

PEG-J Tube Placement Guidelines

Why it's performed:

A PEG-J tube (percutaneous endoscopic gastrojejunostomy) is a tube that is placed through the skin of the abdomen into the stomach, and through the stomach into the small intestine (jejunum). The PEG-J tube contains two tubes in one. The red gastric port leads to the stomach and is only used if the stomach needs to be emptied. The yellow jejunal port leads to the small intestine (jejunum) and is used to provide nutrition, fluids, and medications.

An easy way to remember this:

Red=STOP-nothing should go into this port.

Yellow=GOLD-all things go into this port.

Prior to procedure:

- The hospital will call you a few days before your procedure to tell you what time to arrive. If you need information prior to receiving this call you can call the endoscopy schedulers at **732-253-3210** or the hospital endoscopy nursing line at **732-828-3000 x 5453**.
- Arrival times are given to admit you to the unit and prepare you for your procedure. Is it important that you arrive at your given time. ***Please Note: Unlike surgery centers this unit treats both inpatients and outpatients and emergencies may arise that may cause delays in scheduled procedure. Please be patient and know that we will provide you with the best care when you go into your procedure. Due to the unpredictable nature of procedure units, please be prepared to spend the day here.***
- Some procedures or recoveries require a hospitalization that we may not always be able to predict be prepared to stay in the hospital if necessary.
- Do not bring any valuables or wear any jewelry the day of your procedure as we do not have space for you to secure belongings.
- Because you will be sedated for the procedure you will need to bring someone with you to take you home. You cannot drive or take public transportation alone for 24 hours after the procedure. We have limited space in the waiting area and we only can allow one visitor to wait during your procedure.
- If you need to send proof of your COVID vaccine please email it to VaccineStatus@rwjbh.org

Medications

- If you are taking medications for high blood pressure, seizures, or if you are taking prednisone, you may take these medications the morning of the procedure or at least 2 hours before the procedure with a small sip of water.
- If you are diabetic:
 - If you take a “sugar” pill, **do not** take it on the day of your procedure.
 - If you are taking regular insulin (R), **do not** take it on the day of your procedure.
 - If you are taking any other insulin preparation, please contact your prescribing physician for instructions.
- If you are taking Coumadin, Plavix, or other blood thinners contact your prescribing physician for instructions on when to stop taking this medication.
- If you are taking aspirin daily continue to take this medication.
- Tell your doctor if you have allergies

Prep/Diet

- **Do not** eat or drink anything 8 hours before your procedure to clear your esophagus of food products.

Day of procedure:

Your procedure will be done at Robert Wood Johnson University Hospital in the endoscopy suite on the second floor above Walgreens. The address is:

1 Robert Wood Johnson Place
New Brunswick, NJ 08901

Arrive 1 ½ hours prior to your scheduled procedure time. When you arrive, you will register and give your medical history. You will need a responsible adult with you who will accompany you home. Bring with you a photo ID, insurance card, a list of medications that you take, and a copy of your COVID vaccine card or a negative PCR COVID test result.

PARKING

- Park in the hospital parking lot located on Little Albany Street and take the elevator to the 1st floor. Bring your parking ticket with you when you enter the hospital. You can stop at the information desk on the 1st floor and have your parking validated for a flat rate of \$6.00. Turn left as you exit the elevator on the 1st floor and take the North

building elevators located in the main lobby to the 2nd floor. When you get out of the elevators make a right and another quick right. At the end of that hallway make a left, pass the Cardiac Cath lab and a set of elevators on your right. You will then see the Endoscopy department on your left-hand side above Walgreens and Starbucks.

During EGD:

- We will start an IV in your vein to administer fluids and anesthesia and other needed medications.
- A small plastic mouthpiece will be placed between your teeth to prevent damage to the endoscope.
- The endoscope will be inserted through your mouth to your esophagus, stomach and duodenum.
- The mucosal lining of your gastrointestinal tract will be examined as the endoscope moves through your gastrointestinal tract. The images will be displayed on a monitor.
- Your doctor will make a tiny incision (surgical cut) on the skin of your abdominal (belly) wall and pass a feeding tube through the incision. The feeding tube will come out about 8 to 12 inches outside of your body and will be covered by a small dressing (bandage) to keep it in place.

Post procedure:

Once the procedure is finished you will recover from anesthesia in the endoscopy unit. Your doctor will discuss the procedure with you. *Please be advised, it is common after receiving anesthesia to forget some of the conversation you had with your doctor. For this reason, we suggest a family member be available for this conversation at your request.*

Do not drive, operate heavy machinery, or drink alcohol for 24 hours after your procedure. You should go home and rest after your procedure.

DIET

You may use the J-tube for medications immediately after the procedure. You may start using the J-tube for feedings the day after the procedure.

BATHING

1. You may shower 24-48 hours after tube placement.
2. You may bathe after your PEG-J placement, typically 7-10 days after tube placement if your health care provider gives the OK.

CARE OF THE PEG J TUBE

1. Always wash hands before handling your PEG-J tube.
2. Clean the site with soap and water daily. DO NOT use hydrogen peroxide or any special cleaners. You may use a Q-tip or gauze to swab gently around the site. Rinse well and pat dry. This may be done in the shower.
3. If there is drainage around the tube, you may apply a clean dressing to the site. This should be changed once a day or more often if soiled. If drainage is excessive, contact your health care provider.
4. When cleaning the site or changing dressing, look for redness of the skin around the site, drainage on the old dressing or leakage at the site of insertion. If you note any changes, call your health care provider.
5. Keep the tube secured to the skin surface with a tube attachment device or tape. If it comes off, apply a new one. This will help to prevent tugging on the skin and skin breakdown.
6. To prevent skin breakdown, rotate the bolster daily. The bolster is the piece of soft plastic that sits on the skin to prevent the tube from slipping back into the stomach.
7. Flush the yellow jejunal port with 30ml (1 ounce) of water at least once a day in addition to any medications given (see section below).

MEDICATIONS

1. Flush the yellow jejunal port with 60 ml (1/4 cup or 2 ounces) of water before any medication is put down the tube.
2. Medications should be given one at a time via the yellow jejunal tube. Every medication must be in liquid form or crushed finely and mixed with water. Draw up the medication in a syringe and push into the tube.
3. Flush the yellow jejunal tube with 60 ml of warm water after each medication also.

TUBE REPLACEMENT

1. Check the number on the base of the tube before each feeding and when cleaning the site.
2. The number should stay about the same.
3. Call health care provider if the number changes either way by more than two digits.

4. Slight in and out movement of the tube is normal and can help prevent complications (buried bumper syndrome) resulting from the external bumper being too tight against the skin of the abdomen

CLOGGED TUBE

1. Try to irrigate the tube with 30 ml of warm water.
2. Try to draw back with a 30 ml syringe.
3. Gently rocking the syringe back and forth may help to dislodge the blockage.

VENTING & REINFUSION

1. If you have feelings of nausea, vomiting, bloating or gas you may “vent” the red gastric (stomach) port by attaching the drainage bag with the plastic adapter.
2. You may want to try to vent (drain stomach juices out) your tube for 1-2 hours at a time to help alleviate symptoms.
3. When you vent your red gastric port, you will need to keep a record of the output.
4. If you drain more than 500ml (2-eight ounce cups) of secretions from your red gastric port within 24 hours, you need to empty the drainage into a clean cup or a tube feed bag and replace the drainage into the yellow jejunal port. This will help you to stay hydrated and keep your electrolytes in balance.
5. If your output remains under 500 ml for 24 hours, you may empty the drainage into the toilet and flush the contents.
6. Please be sure to flush your yellow jejunal port well with 30ml (1 ounce) of warm water before and after each gastric port drainage replacement.

Call your doctor right away for:

- Severe or new onset abdominal pain that doesn't improve by passing gas
- Rectal bleeding that turns the entire toilet bowl red
- Fever greater than 101.5 or chills
- Vomiting blood, black or coffee ground looking material
- Severe dizziness, fainting or chest pain
- Redness, swelling, leakage, sores or pus around the tube.
- Blood around the tube or in the stool.
- A clogged tube that you cannot clear.

- The tube falls out (call immediately)
- Nausea that lasts more than 24 hours despite opening the red gastric port.
- Recurrent vomiting of more than 8 hours, despite opening the red gastric port.
- Diarrhea that continues for more than 24 hours.
- Gas or bloating that lasts for more than 24 hours or prevents you from giving the next tube feeding.
- Constipation that lasts for more than 3 days, depending on your normal frequency of bowel movements, or hard stool for more than 5 days.
- Weight loss of more than 2 pounds in one week.
- Any unusual weakness.

Common side effects:

- Nausea or Vomiting
- Excessive gas, bloating or cramping
- Throat discomfort

Please Note: These symptoms usually resolve on their own within 24-72 hours after your procedure. If your symptoms are severe or persist please notify your physician or go to the emergency department.

Medications after discharge:

You can resume your daily medications following your procedure. If you are taking any medications that thin your blood discuss with your doctor when to resume these medications.

Commonly prescribed blood thinners:

- Rivaroxaban (Xarelto)
- Dabigatran (Pradaxa)
- Apixaban (Eliquis)
- Heparin
- Warfarin (Coumadin)
- Clopidogrel (Plavix)
- Aspirin
- Enoxaparin (Lovenox)
- Ticagrelor (Brilinta)

Follow up:

Contact your physician to schedule a follow up appointment:

Clinical Academic Building (CAB)

125 Paterson Street
Suite 5100B
New Brunswick, NJ 08901
Phone: 732-235-7784

IMPORTANT PHONE NUMBERS:

Rutgers GI Clinic: 732-235-7784

Robert Wood Johnson Schedulers: 732-828-3000 x3210

RWJ Endoscopy Nurse line: 732-828-3000 x5453 (Leave a message and you will receive a call back within 24 business hours)

For after hour **emergencies** call 732-235-7784

