Gastrointestinal Tubes

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Reasons for placing intestinal tubes:
- Decompression of the GI tract (i.e. intestinal obstruction)
- Lavage (washing out the stomach)
- Gavage (feeding)
- Compression (control bleeding)
- Diagnosis (analysis of GI contents)

Types of intestinal tubes:
- Levin (standard nasogastric tube)
- Sump (nasogastric tube with side ports)
- Dobhoff/PEG (enteral feeding)
- Sengstaken-Blakemore (compression of gastric cardia and distal esophagus to control variceal bleeding)
- Long tubes (Miller-Abbott/Cantor)
Gastrointestinal Tubes

Insertion Procedure for NG tube:

- Sit patient upright (preferable)
- Inspect nares, pick larger of the nares
- Lubricate NG tube
- Insert tube into back of nose with gentle pressure
- Ask patient to swallow, advance tube rapidly but gently (patient may sip water)
- Confirm placement of tube in stomach

Nasogastric Tube Position

Dobhoff tube
Feeding tube placement

Sengstaken-Blakemore tube

Miller-Abbott tube
Gastrointestinal Tubes

- Complications of tubes thru nose:
  - Nasal septal injury/bleeding
  - Respiratory distress
  - Curling
  - GI Bleeding
  - Pneumothorax
  - Nasal alar necrosis (Sengstaken)

Gastrointestinal Tubes

- Intestinal tube removal:
  - Take tube off suction
  - Undo all tape
  - Remove quickly during Valsalva or suspended respirations