Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

About the Placement of Your Percutaneous Endoscopic Gastrostomy (PEG) Tube for Drainage

This information will help you get ready for your procedure to have a percutaneous endoscopic gastrostomy (PEG) drainage tube placed at MSK.

A PEG is a tube that's put into your stomach to drain stomach juices and fluid. This will help relieve the nausea and vomiting caused by a blockage in your stomach or bowel and will make you feel more comfortable. The tube is placed during a procedure called an endoscopy.

Having a PEG tube will let you enjoy eating and drinking. You'll be able to drink liquids and eat soft foods or foods that have been mixed in the blender. But, these foods and liquids will only give you a small amount of nutrition. This is because they will mostly drain through the tube into a drainage bag. Your care team will discuss with you how you'll meet your nutritional needs.

1 week before your procedure

Ask about your medicines

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

- If you take an anticoagulant (blood thinner), ask the doctor who prescribes it for you when to stop taking it. Some examples are warfarin (Jantoven®, Coumadin®), dalteparin (Fragmin®), heparin, tinzaparin (Innohep®),

enoxaparin (Lovenox®), clopidogrel (Plavix®), and cilostazol (Pletal®).

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

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'll need a clearance letter from your cardiologist before your procedure. A cardiologist is a doctor with special training in the cardiovascular system (heart and blood vessels).

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'll get a call from an endoscopy nurse. They will review the instructions in this resource with you and ask you questions about your medical history. The nurse will also review your medicines and tell you which ones 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.
- Don't put on any lotion, cream, powder, deodorant, makeup, or perfume.
- Take off 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 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
- 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.

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 names 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.

When it's time for your procedure, you'll be brought into the procedure room and helped onto an exam table. You'll be attached to equipment to monitor your heart, breathing, and blood pressure. You'll also get oxygen through your nose. A mouth guard will be placed over your teeth to protect them.

You'll get anesthesia (medicine to make you sleepy) through your IV. Once you're asleep, your doctor will pass the endoscope (a flexible tube with a camera at the end) through your mouth, down your esophagus (food pipe) and into your stomach.

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 tube will come out about 8 to 12 inches outside your body and will be covered by a small bandage dressing to keep in place.

When your doctor has completed the procedure, they will take out the endoscope. They will connect the end of your PEG tube to a bag into which your stomach fluids will drain.

After your procedure

In the hospital

You'll wake up in the Post Anesthesia Care Unit (PACU). Your nurse will monitor your temperature, pulse, breathing, and blood pressure. They will also check the bandage around your tube. You'll stay in the PACU until you're fully awake.

Your nurse and clinical nutrition dietitian will tell you about the types of foods you can eat. Your nurse will also tell you where to get supplies and show you how to:

- Clean the skin around your PEG tube.
- Flush the tube.
- Fix the tube if it gets clogged.
- Take care of and change the drainage bag.
- Take medicines.
- Clamp or cap the tube.

Before you're discharged from the hospital, your nurse will give you the following supplies to take home:

- Supplies for dressing change:
  - 4 x 4 gauze
  - Tape or Cath-Secure®
  - Zinc oxide (Desitin®) ointment
  - Iodine (Betadine®) swab sticks
- 1 irrigation (flushing) kit
- 2 drainage bags
- 2 caps

Your doctor may also prescribe pain medicine to treat any pain or discomfort at

your incision site.

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 1 to 2 days. If so, take your pain medicine as instructed.
- You can shower 48 hours after your procedure. Don't take tub baths or swim for 2 weeks after your procedure.
- You can go back to your normal activities the day after your procedure.

Caring for your PEG tube

Caring for the skin around your PEG tube

Every day, check the skin around your feeding tube for any redness, swelling, or pus. Tell your healthcare provider if you're having any of these symptoms.

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

1. Take off the old dressing.
2. Clean the skin around your 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 and secure it with tape or use a Cath-Secure tab to hold it in place (see Figure 1).

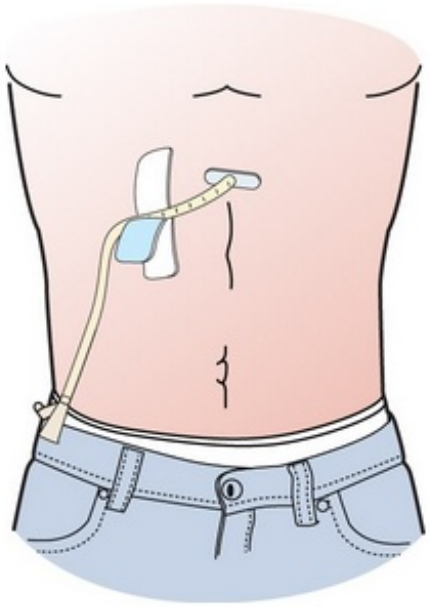


Figure 1. Securing your tube

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

1. Before you shower, take off the old dressing around your tube. It may be stained with fluid or mucus. There may also be old blood or crusting around the tube. This is normal.
2. Wash the skin around your tube with soap and water, removing any fluids or crusting. 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.

If your tube becomes dislodged or falls out, cover the opening with a thick bandage. Use several 4 x 4 gauzes. Then, call your doctor right away. Do not eat or drink anything.

Connecting your PEG tube to the drainage bag

Your PEG tube should be connected to the drainage bag when you eat, drink, feel nauseous, or sleep. It does not have to be connected at other times.

To connect the drainage bag to the PEG tube, take the tube down from the "looped" position. Take the clear plastic cap off the tubing on the bag and twist the end into the PEG tube.

Emptying and cleaning the drainage bag

You'll need to empty the bag when it is about ⅓ to ½ full of stomach juices, or about every 8 hours.

If you're eating soft foods, clean the drainage bag once a day. If you're not eating, clean the bag every 3 to 4 days. To do this:

1. Mix 1 part white vinegar with 3 parts cool water.
2. Soak your bag in this solution for 10 to 15 minutes. Let the bag dry.

You may feel nausea or discomfort when the PEG tube is capped (not open to draining) while you clean and dry the bag. If this is the case, attach a second bag.

Eating and drinking with your PEG tube

You can drink clear liquids after your procedure. These include water, ginger ale, apple juice, coffee, tea, broth, flavored ice, and gelatin (Jell-O®).

Sit up when you drink or eat to let the foods or liquids to drain into the bag. Stay sitting up for at least 30 minutes after you eat. If you don't, you may feel nauseous. If you feel nauseous, check to make sure the tube is not tangled. If it is, untangle it. This should make you feel better. If not, flush your tube. See the section "Flushing your PEG tube" for directions.

When you're drinking clear liquids without any problems, you can increase your diet to full liquids, if your doctor approves. If you haven't had any problems after 2 days of full liquids, you can start eating soft or puréed foods. Purée your

foods in a blender or food processor. Only follow these steps if you have your doctor's approval.

Your doctor may approve for you to eat food that isn't puréed. You must eat it in tiny pieces and chew it very well. Eat very small portions. Don't eat more than 4 cups of food or drink more than 1 liter (33.8 ounces) of liquids in 24 hours. Each time you eat or drink, you'll lose some important nutrients. This is because they drain into the drainage bag with the food or liquid.

Some of what you eat and drink will drain through the tube into the drainage bag. For example, if you eat red gelatin, the drainage in the bag will be red. Stomach juices will drain into the bag even if you have not eaten. The colors will range from green to dark yellow.

Some people will need to have intravenous (IV, given through a vein) liquids when they are at home so they don't become dehydrated. This may be done through different catheters and ports such as a Broviac or Hickman catheter, a Mediport® or peripherally inserted central catheter (PICC). Your doctor will place one of these while you're in the hospital, if you don't already have one. If you need an IV line, your care team will give you more information about it.

Flushing your PEG tube

You'll need to flush the tube at least once a day. You or your caregiver should flush the tube once you're done eating. This is because the tube can get clogged with food. It may also need to be flushed if thick stomach juices or mucus clog it. If you feel nauseous or full and don't feel better after sitting up, flush your PEG tube.

To flush your tube, follow the instructions below.

1. Gather your supplies. You'll need:
    - 60 mL syringe, either one with catheter tip or an ENFit syringe
    - 60 mL of normal saline or water (room-temperature or warm, plain tap water) in a cup
    - A plastic cap for the tube

- A clean drainage bag
- Paper towels

2. Wash your hands with warm water and soap for at least 20 seconds or use an alcohol based hand sanitizer.
3. Place the paper towels under the PEG tube to absorb any drainage.
4. Draw up 60 mL of water into the syringe.
5. Clamp the PEG tube.
6. Disconnect the PEG tube from the drainage bag.
7. Insert the syringe into the opening of the PEG tube.
8. Unclamp the tube and inject the water with a gentle push of the plunger.
9. Re-clamp the PEG tube.
10. Take out the syringe, reconnect the PEG tube to the drainage bag, unclamp, and allow it to drain.

If the tube is still not draining anything, or if your nausea does not get better, call your care team.

Taking medicine with your PEG tube

You can swallow medicine tablets by mouth. You must clamp your tube for at least 30 minutes after you take any medicines.

When to call your healthcare provider

Call your healthcare provider right away if:

- You have chest pain or shortness of breath.
- You have severe abdominal (belly) pain.
- You have diarrhea (loose or watery poop).
- You have nausea or vomiting.
- You have a fever of 100.4 °F (38 °C) or higher.

- You have any dizziness or weakness.
- You have bleeding that doesn't stop, such as bright red oozing from your insertion site.
- You have pain at your incision site that doesn't get better after taking pain medicine.
- You have trouble flushing your PEG tube.
- You have drainage around your insertion site that soaks 5 or more gauze pads per day.
- You have any sign of redness, swelling, or pus around the tube.
- Your PEG tube falls out.

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.

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