

VANDERBILT UNIVERSITY MEDICAL CENTER
DIVISION OF TRAUMA AND SURGICAL CRITICAL CARE

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Guidelines to removing PEG tubes (revised 2011)

Presumably, patients who have the tubes placed must be able to resume their protein and caloric need by mouth prior to tube removal. Recently, objective criteria of age < 65y, albumin > 3.75g/dl, and creatinine < 1.1mg/dl has been used as predictors of likelihood of achieving the resumption of oral nutrition and tube removal. ASPEN guidelines suggest at least 60% of nutritional goal should be achieved PO before resolution of enteral feeds. Calorie counts may need to be required.

Purposeful removal of the PEG should not performed less than 30 days post insertion. However, patients whose tubes left greater than 1 year and then removed have a higher rate of persistent gastrocutaneous fistula. The tube should not be actively used for nutrition supplementation or medication administration prior to removal.

Removal procedure:

1. Cut the tube to deflate disc or balloon through appropriate port.
2. **Firmly** pull the tube completely through the abdominal wall.
3. Place dry dressing and outpatient follow up is arranged for 2-4 weeks. At that point, minimal to no gastric output should be seen though the wound will still be present.
4. High dose PPI can be used to decrease gastric secretions and facilitate closure.