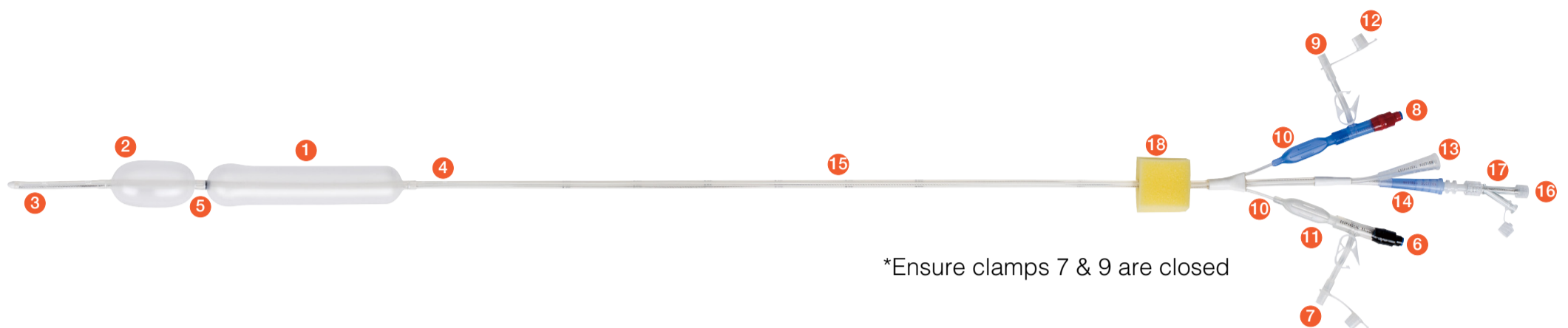


Sengstaken Blakemore Tube

QUICK USER GUIDE



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|-------------------------------|-----------------------------|
| 1 Oesophageal Balloon | 10 Pilot Balloon |
| 2 Gastric Balloon | 11 Clamp |
| 3 Gastric Suction Opening | 12 Cap |
| 4 Oesophageal Suction Opening | 13 Oesophageal Suction Port |
| 5 Balloon Confirmation Mark | 14 Gastric Suction Port |
| 6 Oesophageal Inflation Port | 15 Graduation Marks |
| 7 Oesophageal Manometer Line | 16 Connector |
| 8 Gastric Inflation Port | 17 Port for Lubrication |
| 9 Gastric Manometer Line | 18 Spongy Pad |

- Ensure clamps are closed (7 & 9) - These ports are only required if inflating Balloons using a pressure manometer
- Inflate both Gastric and Oesophageal Balloons prior to insertion, checking for Patency prior to fully deflating before use
- Confirm secure fitting of stylet (in port 16) prior to insertion
- Thoroughly lubricate insertion Catheter and Balloons prior to insertion
- The Sengstaken Blakemore Tube can be introduced either Orally or Transnasally
- Once the tube has been inserted, loosen and remove the Stylet (in port 16)
- Using a 50ml syringe, partly inflate the gastric balloon using the red inflation port (8) (50ml of air suggested) before confirming correct Gastric placement using X-Ray
- When correct gastric position confirmed, fully inflate the Gastric Balloon to a maximum of 300ml using air (ensure that no liquid is used to inflate Balloon)
- If traction is required then attach a 500g Saline bag to the portion of the tube where it exits the patient (either orally or nasally) using a roll of bandage
- If a Trans Nasal intubation is used, a sponge is provided to protect the patient when using the saline bag for **TRACTION**
- For oral intubation, an IV Pole can be used to provide traction, placing the bandage over the IV pole and the weighed saline bag hanging from the pole, the 1 litre saline bag should be a maximum of 1kg weight
- If esophageal balloon is required, current department manometry system is required to monitor pressure
- If Oesophageal bleeding persists and Oesophageal Balloon is required for Tamponade, either inflate the Oesophageal Balloon through the black port (6) to a maximum of 200ml of air using a 50ml Syringe or inflate using a Manometer to the required pressure of no greater than 40mm Hg
- Pilot Balloons (10) are available and will remain inflated when the corresponding Gastric or Oesophageal Balloon is inflated, thus negating the need for regular manometry
- Follow departmental protocol for continued care of patients with Sengstaken Blakemore tubes i.e for frequency of inflation checks and for tube removal