



## GASTROSCOPY + PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG)

### Patient Information & Informed Consent

#### **What is a gastroscopy?**

A gastroscopy is where the doctor uses an instrument called an endoscope to look at the inside lining of your oesophagus (food pipe), stomach and duodenum (first part of the small intestine). A gastroscope is a long, thin, flexible tube with a small camera and light attached which allows the doctor to see the inside of your gut on a video screen. You will lie on your side while your doctor slowly passes the gastroscope via your mouth. Your doctor will examine the lining again as the gastroscope is taken out. The procedure is performed under sedation or anaesthetic administered by a specialist Anaesthetist. Allow 2-3 hours for waiting, the procedure and recovery. The procedure itself can take 5-15 minutes to complete.

#### **Why have a gastroscopy?**

This is done to look at reasons as to why you may have swallowing problems, nausea, vomiting, reflux, bleeding, indigestion, anaemia, diarrhoea, abdominal pain or chest pain. Additionally, biopsies can be taken during the procedure and sent for further testing.

#### **What is a PEG?**

PEG stands for Percutaneous (through the skin) Endoscopic (via an endoscope), Gastrostomy (to the stomach). It is a hole specially created in the stomach to allow insertion of feeding tubes through the abdominal wall directly into the stomach.

#### **Why have a PEG?**

The usual reason for PEG placement is to supplement what you currently eat or drink when you are unable to manage sufficient nutrition by mouth. It is a simple and safe way of receiving food, fluids or medications in patients who are unable to eat enough or unable to swallow safely. The decision to proceed to a PEG tube is often not easy, particularly if the decision is being made on behalf of another person. The key question you will want to answer is "Will quality of life be improved with PEG feeding?" Close discussion with family members, nursing and medical staff is often helpful.

#### **How is a PEG tube put in?**

You will be given sedation by injection to make you feel more comfortable. Antibiotics are given to reduce the risk of infection. A gastroscope is passed through your mouth into your stomach to select a suitable position to place the PEG tube. Local anaesthetic is injected into the skin of the abdominal wall and a small cut made. This cut is usually located below the ribs and slightly to the left of the midline in the upper abdomen. The PEG tube is then placed inside the stomach and will come out of your body through the cut.

#### **What are the risks?**

Minor complications occur in about 1 in 10 people. The most common are oozing from the wound, formation of granulation tissue or infection in the wound. Less common events include leakage around the tube, increased vomiting, bleeding from the wound or accidental tube dislodgement. Other rare complications include reactions to the anaesthetic/sedation (the Anaesthetist will discuss this further with you on the day of the procedure), or damage to your teeth or jaw due to the presence of instruments in your mouth (a mouth guard is inserted to protect your teeth). Serious complications are rare.

## **Commencing feeding through the PEG**

Clear fluids, often water, will initially be given through the PEG tube 6 hours after its insertion. Once this is tolerated, then feeds and medications may be given through the tube. Your dietitian will advise on the type and quantity of feeds and full instruction and demonstration in feeding technique. Depending on your condition, you are usually able to continue to eat and drink by mouth in addition to using the PEG to supplement your nutritional requirements. However, in some people where it may be unsafe to continue to eat or drink by mouth, then the PEG tube will be necessary for all feeding. Medications can also be given through the PEG tube but care is needed as some medications can clog up the tubing. Your pharmacist can advise.

## **What care does the PEG site need after the procedure?**

Bathing with mild soap can start 24 hours after the PEG tube insertion. Dry around the PEG tube site and under the bolster/T bar after bathing. Keep this site clean and dry. The PEG tube should sit snugly against the skin but not cause any deep indentations. Flush the PEG with 50ml water before and after use (or 4 times daily if not using). Rotate the tube full circle every day.

## **How long does the tube last?**

These silicone tubes can last up to a year but will eventually need to be replaced.

## **How long does the PEG need to remain in?**

Typically, a minimum of 8 weeks before the PEG can safely be removed.

## **What are you responsible for?**

You are less at risk of problems if you do the following:

- Follow the preparation instructions carefully.
- Bring a list of all prescribed, over the counter and herbal medication you take.
- Bring any relevant x-rays.
- Do not drink any alcohol and/or take recreational drugs 24 hours before the procedure.
- Please ensure you make arrangements for someone to drive you home after the procedure. It is not safe to drive until the following day after having sedation or an anaesthetic.

## **What happens after the gastroscopy + PEG insertion?**

You will be admitted following for observation in addition to education and care of your PEG. You will be fasting for 6 hours following, with intravenous fluid supplementation. Following 6 hours, clear fluid diet may commence in addition to flushing the PEG with water. The following day, if all is well, return to a regular diet or PEG feeds may commence.

Again, please ensure you make arrangements for someone to drive you home after discharge. Do NOT drive any type of vehicle or operate machinery for 24 hours. Do NOT drink alcohol and/or take other recreational drugs. They may react with the sedation drugs. Do NOT make important decisions or sign a legal document for the first 24 hours.

Notify our office on 5574 6133 during working hours or the hospital Emergency Department straight away if you have:

- severe ongoing abdominal pain.
- black tarry motions or bleeding from the back passage.
- a fever.
- sharp chest or throat pain.

## **CONSENT FOR GASTROSCOPY + PEG insertion**

I have read and understand the above information on gastroscopy. I have read and understand the "Patient Preparation Instructions" leaflet supplied to me. I hereby agree to undergo a gastroscopy by the gastroenterologist. I agree to any biopsies, removal of polyps, oesophageal dilatation or any other upper endoscopy procedures deemed to be appropriate at the time of the procedure.

To assist in my management, I additionally permit the gastroenterologist to access or obtain any relevant medical information from other health professionals or services.

PATIENTS SIGNATURE\_\_\_\_\_

NAME\_\_\_\_\_

DATE\_\_\_\_\_

WITNESS SIGNATURE\_\_\_\_\_

NAME\_\_\_\_\_

DATE\_\_\_\_\_

Coast Gastroenterology

**PLEASE BRING THIS COMPLETED CONSENT FORM WITH YOU  
ON THE DAY OF YOUR PROCEDURE**

*If you have any concerns or questions about the preparation, procedure or consent, please contact  
our office on 5574 6133.*