PEG and RIG Troubleshooting - Full Clinical Guideline

Reference No: CG-T/2014/134

Aim and Purpose

This clinical guideline applies to all adult patients who have undergone insertion of a Percutaneous Endoscopic Gastrostomy (PEG) or Radiologically Inserted Gastrostomy (RIG). It is intended for use by nursing and medical teams managing a patient following insertion of an enteral feeding tube. It provides instructions for monitoring, and management of complications post insertion.

Key words
Percutaneous Endoscopic Gastrostomy
Radiologically Inserted Gastrostomy
PEG
RIG
Enteral feeding tube
Monitoring
Complications
Troubleshooting

Post insertion monitoring/care

Pain on feeding, prolonged or severe pain post procedure, fresh bleeding, or external leakage of gastric contents following insertion of a PEG or RIG, may indicate leakage of feed into the peritoneum. If **any** of these symptoms are present, administration of feed/medication must be stopped immediately and an urgent review by a doctor must be arranged.

Post insertion monitoring is crucial in identifying potential and serious complications following the insertion of an enteral feeding tube.

- Blood pressure, pulse and respirations must be monitored every half hour for 2 hours and hourly until flush/feed commences.
- Monitoring pain scores if indicated.
- The site of entry must be observed for any bleeding or leakage of gastric content.
- 4 hours post insertion the tube should be flushed with 50ml fresh drawn tap water. If no severe pain, bleeding, leakage or swelling is evident feeding may be commenced as per the feeding regimen.
- For both types of tube leave the external fixation plate undisturbed for 7 days (button sutures at RIG site do not need to be removed, they will “fall off” within 6 weeks of insertion)

The nutrition nurses should be contacted in the event of post insertion complications, between the hours of 08.00 and 16.30, Monday to Friday, outside of these hours medical teams should discuss with on call Consultant Gastroenterologist.

Management of Complications

Pain during feeding
STOP FEED IMMEDIATELY. The tube may have become dislodged from the stomach and will need urgent assessment. Contact the nutrition nurse specialists.

Advice to medical team, out of hours. Consider CT scan to establish whether tube is correctly placed or has become dislodged from the stomach

Fresh bleeding/leakage of gastric contents from PEG/RIG site
STOP FEED IMMEDIATELY. Contact the nutrition nurse specialists.
Tightening the external fixation plate may stop the bleeding, **however** the tube may have become dislodged from the stomach and will need urgent assessment.

Advice to medical team out of hours: if bleeding persists consider CT scan to establish whether tube is correctly placed or has become dislodged from stomach

PEG/RIG is dislodged or retaining balloon has burst
Contact the nutrition nurse specialists for advice.

Advice to medical team, out of hours If the tract is newly formed i.e. <4 weeks, exercise caution and discuss with on call Consultant Gastroenterologist for PEG, on call interventional Radiologist for RIG, to arrange reinsertion.

If this occurs **more than** 4 weeks after PEG/RIG placement contact nutrition nurse specialists for advice. If the tube is displaced at the weekend or out of hours a sterile “Foley” catheter (size 14fg if possible), can be used to maintain the tract in the short term but must **NOT** be used for feeding. The nutrition nurse specialists must be contacted the next working day. The “Foley” catheter should be inserted through the site to approximately 10cm, inflate balloon with 5mls sterile water, pull the tube back until resistance is felt and anchor the catheter securely to the abdomen. If the tract has closed slightly you may need to attempt insertion with a smaller size catheter. This will ensure the tract remains patent and can be subsequently used for a replacement gastrostomy.

DO NOT place a dry dressing over the PEG/RIG site without inserting a catheter, as the tract will close in a matter of hours.

Telephone nutrition nurse specialists: ext 85775

Documentation Controls

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