

PEG

Maintaining optimal nutrition can be problematic for some people living with CF. A Percutaneous Endoscopic Gastrostomy (PEG) can be used to help provide additional nutrients and calories direct to the stomach improving nutritional status and lung function.

The introduction of new modulator medications has made maintaining optimal nutrition and weight more achievable for people with CF and PEGs are much less common than they used to be.

What is a PEG?

A PEG is a soft silicone feeding tube that travels into the stomach. The PEG tube comes out of a small hole in the abdomen called a stoma. It allows extra fluid and calories to be delivered directly into the stomach.

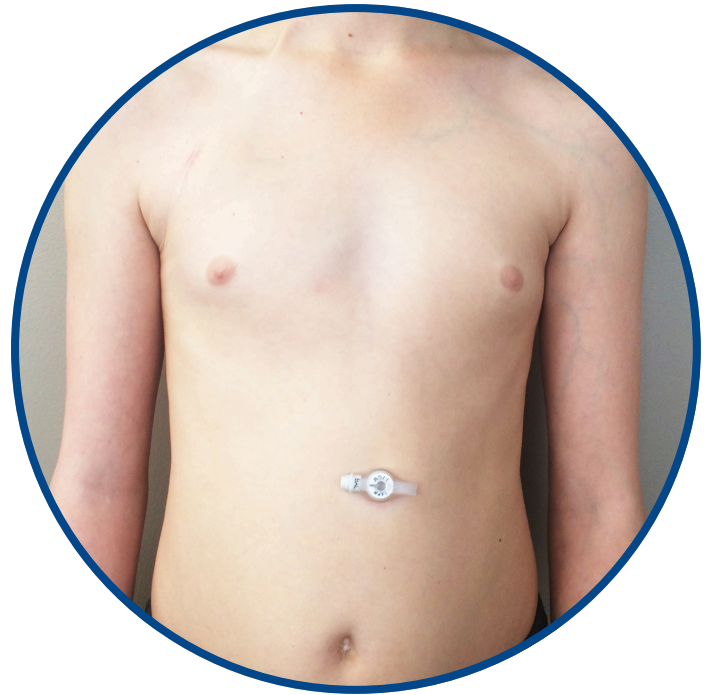
There are two types of gastrostomy:

- Gastrostomy tube: A longer tube that sits on the abdomen.
- Button (low profile device): A tube that sits flat against the abdominal wall that is easy to conceal under clothing. Usually used to replace the PEG tube after three months when the area has healed.

When might a PEG be needed?

Your medical team may consider a PEG when you:

- Have a poor appetite
- Experience ongoing difficulty gaining weight



Advantages of a PEG

- Tube feeds ensure adequate fluid and nutrients are administered
- Additional calories can be given
- Feeds can be administered at night during sleep

Tube care

- Check the tube and stoma each day for leaking, redness, pus or bleeding.
- Clean the skin around the tube daily with soap and water. Use a cotton-tip or tissue.
- Clean the feeding port to remove oil or food daily with a soft cloth or cotton-tip.
- Rotate the tube in a full circle to prevent the tube attaching to the skin.

Problem solving

Skin Care

Redness/soreness around the skin and stoma could be related to leaking of stomach contents. Clean and dry the area frequently. Contact the gastroenterology department if leaks persist.

Granulation Tissue

Granulation tissue is the result of the body repairing the surgical site. Sometimes tissue overgrows and requires treatment. If a large amount of tissue builds up and bleeds, contact your gastroenterology department.

Blocked Tube

Prevent blockages by flushing the tube with water before and after each feed or giving medications. Flush regularly during continuous feeds. Use liquid medications when possible, crush tablets thoroughly. Never force fluid through the tube, try lukewarm water to dissolve the clog.

Tube falling out

If the tube comes out partially, keep it in place with tape. If it falls out completely and no one is available to replace it, cover the site with a dressing and go to the nearest emergency department as the tube needs to be replaced as soon as possible to prevent the tract closing.

Useful resources

- [Gastrostomy](#) (PCH)