University Hospitals of Derby and Burton NHS Foundation Trust

PEG and RIG TROUBLE SHOOTING – Full Clinical guideline

Reference No: CG-T/2024/134

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 50mls of freshly drawn tap water, using a 60ml enfit enteral syringe. If no severe pain, bleeding, leakage, or swelling is evident feeding may be commenced as per the feeding plan.
- To ensure a sealed tract is formed, the external fixation plate of both types of tube must be undisturbed for 7 days (button sutures at RIG site do not need to be removed, they will “fall off” within 6 weeks of insertion)

At RDH 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. At QHB during weekday working hours consider CT scan and contact the service week gastroenterologist. Outside of these hours consider CT scan and discuss with on call Medicine Consultant.

Management of Complications

Pain during feeding

STOP FEED IMMEDIATELY. The tube may have become dislodged from the stomach and will need urgent assessment. At RDH contact the nutrition nurse specialists, QHB contact the service week gastroenterologist.

Advice to medical team, out of hours: discuss with on call consultant gastroenterologist at RDH or on call medicine consultant at QHB for consideration of CT scan.

Fresh bleeding/leakage of gastric contents from PEG/RIG site

STOP FEED IMMEDIATELY. At RDH contact the nutrition nurse specialists, QHB contact the service week gastroenterologist.

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 discuss with on call consultant gastroenterologist at RDH or on call medicine consultant at QHB for consideration of CT scan.

PEG/RIG is dislodged or retaining balloon has burst

At RDH contact the nutrition nurse specialists for advice, at QHB contact the service week gastroenterologist.

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, for RIG contact GI interventional radiologist, to arrange reinsertion at RDH, on call medicine consultant at QHB.

If this occurs **more than** 4 weeks after PEG/RIG placement contact nutrition nurse specialists at RDH or at QHB contact the service week gastroenterologist 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. At RDH the nutrition nurse specialists must be contacted the next working day at QHB contact the on call medicine consultant. 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

Reference Number CG-T/2024/134	**Version: 3.0.0**		**Status** Final	
Version / Amendment History	Version	Date	Author	Reason
	3.0.0	July 2024		Review
Intended Recipients: Clinical Staff				
Training and Dissemination: How will you implement the Clinical Guideline, cascade the information and address training				
Development of Guideline: Nutrition Nurse Specialist **Job Title:**				
Consultation with: Nutrition Consultants **Gastroenterology Consultants** **GI interventional Radiology Consultants** **Endoscopy**				
Linked Documents: State the name(s) of any other relevant documents				
Keywords:				

Business Unit Sign Off	**Group: Nutrition Team** **Date: 2023**
Divisional Sign Off	**Group: Medicine Division** **Date: July 2024**
Date of Upload	30/07/2024
Review Date	October 2026
Contact for Review	Nutrition Nurse Specialist