Nasogastric/Orogastric tube insertion
Content

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I. Definition

What?

• (Plastic) tube
• From nose (nasogastric) or mouth (orogastric) to stomach
• Length between 1,2 or 1,5 m
• Flexible
• Radiopaque
• Diameter in Charrière (CH)
I. Definition

Different types – Location – **Gastric tubes**

- Microtube (tube feeding)
- Levin tube (instillation or irrigation of fluids and/or medication)
- Salem-Sump tube (stomach decompression and irrigation of fluids)
I. Definition

Different types – location – **Gastric tubes**

- Sengstaken-Blakemore tube (bleeding esophageal varices)
I. Definition

Different types – location – **Intestinal** tubes

- Placed beyond the pyloric sphincter
- Oro-intestinal or naso-intestinal placing
- Usually done by a physician
- Irrigation of liquids or gases from the upper intestinum.
- Different specific types
I. Definition

Different types – location – *Gastrostomy* tubes
I. Definition

**Different types – material – PVC**

- Polyvinylchloride
- Short-term use (7 – 10 days)
- Loss of flexibility
- Inserting without guide wire

**Different types – material – PUR**

- Polyurethane
- Change tube after 6 weeks
- Keeps its softness and flexibility
- Inserting with a guide wire
I. Definition

Different types – material – **Silicone**

- Flexible and comfortable
- Long-term use
- Relatively expensive as compared to PVC and polyurethane tubes
- Inserting with a guide wire
II. Indications

Therapeutic purposes

• Tube feeding
• Administration of medication
• Aspiration of gastric contents

Diagnostic purposes

• Endoscopy
• Localize gastro-intestinal bleeding
III. Contra-indications

- Fractures in the skull base
- Old or recent trauma to the nose
- Nasal polyps or other obstructions from the nose
- Congenital or acquired abnormalities of the nasal septum
- Poisoning by corrosive substances will give a too high risk of perforations
- Maxillofacial traumas
- Oesophageal diverticula: the thin wall of the diverticula increases risk of perforations
- Diaphragmatic hernia: danger of curling of the tube into the bulge
- Oesophageal tumors: this gives a narrowing of the esophagus
IV. Inserting a nasogastric tube

Preliminary comments – **Length determination**
IV. Inserting a nasogastric tube

Preliminary comments – **Length determination**

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IV. Inserting a nasogastric tube

Preliminary comments – Fixation of the tube

• Method 1:

• Method 2:
IV. Inserting a nasogastric tube

Actual placement

<video>
https://www.youtube.com/watch?v=XLxtuyB9CwQ&t=1026s
V. Position check

To do
1. Check pH gastric fluid $\leq 5$
   Inspection of aspirate
2. Through visual inspection of marking point, fixation and, if possible, mouth / pharynx.
3. Optional: radiography

Don’t do
• The use of auscultation to determine whether the tube is in the gastrointestinal tract or in the respiratory tract.
LET'S DO THIS