

## Having a Gastroscope and insertion of Percutaneous Endoscopic Gastrostomy (PEG)



### Endoscopy Department

This leaflet provides information about your Endoscopy and PEG. It aims to answer any questions you may have about the procedure and explain what will happen on the day of the procedure.

## Introduction

Your doctor has advised that you should have a Gastroscopy and insertion of a Percutaneous (through the skin) Endoscopic Gastrostomy (PEG).

This procedure may be undertaken at The Royal Shrewsbury Hospital or at The Princess Royal Hospital. Your appointment may be at either site.

Please note that the Endoscopy Unit often has to deal with emergency cases which may cause delays to your appointment time.

This leaflet tells you why you need the investigation and what to expect on the day and immediately afterwards. If you have any remaining concerns or queries when you have read this leaflet, please telephone:

Endoscopy department, The Royal Shrewsbury Hospital: 01743 261 000 ext. 1064

Monday – Friday 08:30 am – 16:30 pm    Saturday 08:30 am – 12:30 pm

Please do not bring valuables to the hospital. We cannot accept any responsibility for the loss or damage to personal property during your time on these premises.

## What is a Gastroscopy?

A gastroscopy is a test that allows the doctor or nurse to look into your gullet (oesophagus), stomach and the first part of the small bowel (duodenum).

The endoscope is a long flexible tube (thinner than a finger) with a bright light at the end. It is passed through your mouth, down your oesophagus, into your stomach and duodenum.

## What is a PEG?

A PEG is a plastic feeding tube that comes out of your stomach through the skin. Through this you will be able to put specially prepared nutritious fluids.

## Why do I need a PEG?

Because you are unable to keep a healthy weight. This may be because you cannot swallow at all or because you cannot eat or drink enough. It may be that neither of these applies now but your doctor expects you to have problems eating in the near future.

## What are the risks of having a PEG inserted?

The majority of PEG insertions are safe and uncomplicated. However as with any procedure there is a small chance of side effects or complications.

- You may suffer from a sore throat or feel some wind in your stomach. This will settle in a few days.

- You may get an infection around the PEG site, although an injection of antibiotics is given to prevent this.
- On rare occasions the procedure might result in a perforation (a hole) of the stomach or bowel, which could cause bleeding and/or peritonitis (inflammation of the lining of the abdomen).
- Aspiration (inhalation of stomach contents); which can cause a chest infection but the antibiotics will also help prevent this.
- Drug reaction.
- Unable to place the PEG.

**If a complication occurs it may be necessary to stay in hospital and possibly have an urgent operation.**

### **Patients taking blood thinning medication (antiplatelet and anticoagulants)**

If there is a low risk of a person having a problem caused by a blood clot such as a stroke or a transient ischaemic attack (TIA) as a result of stopping blood thinning medication, then it is recommended that you stop your blood thinning medication before the test. This is because the risk of a serious bleed after removal of a polyp or other treatment during the camera test is believed to be higher than the risk of a stroke or TIA.

If there is a high risk of a person having a problem caused by a blood clot such as a stroke or a transient ischaemic attack (TIA) as a result of stopping blood thinning medication, then it is recommended that anticoagulation is continued for the test, using a short-acting medication such as Tinzaparin injections.

The clinician referring you for a camera test will determine if you are at a low or high risk. If you have any questions regarding this, please contact the Endoscopy Department or first point contact details you have been given.

### **What if I do not have a PEG?**

An alternative to a PEG is a naso-gastric tube. This tube goes through the nose and into the stomach. This type of tube is possible for some people but not those who are having surgery to the mouth or neck area. These tubes are often easier to place, but tend to come out more easily.

The PEG is designed to give you full nutrition and fluids. If you don't have this you may become dehydrated very quickly and you will lose weight. This means that you will become weak and your condition will worsen.

## **What should I expect?**

Before your procedure you will be invited to attend a pre- assessment clinic at the endoscopy department. During this visit a qualified nurse will talk to you and you will be asked some questions, including your medical history. The nurse may send you for a blood test or give you forms for relevant blood samples.

If you have a pacemaker, artificial heart valve, are pregnant, on any blood thinning medication or are a diabetic, please tell the nurse at this appointment.

The nurse will explain the examination to you and discuss any potential risks related to the examination. You will have the opportunity to ask any further questions. You will be asked to sign the first part of the consent form by the nurse.

On occasion it may be necessary to stay in hospital overnight. Please bring an overnight bag.

When you arrive at the Endoscopy Unit for your procedure please report to reception and you will then be asked to take a seat in the waiting area. A nurse will invite you into an office to confirm the details from the pre-assessment and find out what arrangements you have made for going home. You will have the chance to ask any further questions that you may have.

You will be asked to sign the consent form by the endoscopist who is performing your test, confirming that you understand and agree to go ahead with the examination.

You will be asked to change into a gown after your admission. Please bring a dressing gown and slippers with you.

## **In the examination room**

Before the procedure is done you will be asked to remove your glasses (contact lenses can stay in) and to remove any false teeth (a denture pot is provided). It is advisable that you have sedation and local anaesthetic for this procedure. The next section describes the options available for pain relief (local anaesthetic) and/ or sedation if required.

### **Local anaesthetic spray**

This is sprayed to the back of your mouth and you are asked to swallow. After a few seconds it will start to make your throat feel numb.

Having the spray makes it more comfortable when the endoscope is passed down through your throat. After the gastroscopy you will have to wait 4-6 hours before you can eat or drink. You may be able to go home sooner than this, the nurse will advise you.

## **Sedation**

This is an injection into a vein in your hand or arm to make you feel drowsy and relaxed. Some people do not have any memory of the gastroscopy being done. After the gastroscopy you will be kept in the recovery area lying on a trolley until you are fully awake.

Sometimes sedation may not be advisable because of other health problems.

## **The Gastroscopy and PEG Procedure**

A nurse will stay with you throughout the gastroscopy. You will be made comfortable lying on your left side on a trolley. A mouth guard will be placed between your teeth (or gums); this keeps your mouth slightly open and prevents you from biting the endoscope. The nurse will hold this in place. You may be given some oxygen to breathe through a small plastic tube in your nostrils. Throughout the gastroscopy a monitor is placed on your finger to check your pulse and oxygen levels.

To help prevent infection you will also have an antibiotic injection through a vein in your arm or hand.

The doctor or nurse will pass the endoscope over your tongue to the back of your throat and will ask you to swallow. The Endoscope will then pass into your gullet, stomach and duodenum. The gastroscopy only takes a few minutes.

You may feel the endoscope move inside you and you may feel full of air and bloated. This is because air is blown into your stomach to ensure good views are seen.

During the gastroscopy the nurse, using a sucker similar to the dentist, will remove any saliva collecting in your mouth.

When the doctor or nurse has a good view of the inside of your stomach you will be given an injection of local anaesthetic into the skin over your stomach, where the PEG is to be inserted.

When the anaesthetic has taken effect, a small hole (a stoma) is made in your stomach and the PEG tube is placed. The PEG tube is now in place and the endoscope is removed back through your mouth. A nurse will put a connector (to stop the tube leaking) and a flange (to keep the tube firmly in place) onto the PEG tube. No stitches are required.

As soon as the endoscope is removed, the mouth guard is taken out of your mouth and the procedure is finished.

## **After the Gastroscopy Procedure**

You will be cared for in the recovery area on the trolley until you are fully awake and it is safe for you to go home. This may be between 4 - 6 hours. You will have some written instructions to take home. Remember you need to have an adult to accompany you. Some people may need to stay in hospital overnight. This depends on your overall medical condition.

If you have had sedation it is very important that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. Sedation may affect your judgment

and reflexes for the rest of the day. You must not drive a vehicle, drink alcohol, operate any machinery or sign any important or legal documents for 24 hours following your procedure. We do not recommend that you attend work for 24 hours if you have had sedation.

## **Will a PEG stop me from going out?**

No. The tube can be tucked away under your clothes. You should continue to lead your life as normal.

## **How do I look after my PEG?**

Before you go home you or your carers will be shown how to look after your tube. This includes how to feed through it, keep it clean and where to get your equipment including the feed. There are different ways of feeding through the tube and your dietician will advise you on this. You will be given full written information.

You and your carers will be given contact numbers in case there are concerns with your PEG after you have gone home.

If necessary you will be visited at home by a nurse or dietician or if you come to the hospital frequently we will keep in close contact with you at clinic.

If properly looked after, a PEG tube can last 2-3 years or more.

## **Can the PEG tube fall out?**

There is a “bumper” on the end of the PEG tube, inside the stomach, to keep the tube in place making it extremely unlikely for the PEG to come out unintentionally.

## **How is the PEG tube removed?**

The tube can easily be removed. When removal is required the health care professional can explain how this is done.

## **Training**

The Royal Shrewsbury and Princess Royal Hospitals are Regional Centre’s for Endoscopy Training. You may be asked if you would be willing to be examined by a Trainee Consultant or a Trainee Nurse Endoscopist.

All trainees are under the direct supervision of an expert Consultant Trainer until they are fully competent; the Consultant is there to ensure your safety and comfort. With your help it will be possible to train the specialists of the future.

## Clinical Photography

Clinical Photography is the visual recording of clinical conditions for use in your patient record. They are used by Health Care Professionals to help monitor your clinical condition and are often used in the treatment planning process along with other tests such as x-rays, scans and blood tests, etc.

With your permission, clinical photographs can also be used for teaching Doctors, Nurses and other medical professionals, as well as research, audit and quality assurance purposes.

## Contact Details

### As a patient, relative or carer

Sometimes you may need to turn to someone for on-the-spot help, advice and support. Please telephone:-

- Royal Shrewsbury Hospital (PEG team) Tel: 01743 261000 Ext. 2941

### Additional information is available from:

If you are worried or have any questions please do not hesitate to contact the Endoscopy unit

Tel: 01743 261064

### Useful websites:

For further information on a patient's journey please refer to the link below:

<https://www.sath.nhs.uk/wards-services/az-services/endoscopy/>

- **CORE - Digestive Disorders foundation**  
Provides information leaflets on a wide range of digestive disorders. For patient information leaflets, send a stamped addressed envelope stating any information you require to the following address:  
Address: CORE, 3 St Andrews Place  
LONDON, NW1 4LB  
Telephone: 020 7486 0341 (this is not a helpline)  
Fax: 020 7224 2012  
Email: [info@corecharity.org.uk](mailto:info@corecharity.org.uk)  
Website: [www.corecharity.org.uk](http://www.corecharity.org.uk)

## Other Sources of Information

### NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

Telephone: 111 (free from a landline or mobile)

Website: [www.nhs.uk](http://www.nhs.uk)

### Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/ self-help groups and a directory of UK health websites.

Website: [www.patient.info](http://www.patient.info)

### Self Help & Support Groups

A selection of websites providing access to good quality patient and consumer health information, covering specific age groups and conditions.

Also includes Shropshire Community Directory which contains up-to-date information on community groups, clubs, societies, organisations, support groups and self-help groups covering Shropshire and its borders.

Website: [www.library.sath.nhs.uk/find/patients/](http://www.library.sath.nhs.uk/find/patients/)

### Patient Advice and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns. They can also help you get support from other local or national agencies. PALS is a confidential service.

Royal Shrewsbury Hospital  
Princess Royal Hospital, Telford

Tel: 01743 261000 Ext 1691  
Tel: 01952 641222 Ext 4382



## Disclaimer

This leaflet is provided for your information only. It must not be used as a substitute for professional medical care by a qualified doctor or other health care professional. Always check with your doctor if you have any concerns about your condition or treatment. This leaflet aims to direct you to quality websites: these are correct and active at the time of production. The Shrewsbury and Telford Hospital NHS Trust is not responsible or liable, directly or indirectly, for ANY form of damages whatsoever resulting from the use (or misuse) of information contained in this leaflet or found on web pages linked to by this leaflet.

**Website: [www.sath.nhs.uk](http://www.sath.nhs.uk)**

Information Produced by: Endoscopy Department

Date of Publication: February 2006, v2 August 2015, v3 February 2016, v4 November 2017,

September 2018, January 2019

Due for Review on: January 2022

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