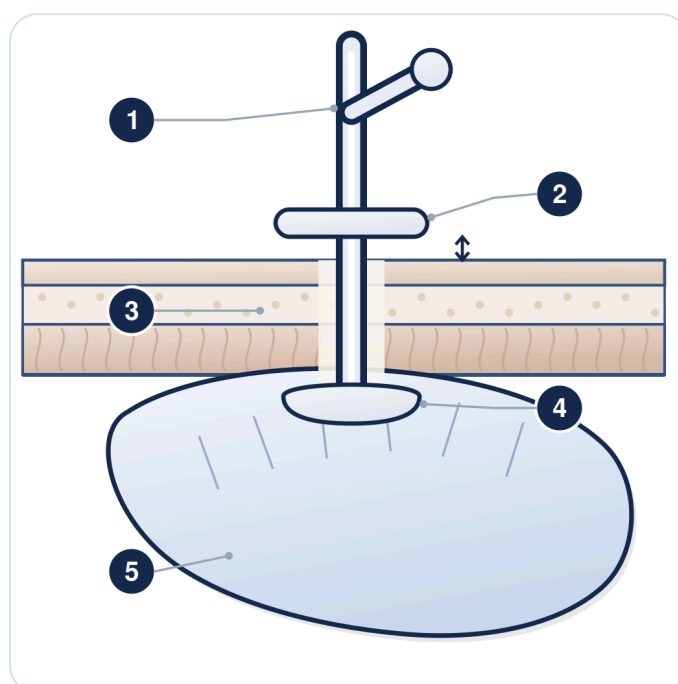
Looking after a feeding tube (PEG) at home

What you need to know before and after the test

PE-PROC-10

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This sheet is for the person with the tube and for whoever helps them. Keep it where the feeding equipment is kept. The tube insertion itself is described in sheet [PE-PROC-09](#).



1 the feeding tube and its port 2 the outer plate, a fingertip's width clear of the skin 3 the abdominal wall 4 the soft internal disc inside the stomach 5 the stomach

Every day

- Wash your hands before touching the tube or the feed.
- Clean the skin around the tube with a clean cloth and soapy water, rinse, and dry it thoroughly. Do not use creams, powders or antiseptics unless the nurse has told you to.

- For the first 24 hours after insertion the site is kept dry and is cleaned with sterile saline by the nurse. After that you may shower, patting the site dry afterwards. Avoid baths and swimming for the first two weeks.
- Sit up, or have the head of the bed raised to about 45 degrees, during every feed and for half an hour to an hour afterwards. This is the single most useful thing you can do to keep feed out of the lungs.
- Check the skin each day for redness spreading outwards, swelling, heat, pus or leaking feed. A small amount of clear fluid is normal.
- Keep the mouth clean and teeth brushed even if nothing is eaten by mouth.

Keeping the tube moving

The internal disc can slowly grow into the wall of the stomach if the tube never moves. To prevent this, from 7 to 10 days after insertion push the tube gently inwards by about 2 to 5 cm and turn it a full circle each day, then pull it back until you feel gentle resistance and reset the skin plate. Once the site has healed the plate should sit about a centimetre – a fingertip's width – clear of the skin. It is held tighter than this for the first few days only, and leaving it tight afterwards is what causes the disc to grow into the stomach wall.

Not every tube may be rotated, and turning the wrong one is harmful. A jejunal tube and a tube with an extension into the small bowel must never be turned. A tube held by stitches must not be turned until the stitches have been removed, usually after two to four weeks, and then only if the nurse tells you to. Ask the nurse to confirm which type you have and to show you what to do before you go home, and write it here: _____

Tell the endoscopy unit if the tube will no longer push in or turn, if flushing suddenly meets resistance, or if the site becomes painful or leaks when a feed is given. These are the warning signs that the internal disc is starting to bury itself. Do not force the tube – contact the unit.

Flushing

- Flush with cooled boiled water or drinking water before and after every feed and every medicine, and at least once a day if the tube is not being used.
- Use about 30 to 50 mL of water each time, given with a 50 mL syringe. Never use a small syringe – it generates enough pressure to split the tube. Push gently and steadily, and never force it.
- Give medicines one at a time, each properly dissolved, flushing between them. Do not mix medicines together and do not put crushed tablets down the tube unless

the pharmacist has said that tablet may be crushed.

- Never put fizzy drinks, fruit juice or pineapple juice down the tube to clear it. They make blockages worse.

Raised tissue at the site

A soft red rim of tissue growing up around the tube is common. It is not an infection and it usually appears when the tube has been moving too much within the tract, or not enough. It may bleed a little or weep. Do not treat it with creams of your own – show it to the nutrition nurse, who can settle it with a simple treatment.

If the tube blocks

Blockage is nearly always from medicine or thickened feed. Attach a large syringe of warm water and use a gentle push-pull action to loosen it, then leave the water sitting in the tube for about twenty minutes and try again. Do not use excessive force, and do not push anything solid such as a wire down the tube. If it is still blocked, contact the nutrition nurse or the unit – the tube can usually be saved if it is dealt with promptly.

If the tube falls out – this is urgent

- Cover the opening with a clean, dry dressing.
- Come to the hospital straight away, at any hour. The opening starts to close within a few hours and can close completely.
- Bring the tube that came out with you.
- Do not try to push it, or anything else, back in. Do not give any feed, fluid or medicine through the opening.
- If it is less than four weeks since the tube was placed, treat this as an emergency. The channel is not yet formed, and anything pushed in could enter the abdomen instead of the stomach.

Contact the endoscopy unit if

If you notice	What to do

Redness spreading outwards, swelling, heat or pus at the site	Contact the unit the same day – this may be infection
Feed or stomach contents leaking around the tube	Contact the unit – the plate may need adjusting
Severe abdominal pain, or a hard, swollen abdomen	Emergency Department immediately
Fever or shivering	Contact the endoscopy unit the same day
Vomiting, coughing or breathlessness during or after feeds	Stop the feed and contact the endoscopy unit the same day
The tube is blocked and will not clear	Contact the unit – do not force it
The tube has come out	Come to hospital straight away

Replacing the tube

A tube held in by an internal disc does not need routine replacement and often lasts more than two years. A balloon-type tube is changed every three to six months, and the water in its balloon should be checked and renewed each week – the nurse will show you the volume for your tube and write it down. The tube must never be removed within four weeks of insertion. Your team will tell you which type you have and when it is due to be changed.

For appointments and questions, contact the endoscopy unit using the numbers it has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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