



## Percutaneous Endoscopic Gastrostomy 經皮內視鏡胃造口術(英文)

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### Introduction

Percutaneous endoscopic gastrostomy (PEG) is a technique to set up a channel between the abdomen and the stomach of patient. It supplies the nutrients or medicines via the gastrostomy for patients who need long-term tube feeding.

### Preparations before the PEG

1. The patient needs to fast for at least 6-8 hours before the procedure is performed, except a few water and essential medicines is needed.
2. The skin of patient' s abdomen must be cleaned before this procedure. If there are excessive hairs over the abdomen of patient, they must be eliminated before this procedure.
3. The intravenous line must be set up for injecting the medicine before this procedure.

If patient has heart disease, arrhythmia, benign prostate hyperplasia, usage of anti-platelet agent or anti-coagulation agent, history of abdominal surgery, history of drug allergy, or other diseases, you need to tell the doctor or nurse before performing this procedure

### The process of PEG

1. The patient lies down on the table, then the nurse or doctor gives the sedative agents, anti-cholinergic agents and pain-relieving agents to patients via an intravenous line.
2. The patient will be given the oxygen supply during this whole procedure. We will monitor the blood oxygen concentration and vital signs by an oximeter and a monitor at bed side.

3. We will insert an endoscope into the stomach to observe and search the suitable puncture point of gastrostomy via the external finger compression of the abdomen or the light point of the endoscope.
4. After sterile procedure and local anesthesia of abdominal skin in the puncture point of the patient, the puncture needle will puncture into the stomach of patients. The guide-wire will be pushed into the stomach of patients via the channel, and then the tube will be pulled into the stomach via the mouth of patients under the assistance of guide-wire. After external fixing the tube in the abdomen of patients, the procedure of PEG will be finished.
5. Generally, the average surgical time of finishing this procedure will take about 30 minutes.
6. After finishing the gastrostomy, the tube will be kept free drainage at least 8 hours to reduce the pressure of gastrointestinal tract in order to promote the healing of wound.

### The Nursing care of the wound of PEG

1. The doctor or nurse need to dress the wound of gastrostomy once or twice daily (or more if needed). In addition, they must examine whether there is inflamed, suppuration, gastric juice leakage and odor on the wound.
2. If the healing of wound is good and the appearance of patient's bowel peristalsis, you can start to try feeding patients warm water. Initially, you need to try small amount of warm water, then you can increase the amount of water gradually.
3. If the attempt of warm water feeding is smooth, you can try milk feeding. The procedure is the same as the warm water feeding, you first need to try small amount of milk feeding to decrease the discomfort of patients and wound leakage. Then you can increase the amount of milk feeding gradually till the normal amount of milk feeding one week later.

### The Feeding of PEG

1. Preparation objects: the feeding foods or milk, the feeding syringe, food bag, the towel, and the toilet paper.
2. Methods of feeding: continuous feeding or intermittent feeding
3. The steps of feeding
  - To wash your hands first.
  - Patient needs to keep sitting posture or elevate the bed of head at least 30 degree.
  - You need to aspirate the gastric juice to ensure the tube in the stomach before feeding.

- You need to use 20~30 c.c. warm water to flush the tube wall before feeding.
- The action of feeding should be gentle and slow. You need to prevent the air entering into the stomach because it could cause abdominal distention of the patient during feeding.
- If the patient feels pain, distention, vomiting, cough, or dyspnea, you need to stop the feeding immediately.
- After feeding, you also need to use 20~30 c.c. warm water to flush the tube wall, to prevent the tube blocking from residual food or milk after feeding.
- To close the plug of tube tightly after feeding.
- Patient needs to keep the previous posture at least 30 minutes after feeding.
- Patient needs to avoid the following activities one hour within finishing feeding, including heavy exercise, sputum suction, percussion of back, turning body, or rehabilitation.
- If the drugs are tablet or capsule, they must be pulverized or opened prior to feeding and are dissolved in 20 c.c. warm water before feeding. After complete dissolution of drugs, they can be fed via the tube. After drugs feeding, you also need to use 20~30 c.c. warm water to flush the tube wall.
- To evaluate the residual amount of milk on each feeding. If it is less than 60 c.c. milk in the stomach, you can continue feeding. If it is more than 60 c.c. milk or the half amount of last milk feeding, you need to stop the milk feeding temporarily. Recheck the residual amount of milk one hour later.