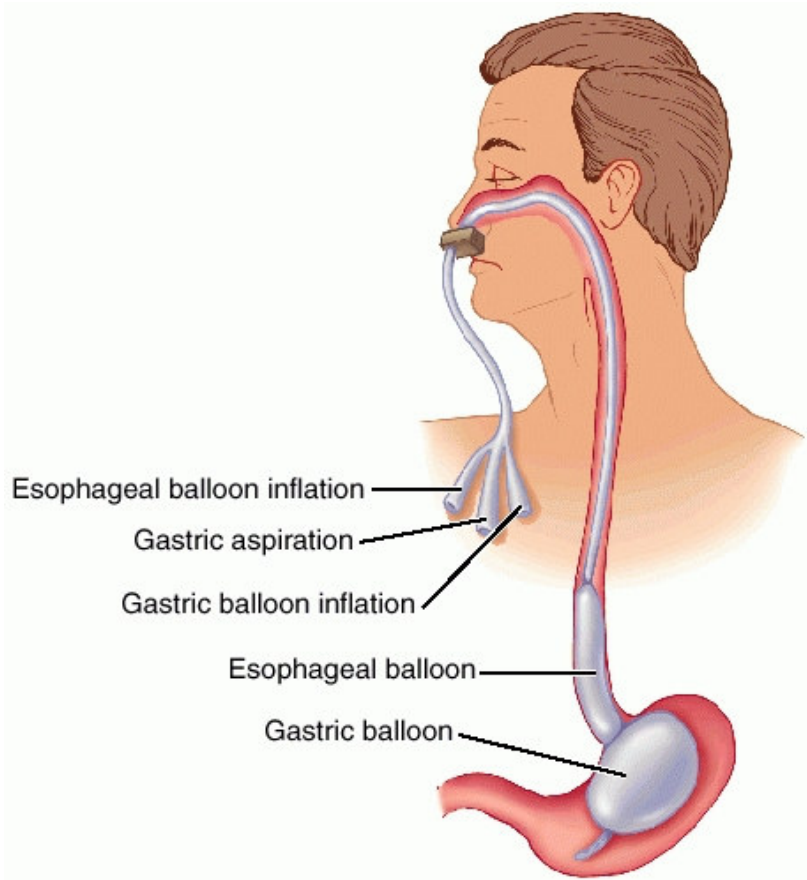


# Esophagogastric Tamponade Tube

Esophagogastric tamponade therapy is used to provide temporary control of bleeding from gastric or esophageal varices. Tamponade is achieved by direct pressure against the varices by the gastric or esophageal balloons of the tube.



## Equipment

Minnesota Tube (available from Patient Equipment)	Football helmet
Water soluble lubricant	Sphygmomanometer
Rubber tipped clamps	2 suction setups
Catheter adapter (blue TF adapter)	60cc toumey syringe
60cc luer-lok syringe	Stopcock
Pink tape	1/2" tape

## Pre-insertion Considerations

Patient should be intubated to protect airway

Adequate sedation

### Brief Insertion Summary

The tube is advanced into the stomach and **50 cc of air** is injected into the gastric balloon and the lumen is clamped.

An **abdominal X-Ray** is done to confirm placement in the stomach.

Additional air is placed in the gastric balloon to total 200 to 250 cc and the lumen is clamped.

The football helmet is placed on the patient.

Traction is applied by pulling the tube out until there is a small amount of tension on the tube.

The **tube is secured** to the facemask of the helmet with tape to maintain the **traction**.

**Another abdominal X-Ray** is done to confirm placement.

The esophageal balloon may also be inflated if varices are located in the esophagus.

Attach a stopcock to the blue catheter adapter and insert securely into the esophageal balloon lumen. Tape connection with pink tape.

Attach the **pressure manometer** to one side of the stopcock and a 60cc luer-lok syringe to the other stopcock port.

Air is slowly injected into the esophageal lumen until a pressure between **25 to 45** is achieved.

The lumen is then clamped. The stopcock should also be turned off to the patient.

Attach gastric aspiration port to suction if desired to monitor for continued bleeding.

Attach esophageal aspiration port to LIS to monitor for continued bleeding.

### Patient Monitoring and Care

### Rationale

Provide oral care q2 hours and inspect the oral cavity for continued bleeding.

Monitor the pressure in the esophageal balloon q2-4 hours if inflated.

Observe for tension on the tube.

Record output of gastric and esophageal drainage q4-8 hours.

To prevent necrosis of esophageal tissue; monitor for air leak

Evidence that gastric balloon is inflated.

Estimation of continued GI bleeding.

Monitor for pressure injury from football helmet.

### Documentation

**Insertion:** Amount of air injected into the gastric balloon at each step of the insertion.

Esophageal balloon pressure if inflated.

Procedure note with tolerance of the patient, how traction was applied.

**Maintenance:** Esophageal balloon pressures q2-4 hours.

Gastric / Esophageal balloon inflation status (↑↓)

Type and amount of drainage

Balloons are generally deflated after 24 to 48 hours to assess for continued bleeding. The esophageal balloon is deflated first (if previously inflated), followed by the gastric balloon 12 to 24 hours later.

Once the balloons are deflated, remove the helmet and inspect the scalp and face for evidence of pressure ulcers.

The tube is generally left in place for another 12-24 hours before removal.

The tube balloons may be deflated in angio, post TIPS, to assess for control of bleeding. The esophageal balloon must be deflated before the gastric balloon is deflated. The balloons may only be re-inflated by a physician.