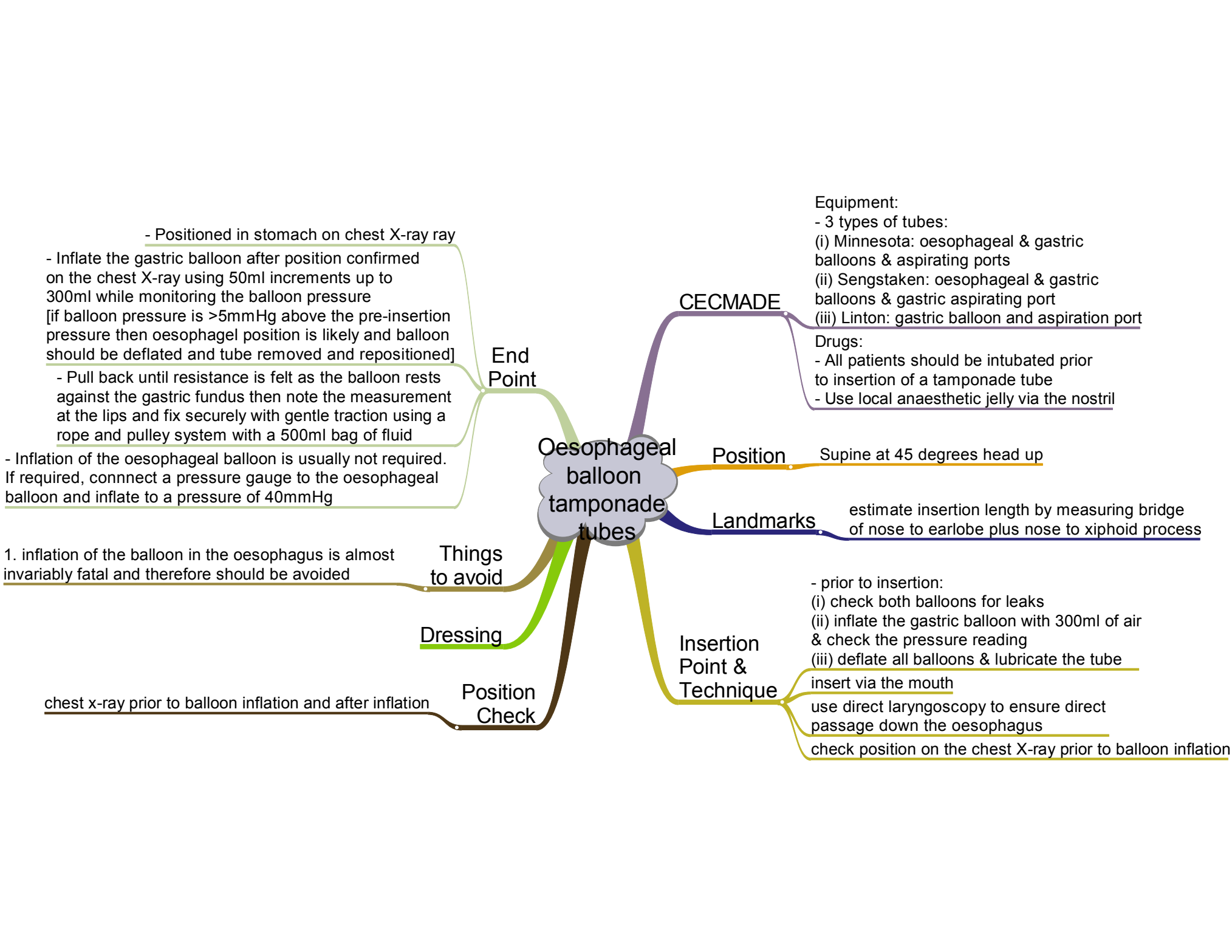
Oesophageal balloon tamponade tubes
CECMADE
Equipment:
- 3 types of tubes:
(i) Minnesota: oesophageal & gastric balloons & aspirating ports
(ii) Sengstaken: oesophageal & gastric balloons & gastric aspirating port
(iii) Linton: gastric balloon and aspiration port
Drugs:
- All patients should be intubated prior to insertion of a tamponade tube
- Use local anaesthetic jelly via the nostril
Position
Supine at 45 degrees head up
Landmarks
estimate insertion length by measuring bridge of nose to earlobe plus nose to xiphoid process
Insertion Point & Technique
- prior to insertion:
(i) check both balloons for leaks
(ii) inflate the gastric balloon with 300ml of air & check the pressure reading
(iii) deflate all balloons & lubricate the tube
insert via the mouth
use direct laryngoscopy to ensure direct passage down the oesophagus
check position on the chest X-ray prior to balloon inflation
Position Check
chest x-ray prior to balloon inflation and after inflation
Dressing
Things to avoid
1. inflation of the balloon in the oesophagus is almost invariably fatal and therefore should be avoided
End Point
- Positioned in stomach on chest X-ray ray
- Inflate the gastric balloon after position confirmed on the chest X-ray using 50ml increments up to 300ml while monitoring the balloon pressure
[if balloon pressure is >5mmHg above the pre-insertion pressure then oesophagel position is likely and balloon should be deflated and tube removed and repositioned]
- Pull back until resistance is felt as the balloon rests against the gastric fundus then note the measurement at the lips and fix securely with gentle traction using a rope and pulley system with a 500ml bag of fluid
- Inflation of the oesophageal balloon is usually not required. If required, connnect a pressure gauge to the oesophageal balloon and inflate to a pressure of 40mmHg