

Gastrointestinal Tubes
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Gastrointestinal Tubes

- 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)

Gastrointestinal Tubes

- 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

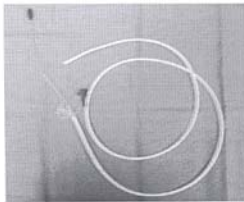
● Insertion Procedure for NG tube:

- 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

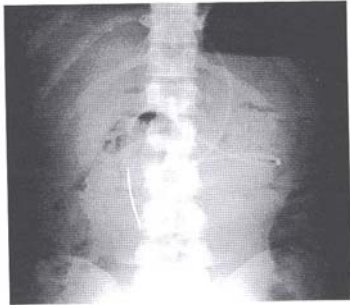
Nasogastric Tube Position



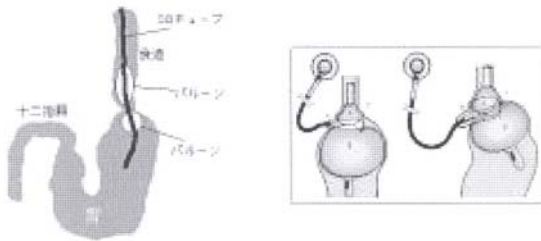
Dobhoff tube



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
