

Having your P.E.G removed

What to do before you arrive

Do not take anything by mouth (orally) or via your P.E.G for **6 hours** before your appointment.

Please remove all nail varnish.

If you are taking Warfarin, Clopidogrel or any other blood thinning drugs it is important that you let the Nutrition Nurses know before the procedure, as special arrangements may need to be made to stop this for a few days.

Methods of removal

Your P.E.G can be removed by endoscopic removal or percutaneous removal, depending on which type of P.E.G you have. The Nutrition Nurse Specialist will discuss this with you when we have established that you no longer require your P.E.G.

1. Endoscopic removal

This is when the doctor will perform an endoscopy lying on your left side (the same procedure that you had to insert the P.E.G).

On arrival, the doctor will explain the procedure and ask you to sign a consent form. If you have any questions or concerns please do not be afraid to raise them.

The back of your throat will be sprayed with local anaesthetic and you will be asked to swallow the endoscope. A small number of patients have an injection of sedation to make them sleepy and relaxed during the procedure. Do not be afraid to ask if you would prefer this.

If you have sedation, you will need to have an escort home by car and you must be accompanied over night. You must not have any alcohol, drive a car or sign any legal documents for 24 hours.

The P.E.G will be cut on the outside and pushed gently into your stomach, where it will be caught by a special loop or snare. The P.E.G is then pulled up through the stomach and gullet by the endoscope. This can be uncomfortable at the back of the throat.

Are there any risks involved in this type of P.E.G removal?

Most P.E.G removals are straightforward; however as with any procedure there is a small risk of side-effects and/or complications. You may have a sore throat or suffer from wind but this should settle within a few days. Very rare complications include:

- Reactions to the medication
- Bleeding
- Perforation of the oesophagus (gullet)

Be assured that these are extremely rare.

2. Percutaneous removal

If you have a P.E.G. that has an air filled internal flange we can remove this through your stomach. The air is removed from the flange and pressure is applied to your abdomen whilst the P.E.G. is pulled through the tract.

Are there any risks involved in this type of P.E.G. removal?

We may be unable to pull the P.E.G through the tract and we may have to use the endoscopic method to remove the P.E.G.

Following the procedure

You will stay in the Endoscopy Unit for up to 2 hours if you have had your P.E.G removed using an endoscope. You will be allowed sips of water after 1 hour.

If you are able to drink without feeling unwell you will be able to have a light meal eg. soup, sandwiches or toast 4 hours after the P.E.G has been removed and for the next 24 hours.

It is important that you inform us if you:

- Have severe pain in your chest or stomach
- Pass black tarry stools
- Vomit brown or bright red blood

Once the P.E.G. has been removed the tract will start to heal over very quickly and there should be a superficial covering of skin within 24 hours. A gauze pad will be applied to the skin and this should remain in place for 48 hours.

It is important that you check for any redness or discharge indicating infection. If you see either please contact your District Nurse or Nutrition Nurse.

To allow your stomach time to heal properly, do not carry out any vigorous activities for 1 week eg. gardening, climbing, swimming.

If you have any queries, or require any further information
please contact the Nutrition Nurse Specialists on 01332 785775
or the Endoscopy Unit on 01332 785019.

Reference Code: P1534/0397/06.2014/VERSION7

© Copyright 2014 All rights reserved. No part of this publication may be reproduced in any form or by any means without prior permission in writing from the Trust. Any external organisations and websites included here do not necessarily reflect the views of the Trust, nor does their inclusion constitute a recommendation. (P0535/12.2009/V6).