

PEG and RIG TROUBLE SHOOTING – Summary Clinical guideline

Reference No: CG-T/2024/134

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 to be used by nursing and medical teams managing patients following insertion of an enteral feeding tube. It provides instructions for monitoring, and management of complications post insertion.

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.

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.

If the tube is completely displaced and requires replacement within 4 weeks of insertion, contact on call Consultant Gastroenterologist for PEG, GI interventional Radiologist for RIG, to arrange reinsertion, at RDH.

At QHB during weekday working hours contact the service week gastroenterologist. Outside of these hours discuss with on call medicine consultant.

If the tube requires replacement more than 4 weeks after insertion a “Foley” catheter may be inserted to maintain the tract in the short term but must **NOT** be used for feeding.

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