About the Placement of Your PEG or PEJ Tube for Feeding

This information will help you get ready for your procedure to have a percutaneous endoscopic gastrostomy (PEG) feeding tube or a percutaneous endoscopic jejunostomy (PEJ) feeding tube placed at Memorial Sloan Kettering (MSK).

A PEG is a feeding tube that is placed into your stomach (see Figure 1, left). If the tube can’t be placed into your stomach, you may have a PEJ tube placed instead (see Figure 1, right). A PEJ tube is placed in your jejunum, which is the second part of your small intestine. The tube is placed during an endoscopy (a procedure that lets your doctor see inside your stomach and small intestine).

The feeding tube will give you nutrients if you’re not able to get enough through eating and drinking. If you’re able to eat, you can continue to do so after the PEG or PEJ tube is placed. You will use the tube to give yourself enough
nutrition to meet your needs.

If you need long-term nutrition support, your doctor may convert your PEG into a low-profile gastrostomy button into your stomach (see Figure 2). Your doctor may convert your PEJ into a low-profile jejunostomy button into your small intestine. With both of these buttons, you will attach the feeding adapter to get nutrition.

![Figure 2. Low-profile gastrostomy button](image)

1 Week Before Your Procedure

Ask about your medications

You may need to stop taking some of your medications before your procedure. We have included some common examples below.

- If you take medication to thin your blood, ask the doctor who prescribes it for you when to stop taking it. Some examples are warfarin (Coumadin®), dalteparin (Fragmin®), heparin, tinzaparin (Innohep®), enoxaparin (Lovenox®), clopidogrel (Plavix®), and cilostazol (Pletal®).

- If you take insulin or other medications for diabetes, you may need to change the dose. Ask the doctor who prescribes your diabetes medication what you should do the morning of your procedure.

Get a letter from your doctor, if needed

If you have an automatic implantable cardioverter-defibrillator (AICD), you will need to get a clearance letter from your cardiologist (heart doctor) before your procedure.
Arrange for someone to take you home
You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

**Agencies in New York**
Partners in Care: 888-735-8913
Caring People: 877-227-4649

**Agencies in New Jersey**
Caring People: 877-227-4649

3 Days Before Your Procedure
You will get a call from a nurse in the Endoscopy Prep Lab. The nurse will review these instructions with you and ask you questions about your medical history. The nurse will also review your medications and tell you which to take the morning of your procedure.

The Day Before Your Procedure
A staff member from the Admitting Office will call you after 2:00 PM the day before your procedure. They will tell you what time you should arrive at the hospital for your procedure. If you’re scheduled for your procedure on a Monday, you will be called on the Friday before. If you don’t receive a call by 7:00 PM, call 212-639-5014.

If you need to cancel your procedure for any reason, call the doctor who scheduled it for you.
Instructions for eating and drinking before your surgery

- Do not eat anything after midnight the night before your surgery. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Procedure

Things to remember

- Take the medications you were instructed to take the morning of your procedure with a few sips of water.
- Don’t put on any lotion, cream, powder, deodorant, make-up, cologne, or perfume.
- Remove all jewelry, including body piercings.
- Leave all valuables such as credit cards and jewelry at home.
- If you wear contacts wear your glasses instead.

What to bring with you

- A list of the medications you take at home, including patches and creams.
- Medications for breathing problems (such as inhalers), medications for chest pain, or both.
- A case for your glasses or contacts.
- Your Health Care Proxy form, if you have completed one.
Where to park

MSK’s parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212- 639-2338.

To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

Where to go

Your procedure will take place in the Endoscopy Suite at the main hospital which is located at:

1275 York Avenue (between East 67th and East 68th Streets)
New York, NY 10065

Take the M elevator to the 2nd floor and go to the Surgical Day Hospital entrance.

What to expect

Once you arrive at the hospital, doctors, nurses, and other staff members will ask you to state and spell your name and date of birth many times. This is for your safety. People with the same or similar name may be having procedures on the same day.

Your doctor will explain the procedure to you and answer any questions you may have. They will ask you to sign a consent form (a form that says you agree to the procedures and understand the risks).

When it’s time for your procedure, you will be brought into the procedure room and helped onto an exam table. You will be attached to equipment to monitor your heart rate, breathing, and blood pressure. You will also receive oxygen through your nose. Your nurse will place a mouth guard over your teeth to protect them.
You will receive anesthesia (medication to make you sleepy) through your IV. Once you’re asleep, your doctor will pass the endoscope (a tube with a camera on it) through your mouth, down your esophagus (food pipe), into your stomach, and into the first part of your small intestine. Your doctor will check your stomach and small intestine before placing your PEG or PEJ tube.

Your doctor will make a tiny incision (surgical cut) on the skin of your abdominal (belly) wall and pass a feeding tube through the incision. The feeding tube will come out about 8 to 12 inches (20 to 30 centimeters) outside your body and will be covered by a small dressing (bandage) to keep it in place. When your doctor has finished the procedure, they will take out the endoscope. Your doctor will take out the endoscope once they’re done with the procedure.

After Your Procedure

In the hospital

You will be taken to the Post Anesthesia Care Unit (PACU), where your nurse will monitor your temperature, heart rate, breathing, and blood pressure. They will also check the bandage around your tube. You will stay in the PACU until you’re fully awake.

When you’re fully awake, your nutrition nurse practitioner (NP) will show you and your caregiver how to give yourself the feedings and care for your PEG or PEJ tube. It’s very important to have your caregiver with you during the teaching session. You’ll also receive a resource that explains how to give yourself feedings with your PEG or PEJ tube.

Your nutrition NP will go over possible side effects that you may experience with your feeding tube and will give you the Home Parenteral Nutrition (HPN) Complication Chart as a reference. This chart provides guidelines on how to treat possible complications. You can view the chart online at www.mskcc.org/pe/hpn_chart. Call your doctor or NP if you’re having any problems.

You will also receive supplies for your feeding tube for the first few days before you leave the hospital. After that, your nurse will explain how you can order these from the company. The supplies include:
Supplies for dressing change:

- 4 x 4 gauze
- Tape or Cath-Secure®
- Zinc oxide (Desitin®) ointment
- Iodine (Betadine®) swab sticks

Syringe for flushing your tube with water

At home

- You may feel some soreness in your throat. This is normal and will get better in 1 or 2 days.
- You may have some discomfort at your incision site for the first 24 to 48 hours. If so, take your pain medication as instructed.
- You can shower 48 hours after your procedure. Don’t take tub baths or go swimming for 2 weeks after your procedure.
- You may see dark green or yellow drainage around your PEG or PEJ site. A small amount of green or yellow drainage is normal.

Caring for the Skin Around Your PEG or PEJ Tube

You will need to care for the skin around your PEG or PEJ tube. Follow the steps below.

Check your skin

Check the skin around your feeding tube every day. Look for any redness, swelling, or pus. Tell your doctor or NP if you’re having any of these symptoms.

Follow these instructions for the first 2 days after your procedure.

1. Remove the old dressing.
2. Clean the skin around the tube with iodine swab sticks once a day.
3. Apply zinc oxide ointment.
4. Cover the incision site with a 4 x 4 gauze.
5. Loop the tube (see Figure 4) and secure it with tape or use a Cath-Secure tab to hold it in place.

![Figure 4. Looping the tube](image)

**Check your skin in the shower**

On the third day after your procedure, begin a daily routine of caring for the skin around your tube while showering.

1. Before you shower, remove the old dressing around your tube.
2. Wash the area with soap and water. Gently pat it dry.
3. After you get out of the shower, apply zinc oxide ointment.
4. Cover your insertion site with a 4 x 4 gauze pad.
5. Loop the tube and secure it with tape or with a Cath-Secure tab.

To protect your skin from your PEG or PEJ bumper, apply zinc oxide and gauze.

To protect your skin from secretions, change the dressing whenever it gets wet.

**Flushing Your Tube or Button**

**Flushing your PEG or PEJ tube**

Flush your PEG or PEJ tube once a day or as directed by your doctor.

1. Gather your supplies:
60 mL syringe, either one with catheter tip or an ENFit syringe
60 mL of water (room temperature or warm, plain tap water) in a cup
Paper towels

2. Wash your hands with warm water and soap or use a hand sanitizer.
3. Pull up 60 mL of water into the syringe.
4. Place the paper towels under the Y-port at the end of the tube to absorb any drainage.
5. Clamp the tube.
6. Insert the syringe into the Y-port of the PEG or PEJ tube.
7. Unclamp the tube and gently push the plunger to inject the water.
8. Re-clamp the tube.
9. Remove the syringe from the Y-Port of the PEG or PEJ tube.
10. You can reuse your syringe. Rinse it in warm water and dry it with clean paper towels after each time your flush your tube.

If you’re having trouble flushing your tube, call your doctor or nurse.

Flushing your gastrostomy or jejunostomy button
Flush your gastrostomy or jejunostomy button once a day or as directed by your doctor.

1. Gather your supplies:
   ○ 60 mL syringe, either one with catheter tip or an ENFit syringe
   ○ 60 mL of water (room temperature or warm, plain tap water), in a cup
   ○ Feeding tube adapter
2. Wash your hands with warm water and soap or use a hand sanitizer.
3. Pull up 60 mL of water into the syringe.
4. Prime the adapter with water and then clamp it.
5. Connect the adapter to your gastrostomy or jejunostomy button.
6. Insert the syringe into the Y-port of the adapter.
7. Unclamp the adapter and gently push the plunger to push in the water.
8. Re-clamp the adapter.
9. Remove the syringe from the Y-port of your adapter.
10. Disconnect the adapter from your gastrostomy or jejunostomy button.
11. You can reuse your syringe. Rinse it in warm water and dry it with clean paper towels after each time your flush your button.

If you’re having trouble flushing your button, call your doctor or nurse.

Call Your Doctor or NP if You Have:

- A fever of 100.4° F (38° C) or higher
- Chest pain or shortness of breath
- Severe abdominal (belly) pain
- Diarrhea (loose or watery bowel movements)
- Nausea (feeling like you’re going to throw up) or vomiting (throwing up)
- Any dizziness or weakness
- Bleeding that doesn’t stop
- Pain at your incision site that doesn’t get better with medication
- Trouble flushing your PEG or PEJ tube or button
- Drainage around your insertion site that soaks 5 or more gauze pads per day
- Any sign of redness, swelling, or pus around the tube

If you have any questions, contact a member of your healthcare team directly. If you're a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.