Variceal bleeds have a mortality of 30-50% with 1 year survival being as low as 30-35% The Sengstaken tube may be used in on-going variceal bleeds where we are unable to maintain BP despite fluid resuscitation

The sengstaken tube (see above) consists of a tube with 2 balloons, a gastric balloon and an oesophageal one.

There are 4 ports at the end of the tube for
1. Gastric balloon inflation
2. Oesophageal balloon inflation
3. Gastric aspiration
4. Oesophageal aspiration

Insertion
1. Sit patient upright and pass lubricated tube through nose as per NG tube. If unable to pass through the nose lie the patient down on their side and ask them to swallow the tube as during an endoscopy, this may be difficult if patient is uncooperative
2. Pass the tube to approximately 45 cm (distance markers on side of tube)
3. Once inserted inflate the gastric balloon with 200ml of water then clamp off
4. Pull the tube until resistance is felt.
5. Secure the tube with tongue depressors at the mouth as shown below

6. If this stops the bleeding then you do not require to inflate the oesophageal balloon. If this requires inflation then get a pressure gauge from theatre/ward 10 and inflate to 45 mmHg. This will require deflation for 30 minutes every 6 hours to prevent pressure necrosis.
7. If not already given commence Terlipressin 2mg IV (Glypressin) followed by 1-2mg every 4 to 6 hours (contraindicated in severe coronary artery disease; if so use Octreotide 50 microgram bolus followed by infusion of 50 microgram/hour)
8. Administer prophylactic antibiotics, Co amoxiclav 1.2g IV (Clarithromycin 500mg IV if Penicillin allergy).
9. Arrange review by Gastroenterologist or Surgical Team.

Complications
1. Aspiration pneumonia
2. Mucosal ulceration secondary to pressure necrosis
3. Acute laryngeal obstruction
4. Oesophageal perforation

Reviewed NM August 2012