PATIENT & CAREGIVER EDUCATION

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

This information will help you prepare for your procedure to have a percutaneous endoscopic gastrostomy (PEG) drainage tube placed at Memorial Sloan Kettering (MSK).

A PEG is a tube that is inserted 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, which is described in the “What to expect” section in this resource.

Having a PEG tube will let you enjoy eating and drinking. You will be able to drink liquids and eat soft foods or foods that have been mixed in the blender. However, 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 doctor or nurse will discuss with you how you will meet your nutritional needs.
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 medications what you should do the morning of your procedure.

Get a letter from your doctor, if necessary
If you have an automatic implantable cardioverter-defibrillator (AICD), you will need to get a clearance letter from your cardiologist 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 receive a telephone 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 medications and tell you which ones to take the morning of your procedure.

**The Day Before Your Procedure**

**Note the time of your appointment**

A clerk 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 your procedure is scheduled on a Monday, you will be called on the Friday before. If you do not receive a call by 7:00 PM, please call 212-639-5014.

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

- Do not eat anything after midnight the night before your procedure. 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, makeup, 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
• 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. For questions about prices, call 212-639-2338.

To reach the garage, enter 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 goes from the garage into the hospital.

There are also 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 at Memorial Hospital, located at 1275 York Avenue between East 67th and East 68th Streets. This is the main building of MSK. Take the M elevator to the 2nd floor.

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 will be brought into the procedure room and helped onto an exam table. You will be attached to equipment to monitor your heart, breathing, and blood pressure. You will also receive oxygen through your nose. A mouth guard will be placed 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 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 will 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 will stay in the PACU until you’re fully awake.

Your nurse and 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 medications
- 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 medication 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 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 swim for 2 weeks after your procedure.
- You can resume your normal activities the day after your procedure.

Caring for Your PEG Tube

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

Every day, inspect the skin around your feeding tube for any redness, swelling, or pus. Tell your doctor or nurse practitioner
(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 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](image)

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. 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 immediately. 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. Remove the clear plastic cap from the tubing on the bag and twist the end into the PEG tube.

**Emptying and cleaning the drainage bag**

You will need to empty the bag when it is about $\frac{1}{3}$ to $\frac{1}{2}$ 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. Allow the bag to 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 allow the foods or liquids to drain into the bag. Remain 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 will 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 insert one of these while you’re in the hospital, if you don’t already have one. If you need an IV line, your doctor or nurse will give you more information about it.

**Flush your PEG tube**

You will 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
   - 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 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. Remove 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 nurse or doctor.

**Taking medication with your PEG tube**
You can swallow medication tablets by mouth. You must clamp your tube for at least 30 minutes after you take any medications.

**Call Your Doctor or Nurse Right Away If:**

- You have chest pain or shortness of breath
- You have severe abdominal (belly) pain
- You have diarrhea
- 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 with medication
- 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 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.

About the Placement of Your Percutaneous Endoscopic Gastrostomy (PEG) Tube for Drainage - Last updated on April 3, 2019
©2020 Memorial Sloan Kettering Cancer Center