Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

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 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).

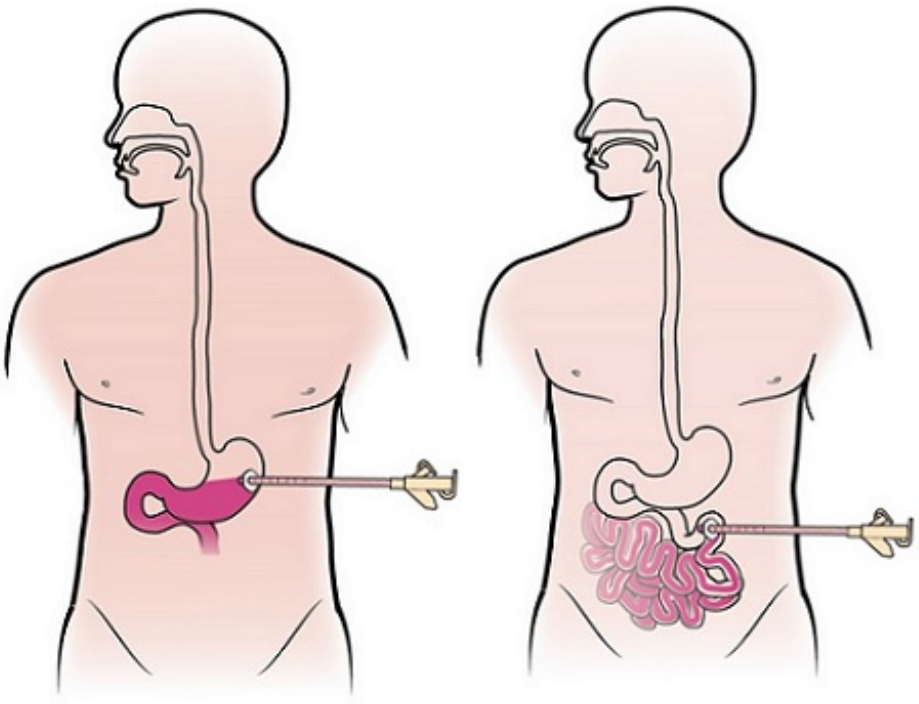


Figure 1. PEG tube placement (left) and PEJ tube placement (right)

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.

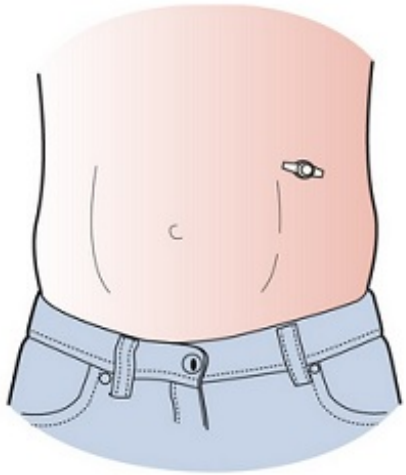


Figure 2. Low-profile gastrostomy button

1 week before your procedure

Speak with a registered dietitian

An outpatient registered dietitian will call you before your feeding tube is placed. They'll ask you if you're able to use your mouth to eat, what type of food you eat, and how much you're eating.

The dietitian will also talk with you about your tube feeding plan. This will include the type of formula you should use and how you will manage your feeds. They'll teach you how to give yourself the formula through your feeding tube.

The dietitian will follow up with you 1 to 2 days after your feeding tube is placed. This is to make sure you received all of your supplies and are tolerating your feedings.

Ask about your medicines

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

Anticoagulants (blood thinners)

If you take an anticoagulant (blood thinner), 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®).

Diabetes medicines

You may take insulin or other diabetes medicines. If so, talk with your MSK healthcare provider and the healthcare provider who prescribes it. Ask them what to do before your surgery or procedure. You may need to stop taking the medicine or take a different dose (amount) than usual. You may also need to follow different eating and drinking instructions before your surgery or procedure. Follow your healthcare provider's instructions.

Your care team will check your blood sugar levels during your surgery or procedure.

Here are some examples of diabetes medicines. There are others, so be sure your care team knows all the medicines you take.

- Insulin.
- Metformin, such as Glucophage® and Glumetza®.
- Medicine that contains metformin, such as Janumet®.
- SGLT-2 inhibitors, such as canagliflozin (Invokana®), dapagliflozin (Farxiga®), empagliflozin (Jardiance®), ertugliflozin (Steglatro®), bexagliflozin (Brenzavvy®), and sotagliflozin (Inpefa®).
- GLP-1 receptor agonists. Read the section "GLP-1 medicines for weight loss" for examples of GLP-1 medicines.

GLP-1 medicines for weight loss

It's important to tell your healthcare provider if you take a GLP-1 medicine. You must follow special eating and drinking instructions before your surgery or procedure. **It is very important to follow these instructions if you have taken a GLP-1 medicine at any time in the last 30 days. If you do not follow them, your surgery or procedure may be delayed or canceled.**

- **Start following a clear liquid diet at 6 a.m. the day before your surgery or procedure.** Do not eat any solid food. Read *Clear Liquid Diet* (www.mskcc.org/pe/clear-liquid-diet) to learn more.
- **Stop drinking 8 hours before your arrival time.** Do not

eat or drink anything after this time, including clear liquids. You can have small sips of water with your medicines.

To learn more, read *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1).

Here are some examples of GLP-1 medicines. There are others, so be sure your care team knows all the medicines you take. Sometimes, these are prescribed to help manage diabetes or other conditions. Other times, they're prescribed for weight loss.

• Semaglutide (Wegovy®, Ozempic®, Rybelsus®) • Dulaglutide (Trulicity®)	• Tirzepatide (Zepbound®, Mounjaro®) • Liraglutide (Saxenda®, Victoza®)

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. A responsible care partner is

someone who can help you get home safely. They should be able to contact your care team if they have any concerns. Make sure to plan this before the day of your procedure.

If you don't have a responsible care partner to take you home, call one of the agencies below. They'll send someone to go home with you. There's a charge for this service, and you'll need to provide transportation. It's OK to use a taxi or car service, but you still need a responsible care partner with you.

Agencies in New York

VNS Health: 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 medicines and tell you which to take the morning of your procedure.

The day before your procedure

Note the time of your procedure

A staff member will call you after 2 p.m. the day before your procedure. If your procedure is scheduled for a Monday, they'll call you on the Friday before. If you do not get a call by 7 p.m., call 212-639-5014.

The staff member will tell you what time to arrive for your procedure. They'll also remind you where to go.

If you need to cancel your procedure, call the GI scheduling office at 212-639-5020.

Instructions for eating

Important: If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.



Stop eating at midnight (12 a.m.) the night before your surgery or procedure. This includes hard candy and gum.

Your healthcare provider may have given you different instructions for when to stop eating. If so, follow their

instructions. Some people need to fast (not eat) for longer before their surgery or procedure.

The day of your procedure

Instructions for drinking

> **Important:** If you take a GLP-1 medicine, do not follow these instructions. Follow the instructions in *Eating and Drinking Before Your Surgery or Procedure When Taking GLP-1 Medicines* (www.mskcc.org/pe/eat-drink-glp1) instead.

Between midnight (12 a.m.) and 2 hours before your arrival time, only drink the liquids on the list below. Do not eat or drink anything else. Stop drinking 2 hours before your arrival time.

- Water.
- Clear apple juice, clear grape juice, or clear cranberry juice.
- Gatorade or Powerade.
- Black coffee or plain tea. It's OK to add sugar. Do not add anything else.
  - Do not add any amount of any type of milk or creamer. This includes plant-based milks and

creamers.

- Do not add flavored syrup.

If you have diabetes, pay attention to the amount of sugar in your drinks. It's easier to control your blood sugar levels if you include sugar-free, low-sugar, or no added sugar versions of these drinks.

It's helpful to stay hydrated before surgeries and procedures, so drink if you're thirsty. Do not drink more than you need. You'll get intravenous (IV) fluids during your surgery or procedure.



Stop drinking 2 hours before your arrival time. This includes water.

Your healthcare provider may have given you different instructions for when to stop drinking. If so, follow their instructions.

Things to remember

- Take the medicines you were instructed to take the morning of your procedure with a few sips of water.
- Do not 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

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

Where to go

Your procedure will take place at one of these locations:

David H. Koch Center

530 E. 74th St.
New York, NY 10021
Take the elevator to the 8th floor.

Endoscopy Suite at Memorial Hospital (MSK's main hospital)

1275 York Ave. (between East 67th and East 68th Streets)
New York, NY 10065
Take the B elevator to the 2nd floor. Turn right and enter the

Endoscopy/Surgical Day Hospital Suite through the glass doors.

Visit www.msk.org/parking for parking information and directions to all MSK locations.

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 (medicine 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.

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 *HPN (Home Parenteral Nutrition) Complication Chart* (www.mskcc.org/pe/hpn-chart) as a reference. This chart provides guidelines on how to treat possible complications. 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 (1 to 2 days). If so, take your pain medicine as instructed.
- You can shower 48 hours (2 days) after your procedure. Do not 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.

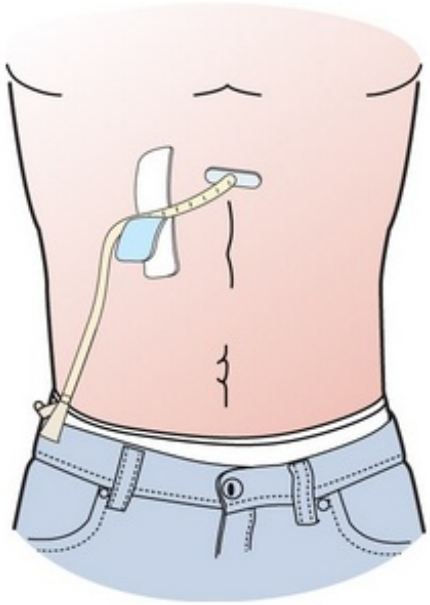


Figure 4. Looping the tube

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 for at least 20 seconds. 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 for at least 20 seconds 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.
0. You can reuse your syringe. Rinse it in warm water and dry it with clean paper towels after each time you 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 for at least

20 seconds 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.
0. 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.

When to call your healthcare provider

Call your healthcare provider 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 medicine.
- 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 questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

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

About the Placement of Your PEG or PEJ Tube for Feeding - Last updated on October 20, 2026
All rights owned and reserved by Memorial Sloan Kettering Cancer Center