PERCUTANEOUS TRANESOPHAGEAL GASTROSTOMY TUBE (PTEG) MANAGEMENT (PALLIATIVE CARE)

PURPOSE: To outline the management of the patient who has a Percutaneous Transesophageal Gastrostomy Tube (PTEG). Insertion of a PTEG is not an intervention to extend lifespan but rather to improve quality of life.

SUPPORTIVE DATA: Malignant bowel obstruction (MBO) is a frequent complication in patients with advanced cancer. Percutaneous Transesophageal Gastrostomy Tube (PTEG) is a COOK percutaneous multipurpose catheter used for drainage. PTEG is an alternative option allowing for safe and effective symptom management.
It also allows patients to manage their fluid drainage at home.

This tube is only for drainage and NOT for feeding. Patients will be TPN dependent and have no medical option for a venting gastrostomy tube.

The PTEG is placed by IR (Interventional Radiology). Placement is confirmed with contrast during IR procedure.

ASSESSMENT:

1. Verify the placement and patency of tube:
    - Provider order needed to use
    - Sutures are intact
    - Mark the catheter above and below the suture site (if mark begins to disappear when cleaning with chlorhexidine, reapply mark)
    - Verify wire lock
    - IR must send the connecting tube with the patient
    - Verify dressing is intact from IR. Dressing should be changed every three days.
    - A Connecting Tube is needed to have access for suction
    - A 3-way stopcock (usually a Lopez valve, not the Salem Sump valve) is attached to the catheter end to attach to suction tubing. The 3-way stopcock facilitates access to the connecting tube for flushing.
    - Connect to low intermittent wall suction if ordered
    - If the catheter is attached to a drainage bag, needs to be leveled at abdomen area **Note:** Verify that the bag is lower than insertion site to promote gravity drainage
    - Prevent pulling or dangling of the suction tubing or drainage bag
2. Assess the following a minimum of every 8 hours(ICU/PCU:4 hours)
    - Abdominal distention and rigidity
    - Drainage amount and color
    - Dressing and insertion site for signs or symptoms of infection
    - Signs of respiratory distress
3. Measure the following a minimum of every 8 hours (ICU/PCU: 4 hours)
    - PO intake
    - Output from TEG

LAVAGE/ IRRIGATION:

4. Flush PTEG a minimum of every 8 hours with 50 ml of water to maintain patency **Note**: verify stop cock is open to facilitate flushing.

SUCTION:

5. If suction ordered – maintain at low intermittent wall suction 40 -80 mmHg.
6. Ensure *Lopez valve* open for suction.

MEDICATION ADMINISTRATION:

7. Should be given **orally.**
8. Should be converted to liquid form.
9. Turn stop cock off to patient for 30 minutes after administration of medication to allow absorption flush with 30cc of water after medication administration.

MOUTH CARE:

10. Provide mouth care a minimum of every 4 hour
11. Ice chips may be offered
12. Non-petroleum-based lip moisture may be used

TUBE AND BAG MAINTENANCE:

13. Provide care daily (every 24 hour)
    - Inspect and clean skin around tubing
    - Reposition tube to avoid pressure injury
    - Check for kinks at site and throughout tubing
14. Avoid pulling of tubing or dangling the drainage bag (if bag present, not using suction device)
15. If using drainage bag, change bag if ½ full

DRESSING MAINTENANCE:

16. Change dressing weekly, or if it becomes wet, soiled or loose.
17. To change dressing:
    - Clean site with chlorhexidine
    - Apply Cavilon
    - Use 3M Tegaderm dressing
    - Write date, time and clearly label PTEG
18. If allergic to chlorhexidine change every day and use:
    - Wet to dry dressing with normal saline
    - Place 4x4 drain gauze
    - Secure with tape or tegaderm
    - Write date, time and clearly label as a PTEG

SAFETY:

19. Check tube placement prior to irrigation, or instillation of medication/feeds
20. Verify sutures are intact to both the catheter and skin
21. Verify catheter is secured without kinks or loops
22. Tape tube securely.
23. Must be leveled at abdomen area.
24. Only clear liquids, or liquid medications should be administered.
25. Clamp tube for transport of patient and attach drainage bag prior to transport.

PATIENT/CAREGIVER EDUCATION:

26. Teach the following:
    - Purpose and function of PTEG
    - How to avoid accidental dislodgement
    - Signs and symptoms to report;
        -Respiratory distress
        -Nausea/emesis -
        -Pain at the site
        -Abdominal pain
        -Bloody drainage
        -Clogged tube
        -Tube dislodgement
        -Purulent drainage from insertion site
    - Role in maintaining accurate intake and output
    - Not to reattach disconnected tubing and notify nurse
    - Hands on patient and or family teaching with return demonstration prior to discharge home.

REPORTABLE CONDITIONS:

27. Notify the provider immediately for the following:
    - Vomiting
    - Increased Pain (especially abdominal pain or pain at insertion site)
    - Increased abdominal distention, firmness
    - Suspected misplacement/dislodgement of tube

- Sutures no longer intact
- Signs and symptoms of infection
- Bloody drainage
- Respiratory distress
- Remove tube before notifying provider *unless* provider has ordered not to remove tube, e.g. if tube was placed in the operating room.
- Increased abdominal girth
- Loss of bowel sounds

ADDITIONAL STANDARDS:

28. Implement the following as indicated:
    - Intravenous Therapy
    - Restraints

DOCUMENTATION:

29. Document in accordance with documentation standards.
30. Document in Orchid – Systems Assessment – Drain Tube Type – add Dynamic Group –other enter "Cook catheter/PTEG" label accordingly.
31. Document assessment and care
32. Document description of drainage
33. Intake and output

REFERENCES:

Malignant bowel obstruction: natural history of a heterogeneous patient population followed prospectively over two years. *J Pain Symptom Manag.* 2011; **41**: 412-420

Toh Yoon EW, Nishihara K. Percutaneous transesophageal gastro-tubing (PTEG) as an alternative long-term tube feeding procedure when gastrostomy is not feasible. *Therap Adv Gastroenterol*. 2017;10(12):911-917. doi:10.1177/1756283X17730810

Drains: Everything Nurses Need to Know - Nursing CEU Course (nursingcecentral.com)

About Your Sutured Drainage Catheter | Memorial Sloan Kettering Cancer Center (mskcc.org)

Percutaneous transesophageal gastrostomy (PTEG): indications, technique, and outcomes - Journal of Vascular and Interventional Radiology (jvir.org)

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