Sengstaken-Blakemore Tube

By

Janice Gambone, RN, BSN, CEN, EMT-P
Indications for use:
- Acute life threatening bleeding from esophageal or gastric varices not responding to medical therapy (i.e. endoscopic hemostasis & vasoconstrictor therapy “banding”) OR when endoscopic procedures are not available.
- Other causes of UGI Bleeding - peptic ulcers, Mallory-Weis tear, neoplasm.
- Temporary pending sclerotherapy and TIPS (transjugular intrahepatic portacaval shunting).

Contraindications:
- Variceal bleeding stops or slows.
- Recent surgery that involved the esophagogastric junction.
- Known esophageal stricture.
Balloon tamponade for bleeding esophageal varices, etc.

3 ports: gastric balloon, gastric suction port, & esophageal balloon.

Minnesota tube has 4 ports – adds esophageal suction port.

Temporary solution to stop bleeding – should only stay in for about 24 hours.

Gastric balloon – 400-500 ml of air
Esophageal balloon – 30-45 mmHg
Requires 1-2 lbs of traction – Can use a bag of IV fluids:
• 500ml = 1.43 lbs (0.57kg)
• 1000ml = 2.6 lbs (1.09kg)
Complications:

• Can migrate proximal blocking the airway. Patient should be intubated.
• Migration of gastric balloon into the esophagus causes tracheal compression and high peak inspiratory pressure (PIP) on ventilator.
• Aspiration
• Esophageal perforation or rupture.
• Necrosis of nares, lips, tongue.
• Pain.
• Pharyngeal and gastroesophageal erosions & ulcers caused by local pressure effects.
• Hiccups.
Care during transport:

- Suction orally as needed.
- If placed to suction, monitor esophageal &/or gastric output.
- Keep HOB elevated if blood pressure permits.
- Note date/time of insertion.
- Note cm marking (45-50) at lip/nares.
- Maintain 1-2 lbs traction.
- Make sure the gastric & esophageal lumens are clamped with 2 pairs of Kelly clamps each.

HAVE
SCISSORS
HANDY
FOR
EMERGENCY
BALLOON
DECOMPRESSION.