

PEG removal information and aftercare advice

Introduction

This leaflet gives you information about the options available to remove your PEG.

Also included is care advice for you to follow after the procedure.

Before your PEG removal

Do not eat anything for 6 hours before your appointment time to have your PEG removed. This includes putting anything through your PEG.

You can drink clear fluids up until 2 hours before your appointment.

Options for your PEG removal

The clinical professional will discuss the different options of removal with you and the possible risks of each procedure.

Traction removal

This is the licensed way to remove your PEG, as recommended by the manufacturer.

The clinical professional will lubricate the tube. They will then advance and rotate the PEG to make sure the tube is moving freely and to lubricate the tract.

The tube will be cut near the Y-adaptor to deflate the bumper inside your stomach.

The clinical professional performing the removal will support your abdomen around the PEG site and apply controlled traction until the PEG is safely pulled out of the tract.

Reference No.

GHPI1680_08_24

Department

Head and Neck

Review due

August 2027

**Patient
Information****Possible risks with traction removal**

The bumper may come away from the tube during traction removal. If the bumper is left in the stomach, then your body will excrete this naturally.

There is a rare risk that the bumper may become stuck in your bowel. If you experience pain and vomiting or you are unable to pass wind or stool, please attend the nearest Accident and Emergency (A&E) Department. There is a chance you will require surgery.

There is also the rare risk of the bumper becoming stuck in the PEG tract during traction removal. If this happens, then we would call the Endoscopy Department or Accident and Emergency (A&E) Department. There is a chance that you will need surgery to remove the bumper.

You should let the team caring for you know that you have recently had your PEG removed by traction.

Cut and push removal

This is the unlicensed way to remove your PEG (not the recommended way of removal by the company who manufactured the tube).

The clinical professional performing the procedure will advance and rotate the PEG tube to make sure that the tube is moving freely.

The tube will then be cut near to your skin. The bumper and small part of the tube will be left in your stomach. Your body will excrete this naturally.

Possible risks with cut and push removal

There is a rare risk that the bumper may become stuck in your bowel. If you experience pain and vomiting or you are unable to pass wind or stool, please attend the nearest Accident and Emergency (A&E) Department. There is a chance you will require surgery.

You should let the team caring for you know that you have recently had your PEG removed by the cut and push method.

**Patient
Information**

Aftercare advice following the removal of your PEG tube

This advice is the same if you have a traction or cut and push removal.

- After the PEG removal you can drink clear fluids straight away. You can eat and drink normally 1 hour after the removal.
- A gauze pad will be placed over the stoma site where the PEG tube has been removed. The gauze can be removed after 24 hours. You must keep the site clean and dry until you remove the gauze pad.
- You can shower straight away but it is recommended that you do not have a bath or swim for 48 hours after the PEG removal. This is to allow the tract to heal.
- Take simple pain relief, such as paracetamol, if the stoma site feels uncomfortable or sore during the 24 hours following the PEG removal.
- Check the removal site for redness, swelling, inflammation, tenderness or an unpleasant odour (smell) as these can be signs of infection. If you notice any of these signs, please contact your GP for advice.

Contact information

If you have any concerns, please contact one of the numbers listed below for advice:

Head and Neck Clinical Nurse Specialists

Tel: 0300 422 6785

Monday to Friday, 8:00am to 4:00pm

Endoscopy Department

Gloucestershire Royal Hospital

Tel: 0300 422 8222

Monday to Friday, 7:30am to 6:00pm

Cheltenham General Hospital

Tel: 0300 422 3593

Monday to Friday, 7:30am to 6:00pm

Patient Information

Nutrition Nurse Specialists

Tel: 0300 422 6338

Monday to Friday, 9:00am to 4:00pm

Outside of these hours, please contact your GP or NHS 111 for advice.

NHS 111

Tel: 111

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>