

# Introduction

Hi my name is Rosemary Buglass I cover Neurology ,clinics infusions for people with MS. I look after mainly MS patients 2 days a week in Villa 6

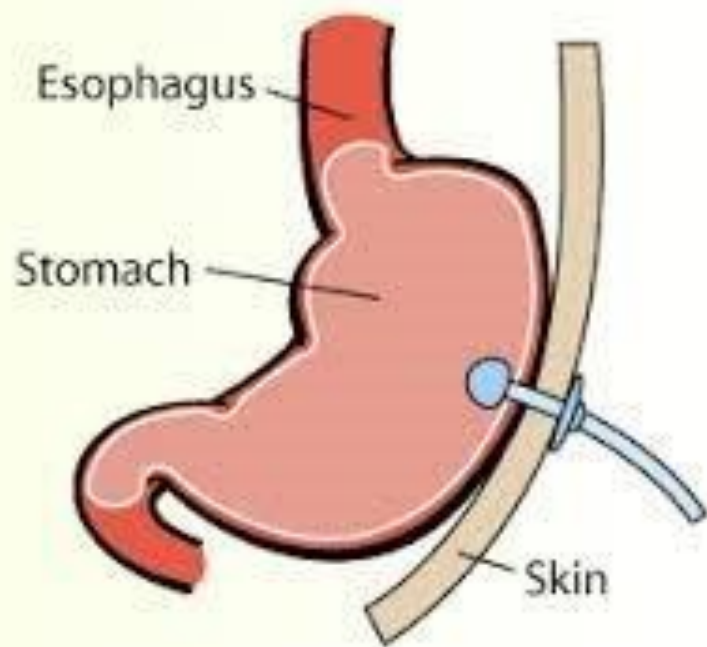
I also work in Gastroenterology, Ruakopito, dealing with PEG tubes, doing Infusions for people with IBD 2 days a week .

# PEGS AND MOTOR NEURONE DISEASE

Management of PEGS

# When is a PEG needed

- Neurological conditions
- Strokes
- MS
- Head Injury
- Motor Neurone disease
- Cystic Fibrosis
- Oesophageal Cancer
- Neck or Throat Cancer
- Gastroenterological Disorders
- Stomach removal
- Small bowel resection
- (Gastroparesis )
- Cystic Fibrosis



**Gastrostomy Tube  
Placement**

# Type of PEGs

## **Permanent PEG**

- A permanent PEG is used when people need supplementary feeds or total feeds to maintain nutritional status

## **Temporary PEG**

- Usually the initial PEG which is used is when there is a chance the person may not be able to eat or swallow after Head and Neck Cancer surgery or Radiotherapy.

# Initial Gastrostomy tube insitu

This PEG can last up to 2 years but looks a bit worse for wear after one year

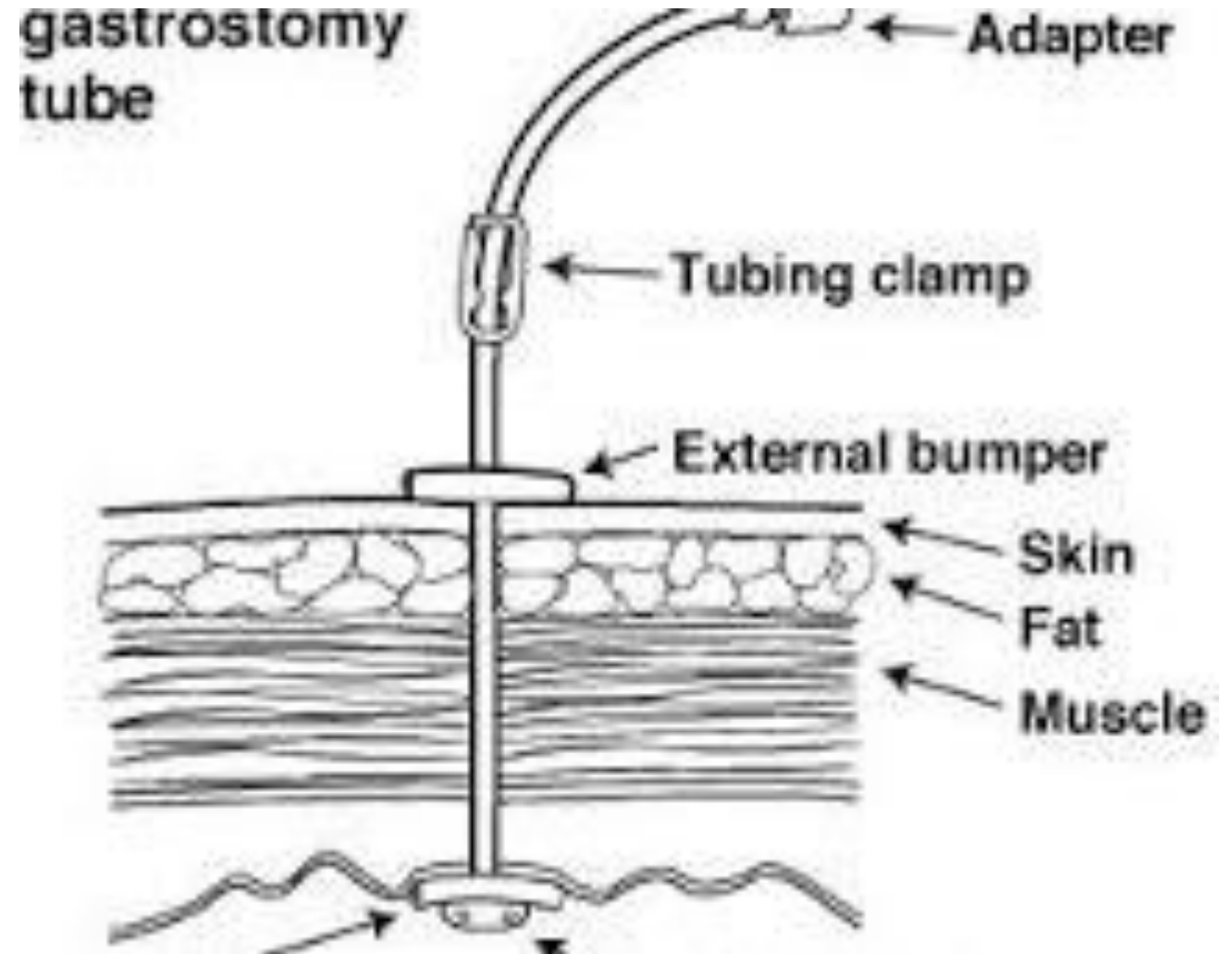
\*This initial PEG is removed whenever the Dietitians say the person is gaining weight usually after they can eat and drink normally

\*When the surgeon who placed it says it can be removed, he lets the Dietitians or SLT know and they tell me

These PEGs are removed by the “pull Method”

They can be replaced if further PEG feeding is needed, by a permanent Gastrostomy tube

(example)

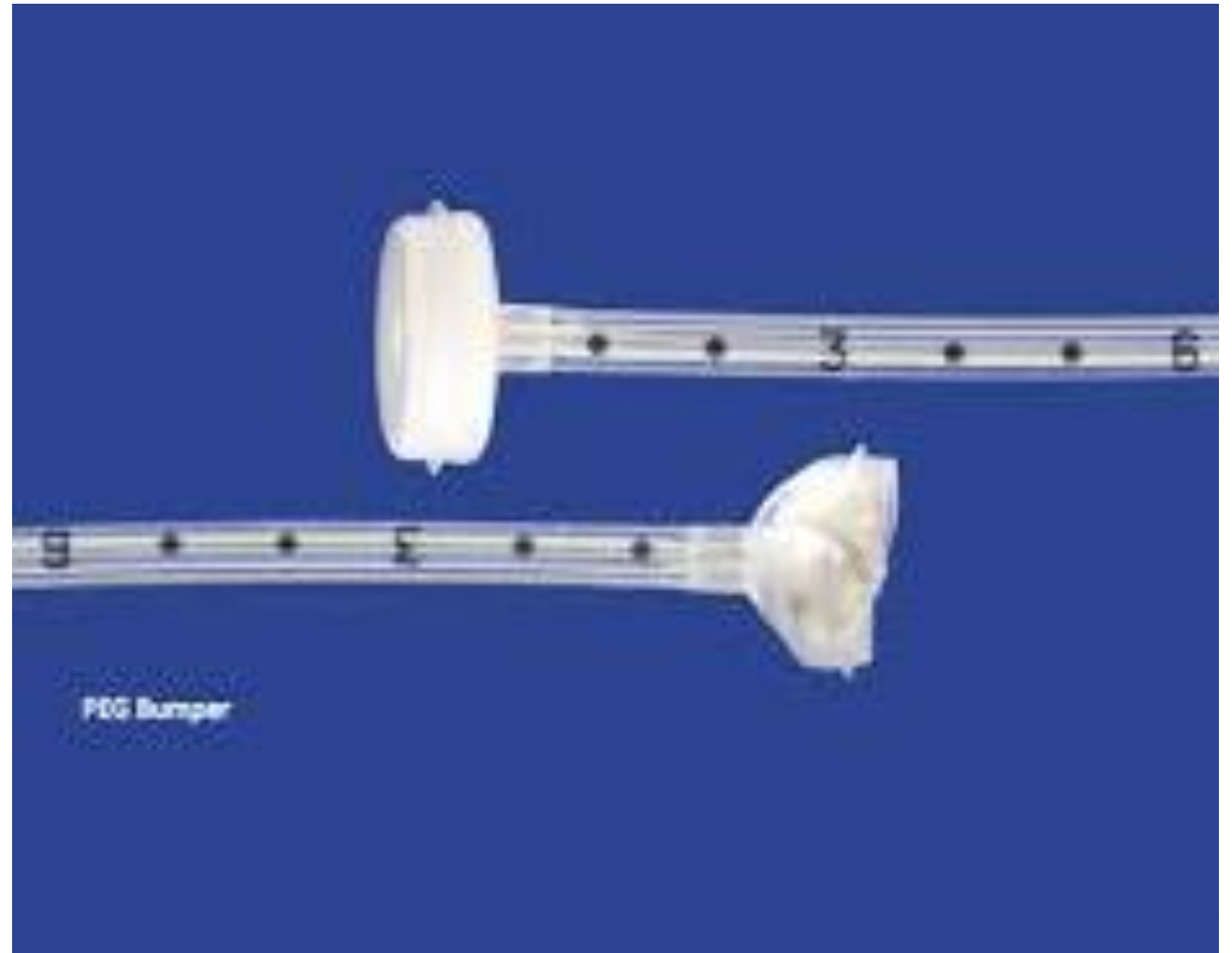


# Initial temporary Gastrostomy PEG

Can last up to 12 months or more

This is the little spongy bumper at the end  
of a temporary PEG

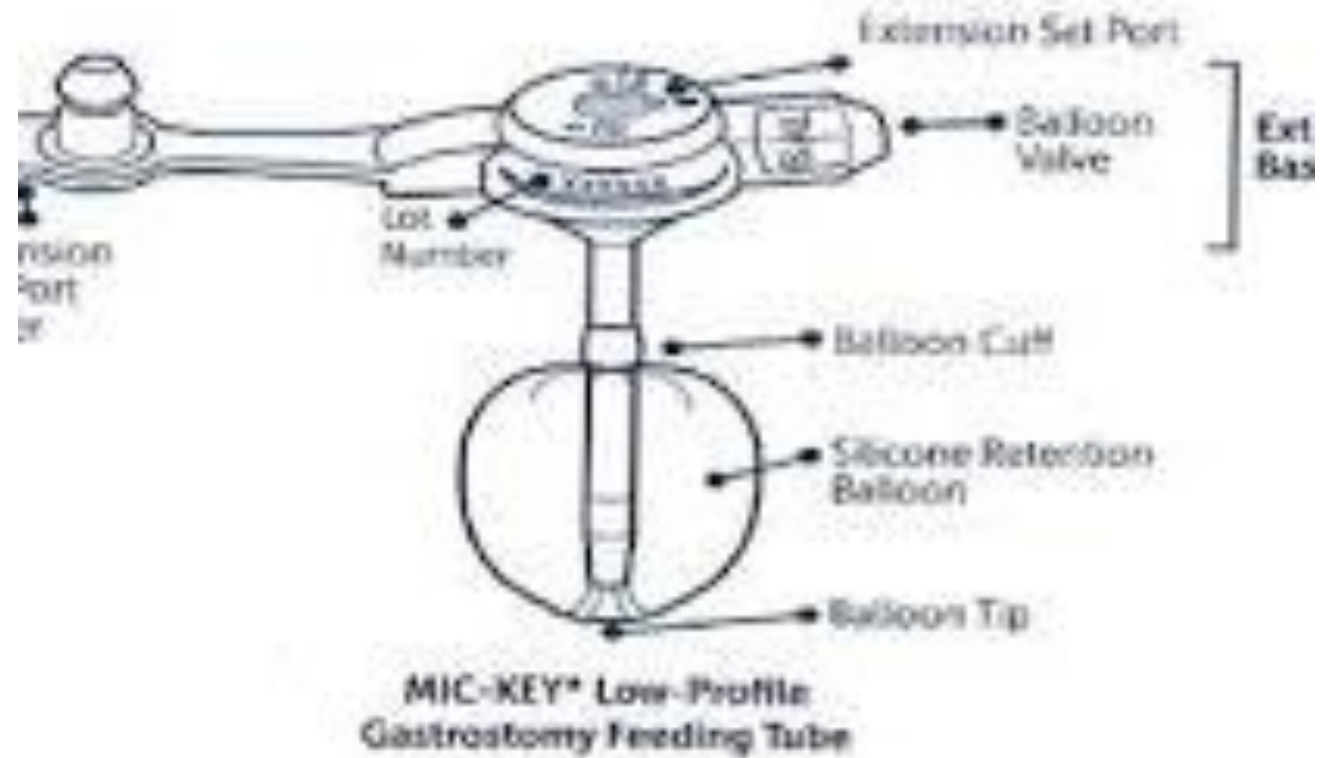
Others have a little mushroom shaped plastic  
bumper(example).



# Permanent PEG or MICKEY Button

Lasts 3-6 months

Also called a Low Profile PEG





# Balloon Gastrostomy Tube

Permanent PEG

Can last ? 3-6 months

Has a balloon on the end



# Who decides.

## Discussion

- family, patient Medical staff and Speech Language Therapists
- Information is given to patient and family , they are given time to consider the impact of a PEG in their lives
- Its very important to give informed consent

# Do's and Don'ts

Flush flush flush

- Before and after feeds
- Before and after medications
- Medication always given separately, flush between each medication.
- See the back of the PEG booklet for tablets that should not be crushed
- Whenever possible give medications as a liquid
- Crushable medications need to be dissolved in warm water before administration
- Do not mix medications
- Do not give medications directly into the feed they can block the tube-spectacularly.

# Do's and Don'ts.

- Check the position of the tube, gently advance and withdraw(example)
- Always flush the tube with 30 mls pre and post medication
- Remember mouth cares.
- Always wash hands before doing anything with the PEG
- Rotate the Tube 360 degrees daily (Why)
- Check water in balloon monthly( why)

# Trouble shooting

- Leaking –near the stoma or at the feeding adapter
- Overgranulation - an immune response by the body to the foreign object that it is unable to eliminate.
- Blockages – see Guidelines for unblocking (don't use Coca cola anymore)
- Tube dislodgement
- Infection
- Redness, irritation and/or oozing.
- Nausea and vomiting

# Infection

Usually I clean the area with normal saline and take a swab and send off to the lab, I send results of the swab to the GP



# Inside view

The view from inside the stomach via gastrocope



# Contact Numbers

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Neurology

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