

meal after four hours when you go home.

- A small dressing will be covering your skin where your tube has been removed—keep this in place for 48 hours. The tract heals very quickly so another dressing maybe not be required.
- Do not immerse the site in water for 48 hours to bathe or swim.
- Check for signs of infection— pain, redness, discharge and inform your GP or district nurse if you spot any signs.
- To enable healing, please do not undertake strenuous activity for 1 week following any type of removal

A report will be sent to your GP informing them of the outcome of your visit to the endoscopy department.

Things to report to your doctor

- Severe pain in chest, stomach or abdomen hours.
- Passing or vomiting blood .
- Passing black, tarry stools.
- Temperature greater than 100°F/ 39°C.
- Redness, tenderness and swelling at your injection site that persists for more than 48 hours.

Concerns

If you have any queries regarding the procedure, you should contact the endoscopy unit between 8am and 6pm Monday to Friday and the nursing staff will be happy to give you information or advice. Outside these hours you should contact your own GP, or speak to the accident and emergency department at Bedford Hospital. Alternatively you can contact NHS Direct and nursing staff there should be able to help you with any queries.

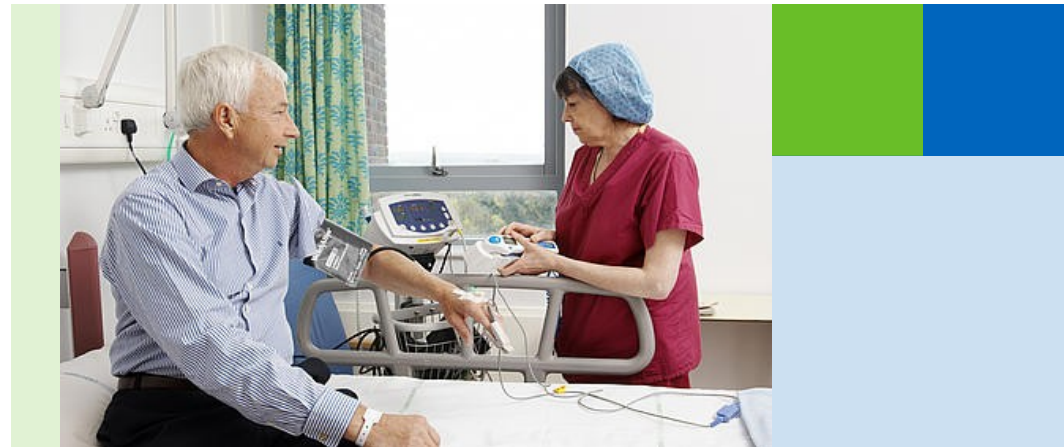
Contact us

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Endoscopy unit: 01234 792269
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Endoscopy

Having your PEG Removed



This leaflet provides information about having your PEG removed and what you can expect before, during and after the procedure.

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Before you arrive

Do not eat, drink or chew a gum or use your PEG for at least six hours before your appointment.

If you are taking Warfarin, Clopidogrel or any other blood thinning drugs, it is important that you tell us as special arrangements may need to be made to stop this for a few days before your appointment with us. Please also remove all nail varnish and write down a list of any medication you take.

When you arrive on the unit

Our receptionist will greet you and a nurse will talk to you and answer any questions you may have. Please feel free to ask questions at any time. You will have your weight, blood pressure, pulse and oxygen level measured. This is routine for all our patients. We may ask you to undress and wear a hospital gown or loosen your clothing if appropriate.

Methods of removal

Your PEG can be removed in various ways depending on which type you have.

Endoscopic removal

This is when the doctor performs a Gastroscopy while you lie on your back or left side. (Similar procedure to insertion of your PEG). The procedure will be explained fully to you and you will be asked to sign a consent form when you are ready.

The procedure can be done with local anaesthetic sprayed to the back of your throat to make it numb for the procedure or a sedative injection to make you slightly relaxed.

If you have sedation, it is essential that a responsible adult takes you home and stays with you for 24 hours. Do not drive, operate machinery, drink alcohol or sign any legal binding document for 24 hours after sedation.

The PEG will be cut close to the skin and gently pushed into your stomach where it will be caught by a special loop and is then pulled upwards and through your mouth by a gastroscope. This takes a few minutes. It may give you slight discomfort at the back of your throat and bloated feeling in your stomach.

Risks

Most PEG removals are straightforward. However, occasionally we may find internal flange (bumper) and it cannot be removed at endoscopy. A different procedure maybe required at a later date. There is a small risk of minor side effects during and after removal. You may have a sore throat or wind afterwards but this should settle soon. Rare complications include: reactions to medication, bleeding and perforation of the oesophagus (making a hole in the gullet). Please be assured that these complications are very rare and a member of staff will be happy to answer any questions you may have.

Cut and push method

This means you do not need a gastroscope to remove the PEG and is the procedure of choice and suitable for most people. NO anaesthetic spray or sedation is required. The PEG will be cut close to the skin and internal flange pushed well into your stomach. The flange will be passed when your bowels are opened. (may take up to a few weeks but should not alter your normal bowel habit).

Risks

Patients are carefully selected for this method as there is a very small risk of the flange causing blockage in the bowel– but this is rare.

Percutaneous method

If you have a PEG with water filled balloon keeping it in place, we can remove this by removing the water through a syringe and pulling the tube from the stomach through your skin. No sedation or local anaesthetic is required and it only takes a moment.

A risk with this procedure is that we may not be able to pull the tube through the skin. Please discuss any concerns or queries about this procedure with the nurse or doctor.

After your procedure

- If you have a sedative injection, your recovery will take longer as you will rest on the trolley until you feel awake and the nurses are happy with your progress.
- If you have had a local anaesthetic spray, recovery is quicker.
- The doctor will decide when it is safe for you to eat and drink normally again. Usually you may have sips of water after one hour and a light