What is a Percutaneous Endoscopic Gastrostomy (PEG) Tube?
For ALS Patients

Percutaneous means “through skin,” and gastrostomy means “stomach opening.” An endoscope is an instrument with a light that is used for looking inside the body. So, a PEG is a feeding tube that is placed through the skin by an opening created in the stomach with the help of an endoscope. The endoscope is used to determine where to place the feeding tube in the stomach wall. PEGs are often placed as an outpatient procedure.

What is the tube used for?
A PEG tube is used by people who have trouble getting food safely from their mouth into their stomach for any reason. The feeding tube provides direct access into your stomach so that food and liquids do not have to go through your mouth and down your esophagus (areas where you may be experiencing difficulty). Digestion and absorption continue to work just the same as if you had eaten the food. A PEG tube does not prevent someone from eating food or drinking liquids; any foods or liquids taken by mouth will still travel from the mouth down into the stomach.

**Purposes:**
1) To safely take medications
2) To help meet your fluid needs
3) To help meet your nutrition needs (calories and nutrients)

When it is time to consider a PEG tube:
1) It takes too long to eat a meal and it’s not fun anymore. You become exhausted before you are full or satisfied. This also results in not being able to consume enough calories to meet your needs.
2) You are coughing and choking while eating or drinking so much that you or your caretakers become anxious.
3) Pills are too hard to swallow...literally! Some people choose a PEG tube initially just to help with taking all their medications.
4) Your respiratory status has been declining and your ALS team is concerned that a delay in tube placement could make the procedure too difficult or high risk in the future. It is possible that waiting too long may make this procedure no longer possible or advisable.
5) Unwanted weight loss. This weight loss is contributing to your progressive loss of strength or weakness.
6) You are having difficulty meeting your hydration needs because you are choking on thin liquids.
How do I get a PEG tube?
If you decide to get a PEG tube placed, your ALS physician will refer you to:

- A Pulmonologist familiar with ALS and PEG tube placements. This pulmonologist will assess your respiratory function with respect to safely having this procedure performed.
- Digestive Health, a physician assistant or physician will review your medical history, determine if you are an appropriate candidate for PEG tube placement and provide you with education about the PEG tube, risks involved, and the care and use of this tube. At this same appointment a Registered Dietitian will also meet with you to develop a nutrition plan.
- You will be sent to the Pre-anesthesia Testing Center (PETC), an anesthesia nurse will talk with you about your sedation for the procedure, review possible risks associated with anesthesia specifically with regards to your medical history, and answer any questions you might have.

To minimize travel time we do our best to take care of these appointments in one day, however this can make for a long day. With this in mind we suggest having snacks, drinks, books, etc. packed with you. Once everything is in order, a date will be set for both the PEG tube placement and a 7-10 day post-PEG check-up. The follow-up appointment will be in Digestive Health Clinic; the purpose of this appointment is to adjust the tube, make sure the tube is working well, your nutrition plan is working, and to answer any questions you may have.

What will happen during the tube placement?

- A doctor will explain the benefits and risks of the procedure and ask you to sign a consent form.
- **Bring a list of current medications and any medication allergies you have.**
- An IV will be placed for necessary medications and fluids before, during, and after the procedure.
- You will be made comfortable with sedation administered and monitored by an anesthesiologist or certified nurse anesthetist.
- A tube with a camera and light will be used to look inside your stomach to be sure everything is okay for tube placement, and then the PEG tube will be placed.
- The procedure itself takes about 30 minutes. However, you will need to plan on being in the endoscopy area for 4 hours or so.
- You must have someone with you to drive you home. You will not be able to drive the rest of the day since you will be given sedation.
What happens after PEG placement?

- A bandage will be placed over the tube site at the time of placement. This bandage should be removed the following day at home. You should then begin using the drain sponges you are given in clinic under the external bolster of the PEG tube. It is best to NOT tape the drain sponge to the skin. This allows air circulation which is helpful in healing and preventing infections at the site. It is good to stop using the drain sponge once the drainage has stopped.
- You should turn the PEG tube a quarter turn each day.
- You may feel some soreness at the tube site for 2-3 days, please call if you are having pain that is not improving after 2-3 days. You will be given medication to help with the post-procedure pain.
- You can start to use the tube 3 hours after it was placed.
- Unless otherwise specified by your doctor, you may resume eating at the same time you start using your tube (if you are allowed to eat by mouth).
- You may shower 24 hours after tube placement.
- Once all is healed, generally around 4 – 6 weeks, it is okay to go swimming.
- You may take a bath 2 weeks after placement.