Care of Patients with Percutaneous Endoscopic Gastrostomies

Alfreda Graine RN, BSN

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Learning Objectives

1. Describe the Care of the PEG Tube: Inside and Out
2. Recognize Complications and When to Call for Help
3. Identify How to Troubleshoot Common Issues With the Gastrostomy Tube

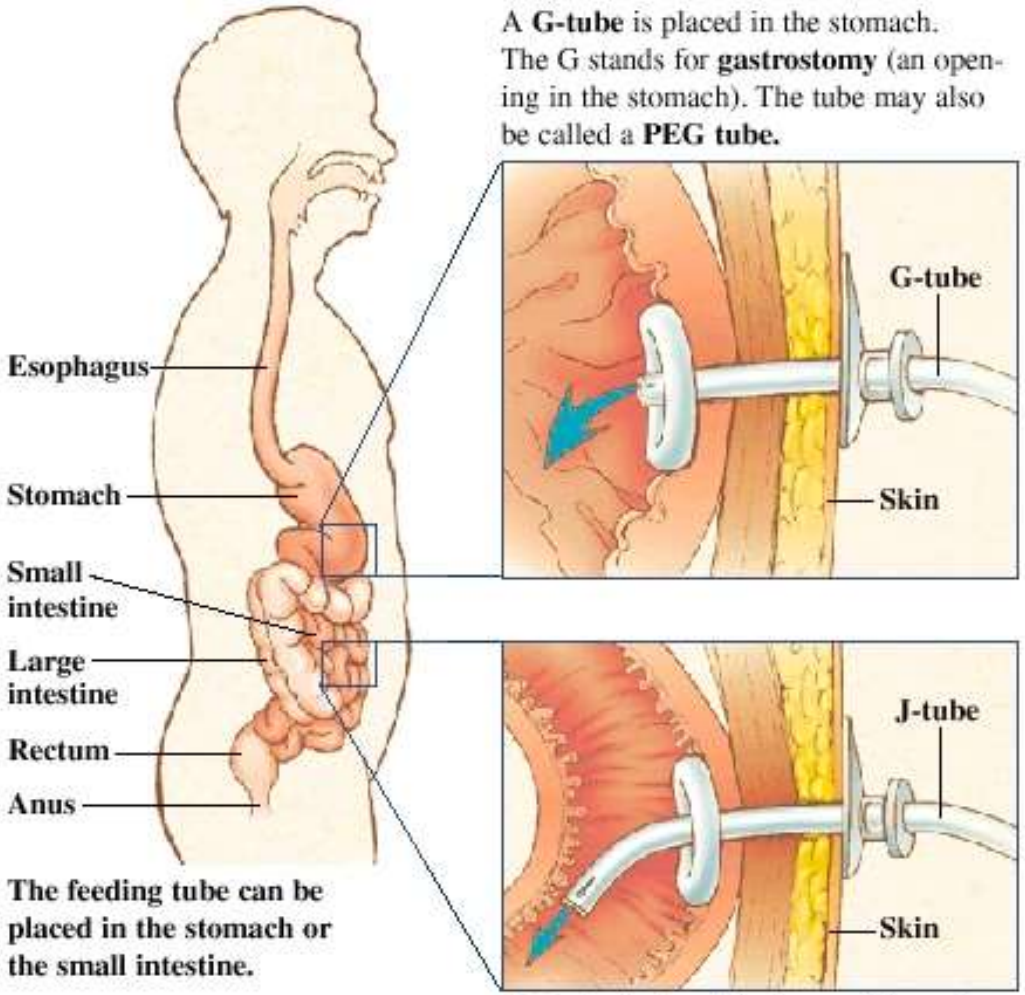
The Percutaneous Endoscopic Gastrostomy Tube:

The Who?

These patients lack the ability to take food orally, or have difficulty swallowing, or have other conditions that cause the person not to be able to maintain or support proper nutrition to sustain health.

The Where? and The How?

The tube is inserted into the stomach. It can be placed endoscopically, surgically, or by an interventional radiologist.



A **G-tube** is placed in the stomach. The G stands for **gastrostomy** (an opening in the stomach). The tube may also be called a **PEG tube.**

The feeding tube can be placed in the stomach or the small intestine.

A **J-tube** is placed in the small intestine. The J stands for **jejunum** (a section of the small intestine). The tube may also be called a **PEJ tube.**

In certain situations, the tube may be placed in the stomach and passed through to the jejunum.

The What?

The initial types of tubes inserted are PEG or PEJ tubes. The material the tubes are made from are usually either silicone or polyurethane.

The When? and The Why?

After patients and families have a discussion with the doctor regarding their condition, a decision is made to have a feeding tube inserted.

There are many conditions that indicate an insertion of a PEG or PEJ. Some of these conditions are Stroke, MS, Parkinson's Disease or Cancers of the face, head, neck, or esophagus.

Gastrostomy Tube Maturation

The tract of the PEG tube begins to mature within 2 weeks and becomes well formed in about 4-6 weeks.

There are limitations on showering, bathing, and swimming until the tract has had some time to heal.

Until the tract has matured, you must pay careful attention on caring for the tube and making sure is doesn't become dislodged.

Care of the PEG Tube:
Inside and Out

It’s important that the patient, clinician and/or caregiver understands the caring of the PEG tube is inside and out.

Proper handwashing is important prior to and after the handling and caring for the tube to prevent infection.

Care of the PEG Tube:
Inside and Out

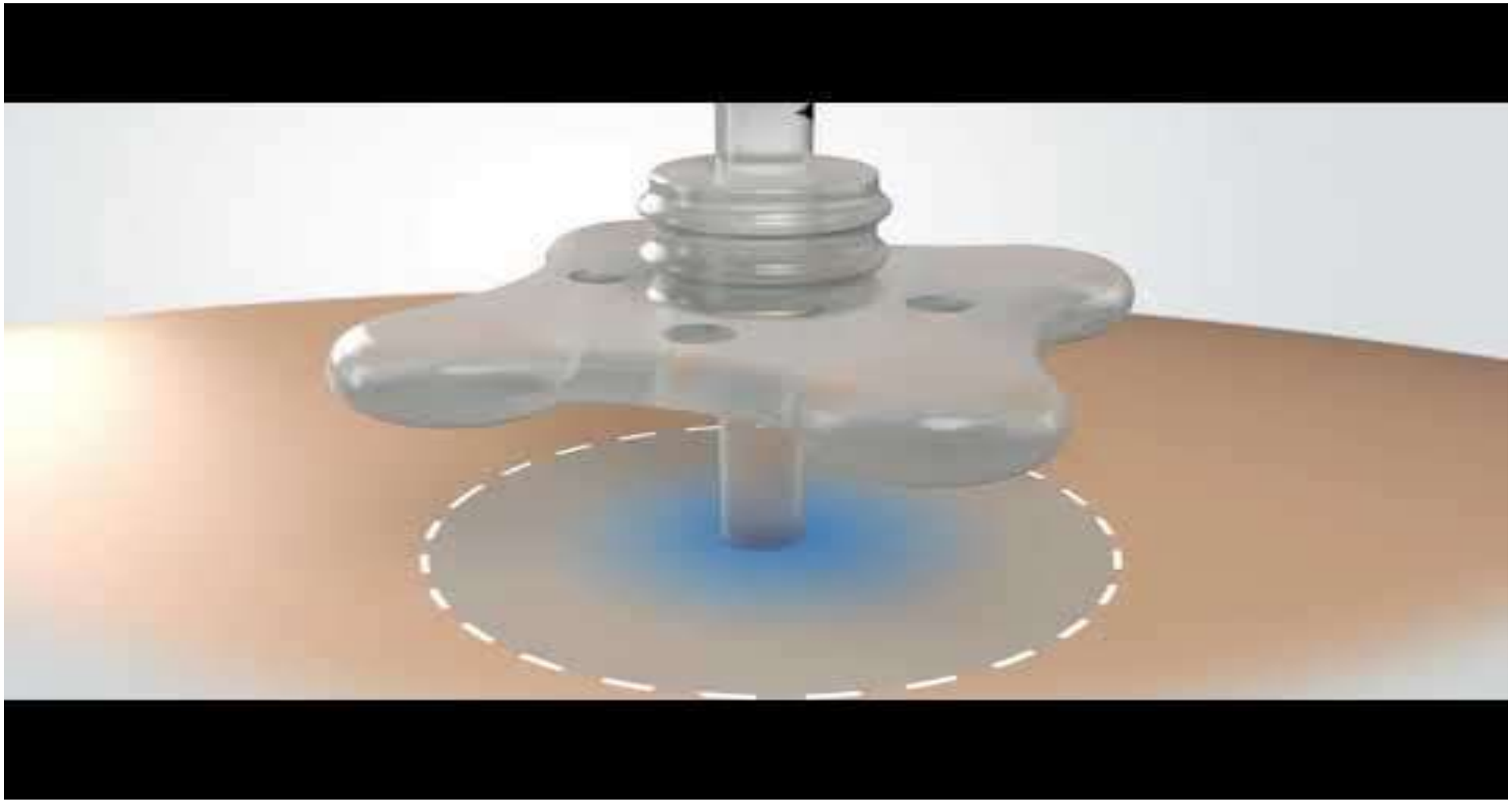
The outside of the tube's skin care includes peristomal skin care surrounding stoma area and underneath the external bolster.

The care of the inside of the tube includes flushing the tube, administering medications, tube feedings and checking residuals.

The most successful outcomes with tube care requires teaching good organizational skills and proper setup of equipment.

Some of the equipment you will need are:

- Bowl with warm water and soap
- Cloths
- Q-tips
- Hand towel or disposable towels
- Cups
- Syringes (Toomey, Bulb or Enfit)
- Mortar and Pestle
- Pill Crusher
- Medications (Liquid Form Preferred)
- Formula/Tube Feeding



Managing Complications and Common Issues

Infection/ Inflammation

Identified by site redness, swelling, discharge, or foul odor noted from stoma site or PEG tube. Patient may complain of pain at site.

Cause could be a result of poor hygiene when handling the tube.

Teach importance of proper hand hygiene.

Teach proper site care and keeping area dry.

Notify the physician or healthcare staff to obtain possible swab of site.

Managing Complications and Common Issues (continued…)

Blockage

Occurs from tube getting clogged which renders the tube incapable of being used for flushing, medications, or feedings.

The blockage can be from medications or formula feedings.

Must teach importance of regular flushing of the tube with the proper amount of water (before and after use)

Clogs can be treated with enzymatic declogging agents, warm water flushes, a PEG tube brush, and syringes.

Managing Complications and Common Issues (continued…)

Leakage

Gastric contents or feedings may leak around stoma opening

This can be a result of internal or external bolster/flange positioning, tract not healed, increased abdominal pressure, or elevated residual volumes.

Patient's tube should always be checked to make sure markings are in proper position. Patient's bolsters/flanges should be checked.

Patient's residuals should be checked and if elevated the physician should be notified.

Managing Complications and Common Issues (continued…)

Reflux/Aspiration

Food entering the stomach can go into esophagus or lungs.

Cause: May be improper positioning of patient

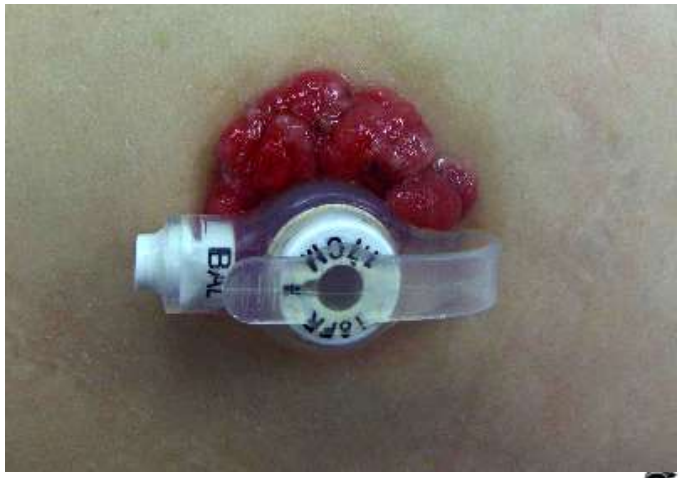
Patient should be in an upright position during feedings and when flushing the tube.

Patient should stay in an upright position after feedings for at least 30 minutes.

Managing Complications and Common Issues (continued…)

Granulation Tissue

Hypergranulation tissue is an overgrowth of tissue. It forms around stoma and above the surface of the skin. It can appear red, wet, and moist looking. This tissue can bleed easily, be painful to the patient and become infected.



Managing Complications and Common Issues (continued…)

Granulation Tissue (continued…)

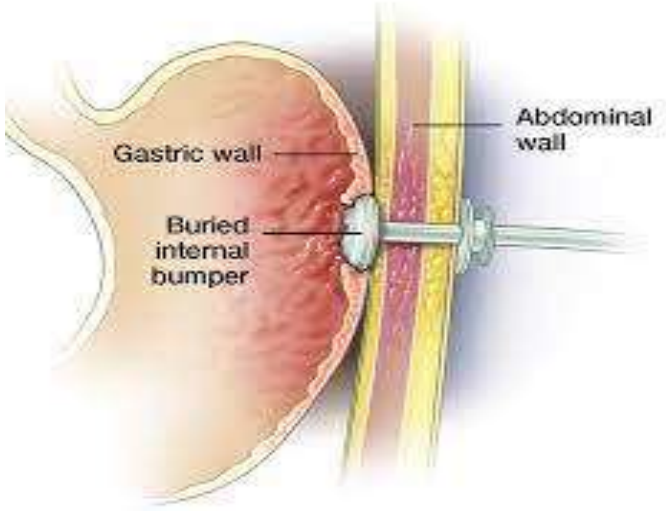
Prevention includes proper site peristomal care, rotation of tube daily, minimizing friction, and proper positioning of external bolster.

Treatment of granulation tissue can include topical steroid ointments, silver nitrate, or surgical removal (when necessary).

Buried Bumper Syndrome

Is a rare but serious complication where the internal bolster/flange actually migrates and becomes lodged or buried into the stomach/gastric wall.

This is a result of excessive traction and tension from the external bolster on the internal bolster.



Buried Bumper Syndrome (continued)

Prevention of this is proper adjustment of tube on the abdomen and free rotation of the tube 360 degrees daily to prevent the tube from becoming imbedded into gastric mucosa.

Treatment is tube removal and replacement and may require surgical intervention.

If Buried Bumper is suspected notify the physician immediately.

Other Key Important Factors

Patient should continue good oral care.

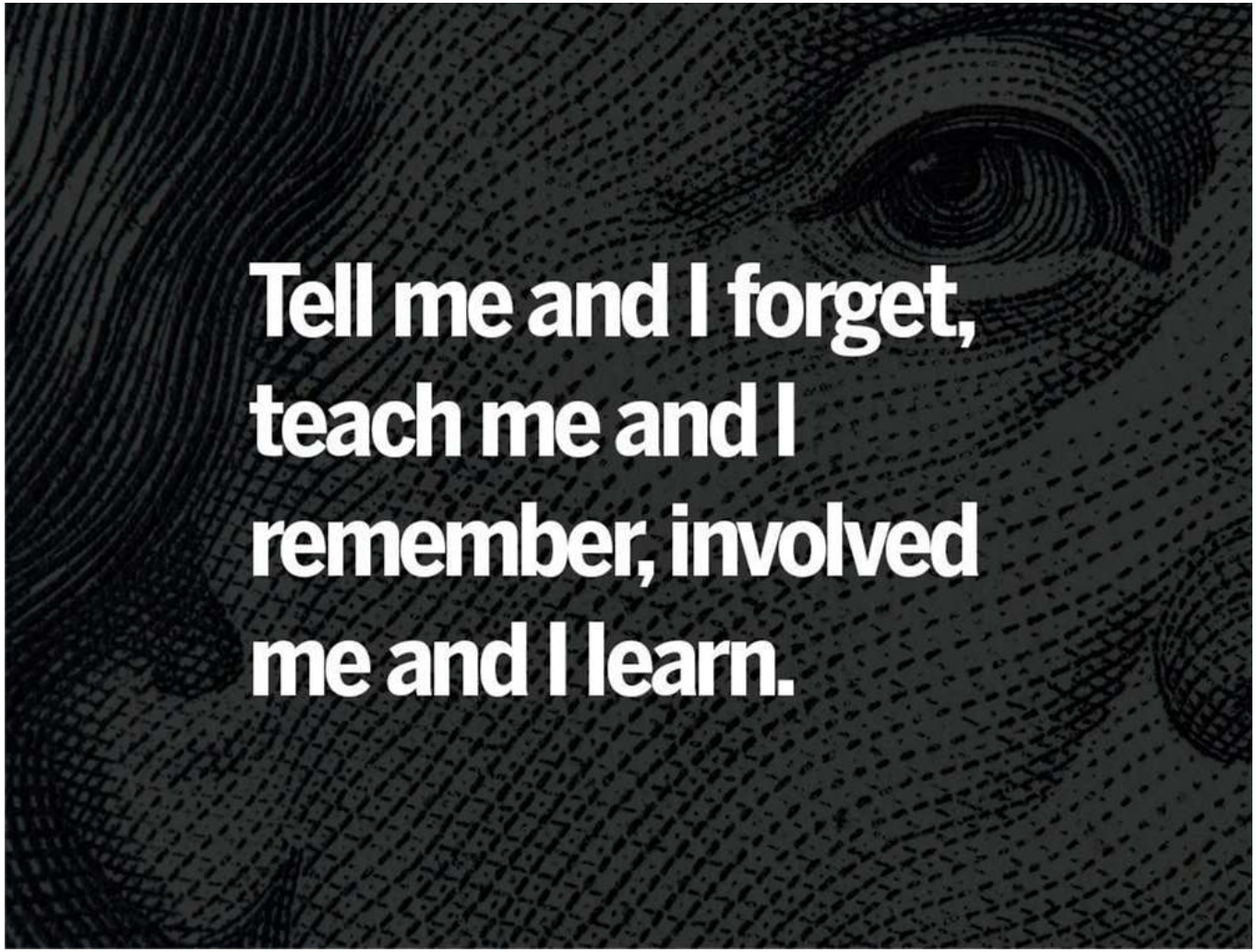
Patient should get regular exercise and activity.

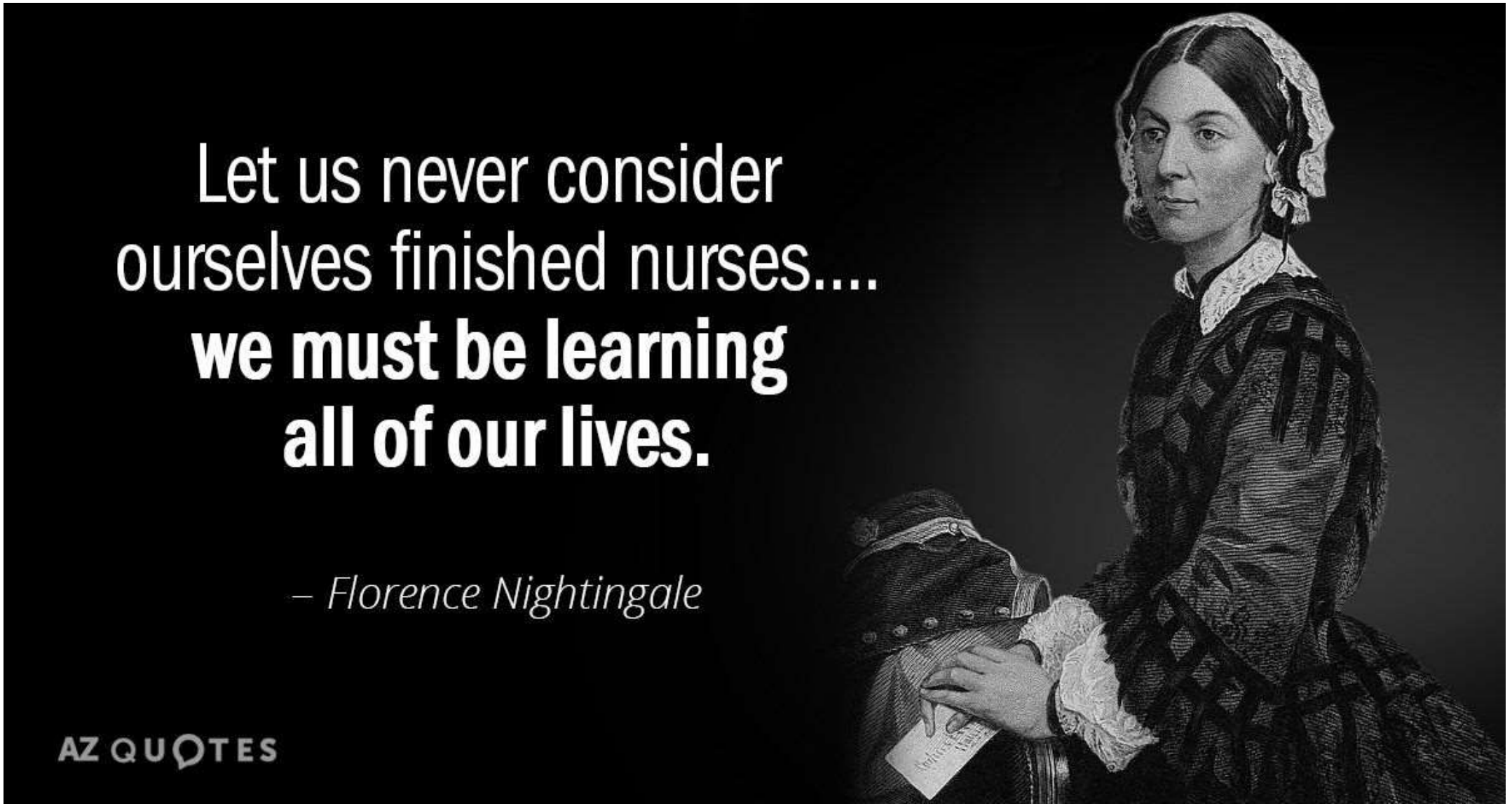
Inform patient about PEG tube holders that can be used to protect tube.

In conclusion, healthcare professionals have a key role and responsibility in teaching patients, caregivers, and clinicians in the care of patients with PEG Tubes.

Teaching involves discussions, written documentation, demonstrations, return demonstrations, and follow-ups.

We are part of a multidisciplinary team that assist patients and their families through education and proper training to have successful outcomes.


Tell me and I forget,
teach me and I
remember, involved
me and I learn.


Let us never consider
ourselves finished nurses....
we must be learning
all of our lives.
– Florence Nightingale
AZ QUOTES

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