

'Cut and drop' removal of a percutaneous endoscopic gastrostomy (PEG) tube

Information for patients, parents and guardians

We have given you this factsheet because your child is due to have their percutaneous endoscopic gastrostomy (PEG) tube removed. It explains why your child needs to have their PEG tube removed, what the procedure involves and what the potential risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of our team.

What is a percutaneous endoscopic gastrostomy (PEG)?

A PEG is a flexible feeding tube placed through the abdominal (tummy) wall and into the stomach. A PEG allows liquid food, fluids and medications to be put directly into the stomach.

Why does my child's PEG tube need to be removed?

The lifespan of a PEG tube varies for each child, but they usually last for a few years before needing to be changed.

Your child's PEG tube may need to be:

- **changed** if it is worn or damaged, or if you or your child decide to have a gastrostomy button fitted
- **removed** if it is no longer needed (your child is able to eat and drink via their mouth)

How is a PEG tube held in place?

A PEG tube is held in place by an internal retention disc (approximately the size of a 10p coin) and this stops it from accidentally being pulled out. Because of this disc, it is not possible to remove your child's PEG tube by simply pulling it out through the hole.

How will my child's PEG tube be removed?

We will remove your child's PEG tube using the 'cut and drop' method. This is a technique that involves cutting the PEG tube close to your child's skin on the outside of their body and then pushing the disc further into their stomach through the open hole.

What will happen before the procedure?

A member of our nursing team will call you to check that your child is suitable for the 'cut and drop' method. If they are, we will arrange an outpatient (day) appointment for them.

On the day of the procedure

Your child **must not** have any food, fluids or feed (by mouth or by tube) for two hours before their appointment time.

We will explain the procedure to you again and answer any questions you or your child may have. We will then ask you to confirm that you are happy for your child to have this procedure (you will not need to sign anything).

What will happen during the procedure?

Depending on where the procedure takes place, it may be performed by a children's surgical nurse specialist, a surgeon, or a community nurse.

Your child will not need to be sedated for this procedure.

We will ask your child to lie on their back on a table or a trolley (or in a reclined pushchair or wheelchair if necessary). We will then cut the PEG tube close to the skin on their tummy and push the disc holding the tube in place into your child's stomach.

This is a quick procedure and your child will be able to go home the same day.

What will happen after the procedure?

If the PEG tube is being changed to a gastrostomy button

We will insert the gastrostomy button as soon as the disc has been pushed into your child's stomach.

Before you leave hospital:

- we will show you how to use and care for your child's new device
- we may also ask you to give your child a feed through the new device

If the PEG tube is being removed permanently

We will apply a dressing over the hole in your child's tummy. As the hole will remain open for a couple of days, some of your child's stomach contents may leak out during this time. We will discuss this with you before you leave hospital.

To allow the hole time to heal and close over, for 48 hours after the procedure, your child should not:

- have a shower or a bath
- go swimming

Eating and drinking

Your child will be able to eat and drink straight after the procedure.

What will happen to the disc?

The disc will leave your child's stomach and move through the rest of their bowels. It will then be passed out of their body when they go to the toilet (poo). It is painless and most children do not know that the disc has been passed (and we will not ask you to look for it).

Are there any risks?

There is a small risk that the disc could get stuck in your child's stomach or bowel and cause a blockage (obstruction). If this happens, your child may experience one or more of the following symptoms:

- vomiting (persistent vomiting that becomes dark green in colour)
- abdominal (tummy) pain
- a swollen abdomen (tummy)
- constipation (difficulty pooing)

What should I do if my child experiences any of these symptoms?

If your child experiences any of the symptoms above, they may need urgent medical attention. During office hours (Monday to Friday, 9am to 5pm), please call your child's surgical nurse specialist on the number you have been given. Outside of these hours, go to your nearest emergency department. When you arrive at the hospital, let the doctors know that your child has recently had a 'cut and drop' removal of a PEG tube. Your child will be assessed by the appropriate teams and a care plan will be made for them.

Are there any alternatives to the 'cut and drop' method?

PEG tubes can be removed using an endoscope (a long, thin, flexible tube that has a light and camera at one end), as they are able to retrieve the disc from the stomach. However, this method is more invasive and not always the best option for children, as it involves giving them a general anaesthetic (medicines used to send you to sleep, so you're unaware of surgery and do not move or feel pain while it's carried out) which has additional risks. The waiting list for this type of procedure is usually longer too, as it needs to be performed in a surgical theatre.

Contact us

If you have any questions or concerns, please contact us.

Children's surgical nurse specialists
Telephone: **07769 234248**

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