Before your child’s Percutaneous Endoscopic Gastro-jejunostomy (PEG-J) Pre-operative Information

Children’s Services

This booklet is intended to offer information to parents and carers who have children needing Percutaneous Endoscopic Gastro-Jejunostomy (PEG-J) inserted.

What is a Gastrostomy?
A gastrostomy is a surgical opening, made through the abdominal wall into the stomach. A feeding tube can be passed through the opening.

What is a Jejunostomy?
A jejunostomy tube is a thin tube which goes into your child’s bowel (jejunum) through a surgical opening. They come in different lengths and thickness and can be kept in short or long term, depending on your child’s needs.

What is a Percutaneous Endoscopic Gastro-jejunostomy (PEG-J)?
A Percutaneous Endoscopic Jejunostomy is a tube with two ends, one leading to your child’s stomach and one to their bowel (jejenum). The larger tube passes from the abdominal wall (the surface of your child’s tummy) into the stomach and a smaller tube is inserted through this into your child’s jejunum. One end of the tube is marked with a g (gastrostomy) and one is marked with a j (jejunosotomy). Your child can be fed via the gastrostomy or the jejunostomy.

Here is a picture of what a Percutaneous Endoscopic Gastro-jejunostomy looks like:

Gastrostomy and of tube (g)  Jejunal end of tube (j)

Clamp  PEG-J tubing  Fixation plate
Why do some children need to have a Gastro-Jejunostomy?
Many children have feeding difficulties that can be helped by taking ‘high energy’ drinks or medication. Other children have more complicated feeding difficulties or conditions requiring the use of a jejunostomy tube in the short or long term.

If a child is unable to tolerate feeds into their stomach they may need to have a jejunostomy tube inserted. If a decision is made for your child to have a jejunostomy tube, this will provide a way for extra nourishments to be given, usually in the form of a milk formula. Your child’s dietitian will discuss the type and amount of feed your child will need. Having feeds this way is known as ‘enteral feeding’.

Some examples of many reasons for a child needs a jejunostomy tube are:
- Excessive vomiting
- Pain when feeding
- Inability to gain weight with feeding into their stomach
- They require a trial of hypoallergenic/polymeric feeding to try and improve the symptoms they are experiencing due to an underlying medical condition

How is a PEG-J inserted and how long will my child be in hospital?
- The PEG-J will be inserted in theatre under a general anaesthetic.
- Your child will usually come into hospital the day before or sometimes first thing on the morning of the procedure.
- Your child will need to stay in hospital for at least 48 hours after the PEG-J has been inserted. Before you go home you will be taught how to safely care for and use the PEG-J.
- You will be able to stay with your child whilst they are in hospital.
- The PEG tube will need to be replaced every 2 years under a general anaesthetic. The jejunal tube will need to be replaced whenever it comes out or if it blocks. If your child’s jejunal tube comes out of the bowel this can often be replaced without a general anaesthetic and with the use of an x-ray machine. In some cases a general anaesthetic is still needed to replace the jejunal tube.

How is the PEG-J kept in place?
- The gastrostomy cannot come out and is securely fixed in place inside and outside.
- The smaller jejunal tube inside of the larger gastrostomy tube can sometimes come out of your child’s bowel and will need to be replaced.
Risks/Benefits/Effects on Quality of Life
As each patient is different, these will be discussed with your child’s doctor before the PEG-J is put in. In some cases the jejunal tube may be able to be removed when it is no longer needed. This will leave your child with a PEG, meaning that they can still be fed into their stomach. This will be discussed with you and your child by the doctor after the PEG-J has been inserted.

What to do if you have any questions?
If you have any questions these can be answered by the nurse on the ward. After you go home, these can be answered by your children’s community nurse. It is sometimes a good idea to write them down. Before your child is discharged you will be given an aftercare booklet and the contact numbers needed are included in there.

Contact Details

**Monday to Friday between the hours of 9am to 5pm**
Please contact your child’s community nurse or telephone the ward that you were discharged from.

Contact number community nurse: ..........................

Contact number ward: ............................................

**Outside the hours stated above:**
Please telephone the ward that you were discharged from.

Contact number: .....................................................

For further information
The Patient Advice and Liaison Service (PALS) can offer on-the-spot advice and information about the NHS. You can contact them on freephone 0800 032 02 02 or e-mail northoftynepals@nhct.nhs.uk

Useful websites
If you would like further information about health conditions and treatment options, you may wish to have a look at the NHS Choices website at www.nhs.uk. On this website there is an information prescription generator www.nhs.uk/ips which brings together a wealth of approved patient information from the NHS and charity partners which you may find helpful

Information produced by Nurse Specialist (CYP Gastroenterology and Nutrition)
June 2013
Updated February 2015
For review February 2017