Oesophageal balloon tamponade tubes

**End Point**
- Positioned in stomach on chest X-ray ray
- Inflate the gastric balloon after position confirmed on the chest X-ray using 50ml increments up to 300ml while monitoring the balloon pressure
  - If balloon pressure is >5mmHg above the pre-insertion pressure then oesophageal position is likely and balloon should be deflated and tube removed and repositioned
- Pull back until resistance is felt as the balloon rests against the gastric fundus then note the measurement at the lips and fix securely with gentle traction using a rope and pulley system with a 500ml bag of fluid
- Inflation of the oesophageal balloon is usually not required. If required, connect a pressure gauge to the oesophageal balloon and inflate to a pressure of 40mmHg

**Position**
- Supine at 45 degrees head up
- Chest x-ray prior to balloon inflation and after inflation
- Estimate insertion length by measuring bridge of nose to earlobe plus nose to xiphoid process

**Landmarks**
- Insertion Point & Technique
  - Prior to insertion:
    1. Check both balloons for leaks
    2. Inflate the gastric balloon with 300ml of air and check the pressure reading
    3. Deflate all balloons and lubricate the tube
  - Insert via the mouth
  - Use direct laryngoscopy to ensure direct passage down the oesophagus
  - Check position on the chest X-ray prior to balloon inflation

**Equipment:**
- 3 types of tubes:
  1. Minnesota: oesophageal & gastric balloons & aspirating ports
  2. Sengstaken: oesophageal & gastric balloons & gastric aspirating port
  3. Linton: gastric balloon and aspiration port

**Drugs:**
- All patients should be intubated prior to insertion of a tamponade tube
- Use local anaesthetic jelly via the nostril

**Positioning:**
- Landmarks
  - Endotracheal intubation
  - Position
  - Landmarks
  - Insertion Point & Technique
  - Equipment

**CECMADE**

**Dressing**

**Check**
- Dressing
  - Position
  - Check