

經皮內視鏡胃造口術術後護理指導

Postsurgical Nursing Instructions for Percutaneous Endoscopic Gastrostomy (PEG)

一、何謂經皮內視鏡胃造口術

1. What is Percutaneous Endoscopic Gastrostomy (PEG) :

傳統胃造口是用開腹手術的方式，需要進入開刀房做全身麻醉，手術風險高且傷口不易癒合，目前歐美國家極力推廣經皮內視鏡胃造口術，藉由內視鏡的輔助，在病人的左上腹部打一個可通至胃內的小洞，再將灌食管從肚皮直接插入(到)胃部，以進行灌食，此安全性遠比傳統胃造口手術來的受到肯定。

Traditional gastrostomy applies laparotomy and requires entering to the operating room under general anesthesia. The risk of surgery is high while wounds are not easily healed. Currently the European countries and the United States are actively promoting the Percutaneous Endoscopic Gastrostomy (PEG), which applies the assistance of endoscopic to create a small hole on the upper left abdomen of the patient that directly goes to the stomach, followed by inserting the feeding tube directly from the belly to the stomach in order to carry out feeding. The safety is far more recognized by traditional gastrostomy.

二、什麼人適合做胃造口

2. Who will need to do gastronomy:

需經醫師評估符合下列條件者，就可以考慮做胃造口：

Persons evaluated by physician that meet the following conditions may consider doing gastronomy:

(1)需要長期灌食者(時間大於六個月以上)。

Persons requiring long-term feeding (time over 6 months).

(2)長期插鼻胃管反覆引起吸入性肺炎、胃輕癱或胃酸及嚴重食道逆流(潰瘍出血)等合併症者。

Repeated aspirated pneumonia, gastroparesis, stomach acid, and Gastroesophageal reflux disease (bleeding ulcers) due to long-term NG Tube, as well as other complications.

(3)吞嚥能力在半年內不易恢復者。

Persons with swallowing capacity that could not be easily recovered in half year.

(4)自覺插鼻胃管會影響外觀者。

Persons perceiving NG tube will affect the look.

三、胃造口術後的照顧

3. Post-Surgical Care for Gastronomy:

	胃造口術後當天 On the day of gastronomy surgery	胃造口術後第一天 (禁食 18 小時之後) First day after gastronomy surgery (after fasting for 18 hours)	胃造口術後第二天 Second day after gastronomy surgery
灌食 Feeding	<p>做好後需禁食 18 小時，依醫囑打開灌食管蓋子，利用檢診手套或嘔吐袋採自然引流(引流胃酸及空氣) After the surgery need to fasting for 18 hours. Open the NG tube according to medical prescription, use examination gloves or vomiting bag to adopt natural drainage (stomach and air drainage).</p> 	<p>首先以 50cc 開水灌食 1 次，若無不適或外漏，於每 2 小時灌食 50-100cc 清流質飲食，(逐次增加 10cc)，不超過 100cc 為原則 First feed with 50 cc of water. In case of nor adaptation or leakage, feed in every 2 hours with 50~100cc of liquid food (gradually add by 10cc). As principal please not exceed 100cc.</p>	<p>每 4 小時灌 150-200cc 流質飲食，若灌食順利且沒有不舒服，第三天起就可以恢復正常管灌量(每次勿超過 300cc) Feed 150-200cc in every 4 hours. If feeding goes well without discomfort, Then starting from the third day can restore to normal NG feeding amount (each time please do not exceed 300 cc).</p>
胃造口評估 Gastronomy Evaluation	<p>若紗布無滲出液則不需換藥 No need to change wound dressing if there is no exudate flow out from gauze.</p>	<p>胃造口換藥每天一次，若紗布有滲濕請隨時更換新的紗布 Gastronomy requires to change a wound dressing once in a day. Please change with a new gauze at any time if the gauze dampened.</p>	

四、確認灌食管位置正確的方法：

4. Method to Confirm the Correct Position of Feeding Tube:

1. 每次灌食前、胃造口換藥時需檢查灌食管的位置(做記號的位置)正確。

Every times before you feeding, and changing a wound dressing, You need to check the feeding tube's location (marking the location).



2. 外固定環，若不在記號的位置上，則需重新固定。

In case the external fixing ring is not on the marked position, re-fixed is required.

3. 若外固定環差距超過 2cm 且無法推回記號處，需立即至醫院處理。

In case the external fixing ring has gap over 2cm and could not be pushed back to its original marked location, then seek medical help at the hospital immediately.

4. 維持外固定環距離腹壁約放入一片 Y 紗的厚度，不宜太緊或太鬆。

Maintain the distance between the external fixing ring and the abdominal wall with the thickness of one Y gauze , Do not being too tight or too loose.

五、正確執行胃造口灌食方法

5. Correct implementation of gastrostomy feeding method:

1. 以肥皂先洗手(雙手搓揉至少 15 秒)。

Wash hands with soap (rub hands for at least 15 seconds).

2. 抬高床頭，採半坐臥姿勢直到灌食後 1 小時。

Lift up the bed and take half sitting position on the bed until 1 hour after tube feeding.

3. 病人需避免左側躺。

The patient needs to avoid lying on the left side.

4. 檢查灌食管的位置(做記號的位置)是否正確。

Check if the position of NG tube (marked location) is correct.

5. 以灌食空針反抽確認食物殘餘量，若反抽超過 50cc 則延後 1 小時再評估後灌食(若長期胃殘留量超過 100cc，請與醫護人員聯繫)。

Use empty syringe to draw reversely the food residue amount. In case the reverse drawing exceeds 50cc, and waiting for 1 hour then evaluating before feeding (in case stomach residue exceed 100cc for long time, then please contact medical staff).

6. 開始灌食的速度不要太快，以自然流速為宜，且溫度接近體溫最為恰當。

The beginning feeding speed should not be too fast but should be naturally flowing with temperature most closed to the body temperature as appropriate.

7. 勿用擠壓的方式灌食。

Do not feed by squeezing.

8. 灌食後需用 30-60cc 開水清洗灌食管。

After feeding, use 30-60cc water to clean the tube

9. 灌食完畢後，以固定夾固定於腹壁出口處並蓋上蓋子。

After feeding, secure the tube with a clamp on the outlet with lid on.

六、執行胃造口換藥、觀察胃造口異常現象：

6. Implementation of Changing Gastronomy Wound Dressing and Observe Gastronomy Abnormality:

1. 每天一次胃造口換藥，可於洗澡後執行。

Change gastronomy wound dressing once in a day, It can be done after taking a bath.

2. 隨時保持胃造口周圍皮膚乾燥，若胃造口上紗布潮濕需重新更換新的紗布。

Keep the peripheral skin of gastronomy dry. In case the gauze on the gastronomy is damper and requires the replacement of new gauze.

3. 移除舊紗布時，觀察胃造口處是否有異常現象(如：胃內容物沿著灌食管旁邊滲出；胃造口周圍皮膚有紅、腫、熱、痛或瘻肉；胃造口處有黃綠色分泌物及臭味)如有以上現象請與醫療人員聯繫。

When removing the old gauze, observe the abnormality on gastronomy (such as: stomach content permeates along the feeding tube, red, swelling, hot, hurt, or polyp; yellow-green secretion and odor found at the gastronomy outlet.

4. 胃造口換藥方法(前後有兩種)

Methods of changing gastronomy wound dressing (two types):

<p style="text-align: center;">消毒清潔法</p> <p style="text-align: center;">Disinfecting cleaning method</p> <p>Disinfection and cleaning method (做完胃造口 14 天內或有感染現象時) (in 14 days after gastronomy or infection)</p>	<p style="text-align: center;">清潔法</p> <p style="text-align: center;">Cleaning method</p> <p>(做完胃造口 14 天後，胃皮瘻管成 後) (in 14 days after gastronomy and after formation of gastro fistula)</p>
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(1)先以肥皂洗手(雙手搓揉至少 15 秒)

(1) wash hands with soap first (rub two hands for at least 15 seconds)

(2)先以生理食鹽水棉棒環狀清潔胃造口周圍皮膚 5 公分範圍。

(2) use saline solution and Q-tip to clean the peripheral skin of gastronomy in 5cm of range.



(2)肥皂和清水洗淨胃造口周圍皮膚後擦乾後墊上一層乾淨 Y 紗即可。

(2) Dry the peripheral skin of gastronomy with soap and water, followed by applying a layer of clean Y gauze.

(3)再以優碘棉棒環狀消毒胃造口周圍皮膚約 5 公分範圍。

(3) Use iodine Q-tip to disinfect the peripheral skin within 5cm range.



(4)待 30 秒後再以生理食鹽水棉棒環狀清潔胃造口周圍皮膚。

(4) Wait for 30 seconds and use saline solution with Q-tip to clean the peripheral stomach of the saline solution.



(5) 等皮膚乾燥即可，或依指示塗抹藥物後墊上一層乾淨 Y 紗即可。

(5) After the skin gets dry, apply the medicine according to the instructions followed by placing a layer of clean Y gauze.



※確認灌食管位置正確。

Make sure feeding tube is in the correct position

※如有需要時，可於胃造口周圍皮膚塗抹薄薄一層氧化鋅軟膏或擦凡士林有收斂及隔離保護效果。

If necessary, apply a thin layer of Zinc Oxide Ointment or Vaseline to the peripheral skin of gastronomy for the convergence and isolation protection effect.

七、維持灌食管清潔通暢的方法：

7. Maintaining cleanness and smoothness of feeding tube:

1. 每次灌食(食物或藥物)後以 30cc 以上開水沖洗灌食管，維持灌食管清潔通暢。

Each feeding (food or drugs) require using 30cc water to rinse the feeding tube.

2. 食物殘留於管壁上易造成發霉，請以手輕輕擠壓管壁上食物殘留處，再灌入少量開水沖洗。

Food residues on the tube wall will lead to fungus. Please squeeze the tube wall where the food resides, add small amount of water for rinsing.

3. 每週 1-2 次，在兩餐之間使用碳酸飲料如：雪碧汽水、食用蘇打水、稀釋醋 30cc 灌入灌食管內，30 分鐘後輕輕擠壓灌食管再以清水沖洗即可。(糖尿病病人不適合用雪碧汽水，可以蘇打水替代；需注意汽水開瓶後放置過久，氣泡消失即無效果)。

Clean 1~2 times a week and add carbonated drinks between meals such as: Sprite, drinking soda, diluted vinegar of 30cc fed into the feeding tube. Gently press the feeding tube in 30 minutes and rinse with clean water (patients of diabetes may not use spring but soda water. Note the bubbles disappear without effect after placing

aside the drinks.

食用蘇打水使用方式 Use Edible Baking Soda Solution	
機構 Institution	30gm 蘇打粉+500cc 開水，停留 3 分鐘。 30gm baking soda + 500cc water, retain for 3 minutes.
	3gm 蘇打粉+500cc 開水，停留 15~20 分鐘。 3gm baking soda + 500cc water, retain for 15~20 minutes.
居家 Home	2gm 蘇打粉+30cc 開水停留 3 分鐘。 2gm baking soda + 30cc water, retain for 3 minutes.

4. 每天於消毒或清潔胃造口時，同時以肥皂水或清水清洗灌食管外表，洗後自然乾燥即可。

When disinfecting or cleaning the gastronomy, use soap water or clean water to rinse the surface of the feeding tube. Allow it to air dry.

八、處理灌食管阻塞的方法：

8. Handling Obstruction in Feeding Tube:

1. 用灌食空針嘗試回抽或推入開水(利用拉力及壓力使管壁通暢)。

Use empty feeding syringe to draw reversely or push in the water (use pulling and pressing strength to smooth the tube wall).

2. 若無法回抽或推入，請輕柔的擠壓整條灌食管後灌開水。

In case the tube could not be reversely drawn or pushed in, please squeeze the entire feeding tube gently to feed water.

3. 若無法通暢，則需要更換灌食管，請與醫療人員聯繫。

In case of obstruction that requires replacement of feeding tube, please contact with medical staff. .

九、預防灌食管滑脫/自拔的方法：

9. Preventing Feeding Tube Falling /Pulling:

1. 適當固定灌食管，可使用束腹帶將灌食管妥善固定，以免不小心拉扯。

Properly fasten the feeding tube. Use binder to secure the feeding tube from accidental pulling.

2. 躁動等不自覺拔管者，可使用棉質小玩偶讓病人抓握手中，避免讓病人觸摸到灌食管。
Patients pulling the tube due to anxiety can play with cotton toy so that patients will not touch the feeding tube.

3. 若灌食管不慎滑脫或自拔時，請依照醫護人員指導方式儘速將預備的灌食管或尿管(22-24 號)重新放入，深度 5-10 公分，水球打入 5-10 cc(矽質尿管約 5cc)，放置後反抽胃內容物(確認灌食管位置正確)，若抽不到東西，先灌開水察看病人的反應，有不適症狀，請儘速就醫。

In case the feeding tube falls off or if the patient pulls it out, please follow the nurse instruction to quickly re-insert the prepared feeding tube or urine catheter (No. 22-24) to depth of 5-10cm. Insert the water ball into 5-10 cc (Silicone Foley Catheter for about 5cc). After placement, reservedly draw the stomach content (to validate the correct position of feeding tube). If nothing could be drawn, feed water to observe patient response. Any discomfort, please consult medical treatment immediately.

4. 若無預備的灌食管，請儘速到醫院急診放置灌食管。

In the event of no excess feeding tube, please go to the hospital emergency room for placement of feeding tube immediately.

(胃造口的通道在灌食管脫落後的 4-6 小時會縮小，若未儘速重新放置，可能需重新胃造口)。

(the channel for gastronomy will shrink in 4-6 hours after the feeding tube falls off.

Failure to replace the tube might require a new gastronomy again).

參考資料 Reference Information


好醫師新聞網 WWW.5678news.com, 2016, 07, 04

若您想對以上的內容進一步了解，請洽諮詢電話：05-2756000 轉 80 病房分機 8001、8002

居家護理所：05-2289916 轉 3308、3309

If you want to learn more about the matters above, please contact Tel: 05-2756000 transfer 80
ward extension 8001,8002

Nursing home: 05-2289916 transfer 3308,3309

 天主教中華聖母修女會醫療財團法人天主教聖馬爾定醫院 關心您
ST. Martins De Porres Hospital concern about you

2021 年 10 月修訂

Revised October 2021