

Sengstaken-Blakemore Tube

By

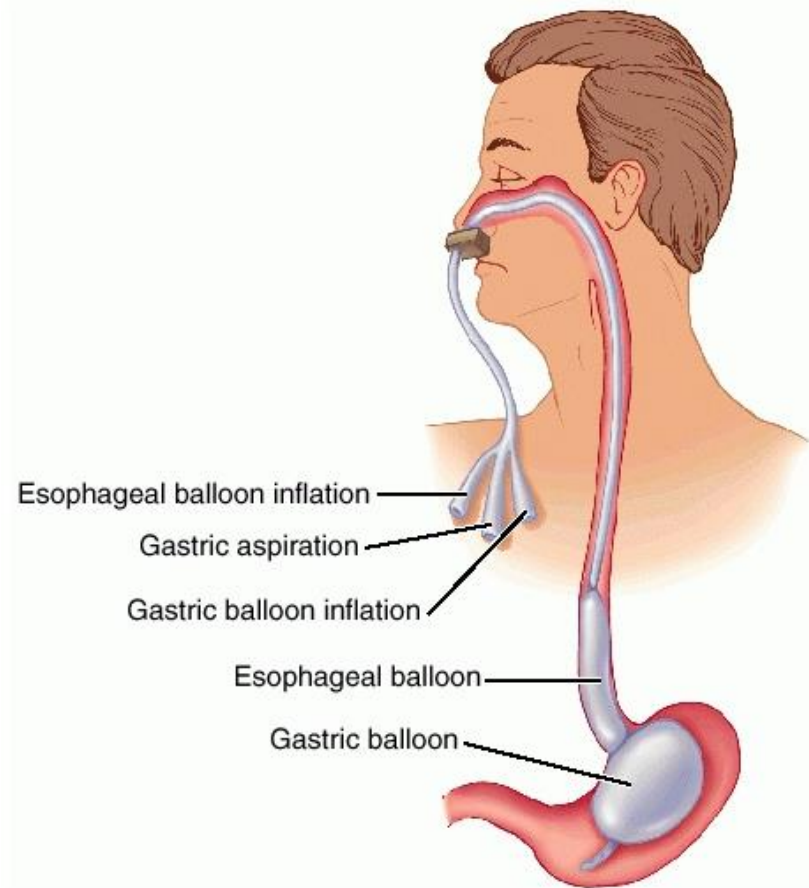
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EMT-P

Indications for use:

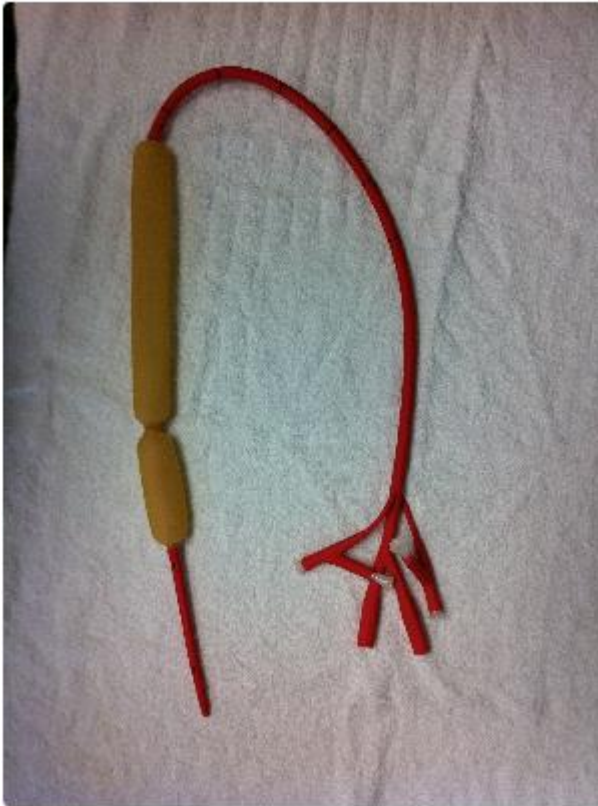
- Acute life threatening bleeding from esophageal or gastric varices not responding to medical therapy (i.e. endoscopic hemostasis & vasoconstrictor therapy “banding”) OR when endoscopic procedures are not available.
- Other causes of UGI Bleeding-peptic ulcers, Mallory-Weis tear, neoplasm.
- Temporary-pending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

Contraindications:

- Variceal bleeding stops or slows.
- Recent surgery that involved the esophagogastric junction.
- Known esophageal stricture.



Minnesota Tube



Sengstaken-Blakemore Tube



- 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

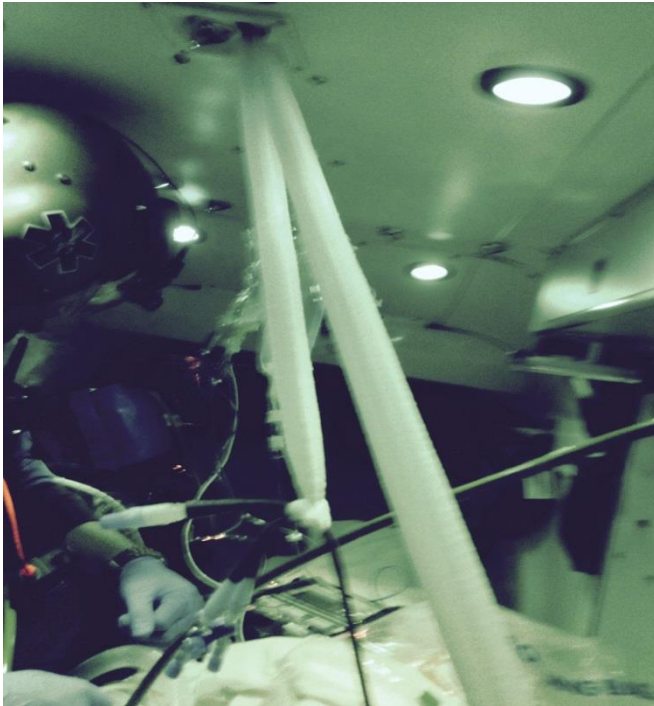
Requires 1-2 lbs of traction – Can use a bag of IV fluids:

- 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:



HAVE
SCISSORS
HANDY
FOR
EMERGENCY
BALLOON
DECOM-
PRESSION.

- 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.