



DUODOPA PEG-J

1. Tube Information

Information about Your PEG-J tube

This PEG-J tube is only to be use with the medication DUODOPA. No other medications or enteral feeding products should be delivered through this tube.

Type of tube: _____

Tube size: _____

Service that placed tube: _____

Date tube was placed: _____

Checking and Maintaining Your Tube's Position

How to check the tube position

Make a mark on the tube where the tube exits your body. Use a permanent marker. Measure the length of the tube that remains outside your body.

- Write down this measurement here: _____

This measurement is the correct position of your tube.

Replacing your Tube

Tubes do not need routine replacement. All PEG-J tubes eventually need to be replaced but the time for replacement varies.

You may need your tube replaced if:

- The tube has a crack or looks like it is breaking down.
- There is a change in the amount of or look of the drainage from the opening where the tube enters the body.
- The tube is blocked (you may be unable to flush the tube).

Tube Replacement

If you feel your tube requires replacement please contact Deer Lodge Movement Disorder clinic or Dr. Duerksen to further discuss this.

If your PEG tube has come out, **URGENT REPLACEMENT IS REQUIRED** (the stoma may close if not replaced urgently). Please contact Dr. Duerksen. Be prepared to tell them the date the tube was placed and the date the tube came out.

2. Daily Care

Looking After Your Skin and Stoma

- The **stoma** is the opening on the skin where the PEG-J tube enters your body.

General Directions

- Keep the skin around the stoma as clean and dry as possible. Bandages are not usually needed unless the stoma is draining.
- Check and clean the stoma **every day** according to the provided instructions.

Checking the Stoma

Look carefully at and around the stoma for any of the following signs of skin irritation or infection:

- Skin redness greater than ½ inch (1 to 2 cm) around the tube tenderness, discomfort or pain around the tube
- Discharge (leakage) from the stoma
- Swollen skin
- Bad smell

Cleaning the Stoma

Keep the skin clean and dry to avoid skin irritation and breakdown.

1. Gather the equipment you need:

- Clean facecloth
- Cotton tip swab (Q-tip)
- Mild soap
- Warm water
- Other: _____

2. Wash your hands **before and after cleaning the stoma site.**

3. Follow these steps:

- If you are using dressings, carefully remove them and throw them away.
- At least once every day, wash the skin around the tube. Use a clean facecloth and water. (You may use mild soap, but do not use it every day as this causes skin to dry out and can lead to irritation faster.) Also clean the skin anytime there is leakage around the tube.
- Use a Q-tip to gently clean around the stoma. Do not pull hard on the tube. This can harm the inside of the stomach or intestine.
- Clean the outside of the tube with mild soap and water.
- Rinse the skin with warm water, and then dry it well with a soft clean towel.
- If you use tape to keep the tube in place, avoid taping over the same patch of skin each time, as this can irritate the skin. Use a soft, cloth, surgical tape such as 3M Medipore™ Tape, or transparent adhesive tape. Do not use white adhesive tape as it will leave a sticky material on the skin that is hard to remove and may irritate the skin.

Taking a Bath or Shower with a Stoma

- Always leave the area clean and dry after showering or bathing.
- Taking a Bath:
 - Always keep the stoma above water.
- Taking a Shower:
 - If your stoma is less than 2 weeks old or has not yet completely healed, cover the stoma site with a waterproof bandage or Saran wrap and tape.
 - If the stoma is more than two weeks old and completely healed, you do not need to cover it while showering. You may clean around the stoma while showering.

Looking After Your PEG J tube

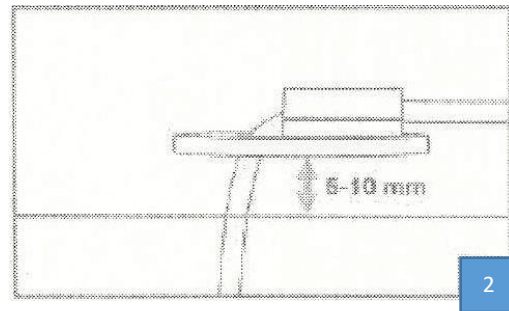
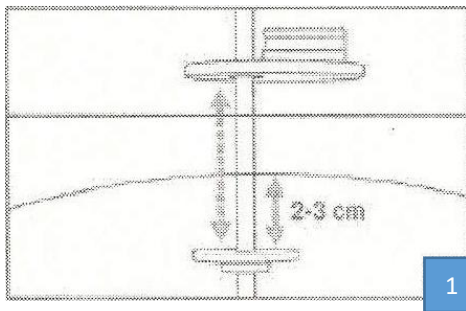
Day of Placement (first 24 hours):

- Do not change the dressing during the first 24 hours unless necessary. Observe for signs of complications such as pain, bleeding or infection.

Continuous Care, every 2-3 days:

- **After initial wound healing** this procedure should be performed every 2-3 days.
- Wash hands before and after performing this procedure.
- Open the retention plate and release the tube from the plate.
- Carefully push the tube 2-3 cm into the stomach and gently pull back until you feel resistance of the internal retention plate (to avoid buried bumper) See image 1 below. DO NOT twist the tube.
- Apply Y dressing if applicable.

- Replace the retention plate allowing free movement of 5-10 mm. See image 2 below.
- Be sure the external retention plate is in a good position.



Perform the “Flush Procedure” Every Day

- **Post PEG-J insertion:**
 - A flush procedure must be performed everyday post PEG-J insertion
 - Use the provided syringe to flush the intestinal tube with at least 40 mL of room temperature drinking water. The port is marked with the letter “l”.
 - Use the provided syringe to flush the space between the intestinal and PEG tube at least once a week with room temperature drinking water. The port is marked with the letter “g”.
- **Post starting the DUODOPA therapy**
 - After you have completed your DUODOPA therapy for the day it is imperative that you perform a “Flush Procedure.” Flushing your tube is part of your Daily tube care and is outlined within the Daily Tube Care pamphlet that has been provided to you.
 - After stopping and turning off the pump, disconnect the cassette from the intestinal port of the Peg-J tube (twist the cassette tube, **NOT** the PEG-J tube).
 1. Use the provided syringe to flush the intestinal tube with at least 40 mL of room temperature drinking water. The port is marked with the letter “l”.
 2. Use the provided syringe to flush the space between the intestinal and PEG tube at least once a week with room temperature drinking water. The port is marked with the letter “g”.

The Signs of Skin Irritation or Infection:

- If you experience signs of skin irritation or infection call your Doctor.

Irritation

- Skin is redder than normal and raw-looking.
- Discharge is watery and clear.
- Skin is tender to touch.

Infection

- Skin is fiery red, hot and swollen.
- Discharge is thick and cloudy with a white or yellow-green colour.
- Skin hurts a lot and all the time.
- Fever (temperature above 38.5°C or 101.3°F).
- Stoma area smells bad.

Emergency Contacts (do not use except in the case of emergency, otherwise contact the office during regular hours):

- Deer Lodge Movement Disorders Clinic – **204-940-8400**
- Dr. Donald Duerksen (gastroenterologist) – St Boniface Hospital Switchboard via **204 237 2053**
- AbbVie Care Duodopa for general questions and concerns – **1 844 686 3672**
- Your SHN nurse/Clinic nurse : _____
- For any life threatening situation or in the unlikely situation that your PEG tube is accidentally pulled out through the stoma, please call 911 or reported to the nearest emergency room and then ask for your Duodopa care team to be notified.
- In the case of a pump malfunction, you are advised to restart your levodopa-carbidopa or Sinemet at the last dose prior to Duodopa therapy and then contact your Duodopa team.