



Percutaneous Endoscopic Gastrostomy (PEG)

Important! This exam requires that you have an empty stomach. You should not consume any food for 8 hrs before the procedure. Stop drinking all fluids (including clear liquids and water) 4 hrs before the exam (minimal sips are allowed only to take your usual medications). Avoid gum and hard candy.

Medications: If you take insulin or other diabetic medicines, dosage adjustments will be provided for you. Bring your insulin with you so that you can take it after the procedure if necessary. If you are on blood thinners such as Plavix, Coumadin, Eliquis, Xarelto, or any other medications that thin your blood, let us know at the time of scheduling because they may need to be held. All other meds should be taken at their usual time with a few sips of water.

What is it and why do I need it?

PEG is placement of a feeding tube through the skin of the abdomen directly into the stomach. It is performed as part of an upper endoscopy (**EGD**) so please refer to that procedure for further details. A PEG may be performed in patients who have difficulty eating by mouth for a variety of reasons including throat or mouth tumors, stroke and neurologic disease.

The risks

You will be asked to sign a consent form at the time of the exam. The risks of PEG are low (under 5%), but do include bleeding, perforation, infection, tearing of the lining, aspiration, medication reactions and heart/lung problems. Because of underlying medical conditions, the risks are higher than average. If you have any concerns about these risks, please contact your physician before your procedure. You will also be able to discuss this with your physician at the time of the exam.

The procedure

In the preparation area, you will be asked questions about your health history. Usually an antibiotic is given. Your procedure usually takes 20-30 minutes and you will be sedated for it. Once you are asleep, the endoscope will be inserted through your mouth and advanced into your esophagus, stomach and duodenum. A small incision will be made into the skin of your upper abdomen and using standard techniques, a flexible feeding tube is placed.

After the procedure

In the recovery unit, your physician will discuss the results with you and give you discharge instructions. You will receive instructions regarding using the feeding tube for liquid feedings, medications and keeping the site clean. Some patients are hospitalized briefly after the procedure. You and your driver will remain in the recovery unit until your sedation has worn off to a satisfactory level. After discharge, you may resume your usual activities. However, **you may not drive, make important decisions or operate machinery the rest of the day. You must have someone at least 18 yrs old with you during the entire time from check-in through recovery and to drive you home after the exam (a taxi or bus is not an option).** A report will be sent to your referring physician. If any biopsies are taken, you will be contacted with the results.