

1. Key Recommendations for operational use

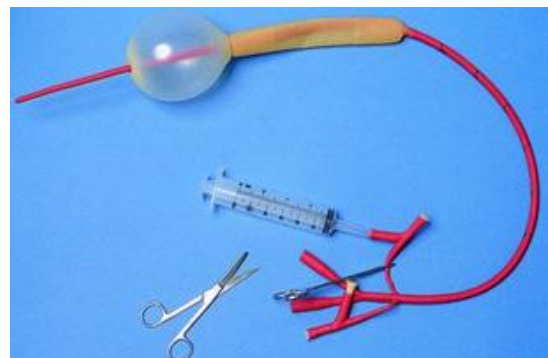
ENSURE YOU ARE USING THE CORRECT INSERTION GUIDE.

- There are two types of oesophageal-gastric tamponade tubes available in Scotland.

- **EMRS only carry the Cliny Sengstaken-Blakemore Type 42**



- **Some referring sites may have the latex Minnesota type tube.**
- **EMRS carry the ancillaries for this tube.**



1. Ensure patient is intubated

2. You need

- Eye Protection, Gloves
- Cliny Sengstaken-Blakemore Type 42
- Lubrication
- 20ml Luer slip syringe
- 50ml catheter tip syringe
- Aneroid Sphygmomanometer
- Spigots (2)
- Tongue depressors (6)
- Elastoplast tape
- Laryngoscope +/-Magills, NG drainage bag (SCRAM bag)
- pH testing strips

3: Preparation

- Close both clamps.
- Inflate 50ml of air into the gastric balloon (blue port - red marker).
- Inflate 50ml of air into the oesophageal balloon (clear port - black marker).
- Check both balloons for leaks.
- Deflate both balloons ensuring 50ml of air is returned.
- Lubricate tube and guide wire.

4: Insertion and Inflation

- Insert tube through mouth to 60cm (20Fr mark) with laryngoscope and direct vision.
- **If there is significant resistance: stop, remove and reinsert.**
- Remove guide-wire.
- **If guide-wire cannot be removed easily, stop and consider removing tube.**
- Inflate gastric balloon (blue port - red marker) with 300ml of air.
- **If there is resistance, stop.**
- Tension the tube: pull hard until firm resistance is felt.

5: Securing tube

- Maintain tension with tongue depressors.

Once under tension use 6 tongue depressors taped to create an anchor at the mouth around the sponge.



6: Post Insertion

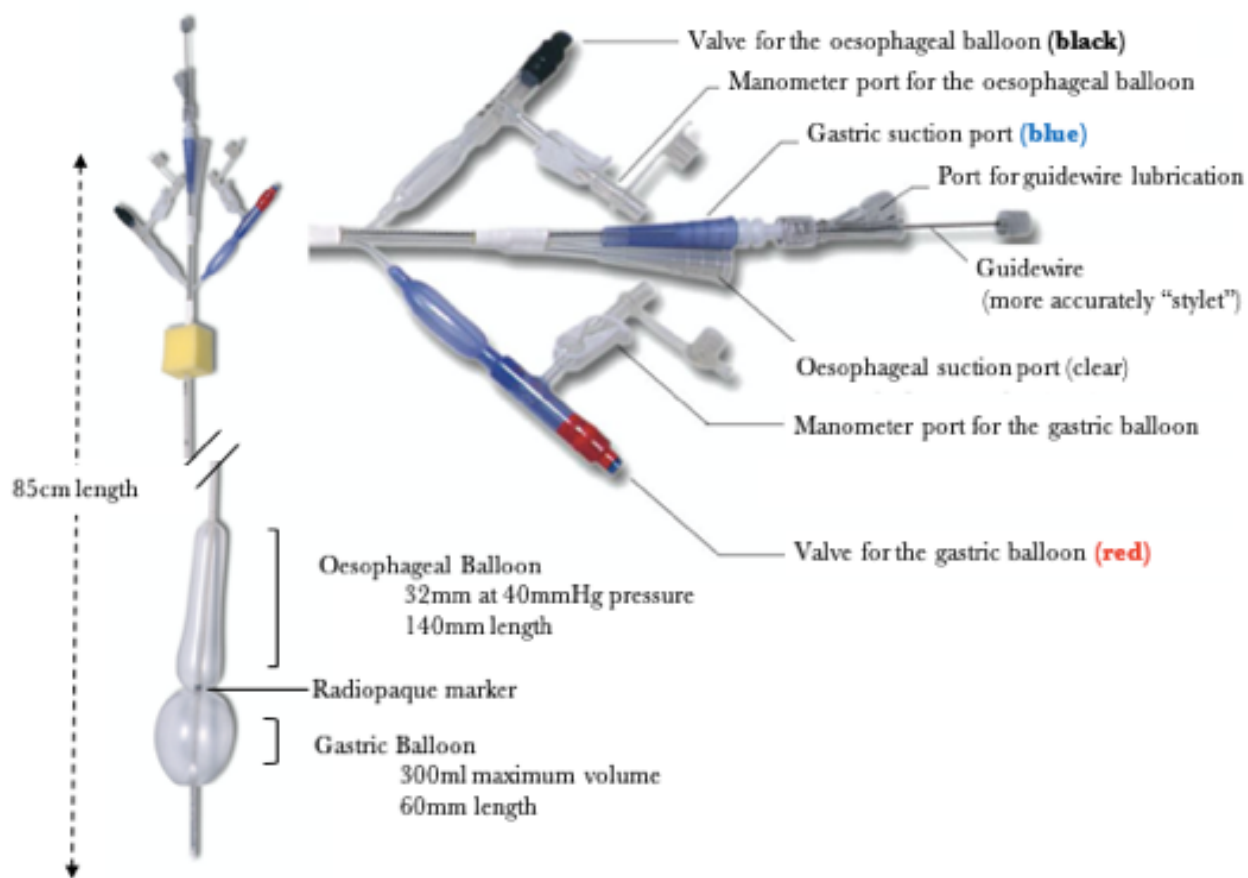
- Confirmation with CXR or pH is optional (pH may be unreliable with acid suppression therapy).
- Suction gastric and oesophageal lumens with catheter tip syringe.
- Spigot oesophageal port.
- Free drainage from the gastric port with NG drainage bag.
- Document:
 - tube length at tongue depressor,
 - volume inflated,
 - time inflated.

7: If Continued bleeding

- Ensure gastric balloon is inflated and under tension.
- Only if advised by gastroenterologist, inflate oesophageal balloon (clear port - black marker) to 30mmHg.

8: Air Transport

- Transfer at low altitude or King Air cabin pressurised to sea level.
- If inflated, monitor oesophageal balloon pressure - compare to sea level.



1. Ensure patient is intubated

2. You need

- Eye Protection, Gloves
- Bard Minnesota tube (red)
- Lubrication
- 2x50ml catheter tip syringes
- Aneroid Sphygmomanometer with plastic connector
- Spigots (6)
- Tongue depressors (6)
- Clamps with protected jaws (2)
- Elastoplast tape
- Laryngoscope +/-Magill's, NG drainage bag (SCRAM bag)

3: Preparation

- Attach aneroid sphygmomanometer to the gastric port and the catheter syringe and clamp to other port.
- Inflate the gastric balloon with 500ml of air, noting the pressure every 100ml.
- Inflate the oesophageal balloon with 500ml of air, noting the pressure every 100ml.
- Check both balloons for leaks under water.
- Deflate both balloons ensuring 500ml of air is returned.
- Lubricate tube.
- Freeze tube or place in ice bath to stiffen.

4: Insertion and Inflation

- Insert tube through mouth beyond 50cm with laryngoscope and direct vision.
- Inflate gastric balloon to 500mls total, checking the pressure every 100mls.
- **If >15mmHg of preparation pressure, stop.**
- Tension the tube once clamped, pull hard until firm resistance is felt.
- Maintain tension with tongue depressors.
- Spigot all ports and ensure clamped.

5: Securing tube

- Source sponge locally or improvise.
- Maintain tension with tongue depressors.

Once under tension use 6 tongue depressors taped to create an anchor at the mouth around the sponge.



6: Post Insertion

- Confirm with CXR or pH (pH may be unreliable with acid suppression therapy)
- Suction gastric and oesophageal lumens with catheter tip syringe.
- Spigot oesophageal port.
- Free drainage from the gastric port with NG drainage bag.
- Document:
 - gastric balloon pressures at 100/200/300/400/500mls pre and post insertion.
 - length at tongue depressor.
 - volume inflated.
 - time inflated.

7: If continued bleeding

- Ensure gastric balloon is inflated and under tension.
- Only if advised by gastroenterologist, inflate oesophageal balloon 35-45mmHg.

8: Air Transport

- Transfer at low altitude or King Air cabin pressurised to sea level.
- Monitor both balloon pressures when inflated - compare to sea level

EG032 Oesophageal-gastric tamponade tubes

Document History			
Reference Number	EG032		
Version	2		
Writing group (Lead author in bold)	Sophie Jefferys	Emergency Medicine	EMRS West
	Pip Lewis	Emergency Medicine	Defence Medical Services
	Gail Masterton	Gastroenterologist	NHS Lothian
Associate Medical Director	Andrew Cadamy		
Clinical governance manager	Keith Colver		
Date issued	22nd April 2024	Version 1: January 2021	
Date for review	April 2027		
Distribution	BASICS Scotland		X
	Medic 1		X
	Referring centres via service websites		X
	Rural GPs Association of Scotland		X
	SAS	JRCALC+ app	X
		Specialist Services Desk	X
	ScotSTAR	Air Ambulance	✓
		EMRS West	✓
		EMRS North	✓
		Paediatric	X
		Neonatal	X
Tayside Trauma Team		X	

Scope and purpose

- Overall objectives:

The aim of this guideline is to describe the insertion of the Sengstaken-Blakemore Type 42 as an oesophageal-gastric tamponade tube for control of variceal bleeding not amenable to medical treatment prior to endoscopy.

- Statement of intent:

This guideline is not intended to be construed or to serve as a standard of care. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. Clinicians using this guideline should work within their skill sets and usual scope of practice.

- Feedback:

Comments on this guideline can be sent to: sas.cpg@nhs.scot

- Equality Impact Assessment:

Applied to the ScotSTAR Clinical Standards group processes.

- Guideline process endorsed by the Scottish Trauma Network Prehospital, Transfer and Retrieval group.