A New Technique for Inserting Nasogastric Tubes during Anesthesia

HENRY ROSENBERG, M.D.*

Insertion of a nasogastric tube in the anesthetized or comatose patient whose trachea is intubated is frequently difficult. Methods used to facilitate the procedure include: 1) chilling the tube to reduce its pliability; 2) placing an endotracheal tube in the esophagus and passing the nasogastric tube through it; 3) utilizing a heavy guitar string in the tube, again to add stiffness; 4) utilizing a sump-type nasogastric tube; 5) in children, puffing into the tube as it is being inserted to distend the esophageal lumen.

Each of these procedures has drawbacks. The chilled tube loses its stiffness quickly at body temperature; endotracheal tubes passed through the nose frequently cause epistaxis; guitar strings are too short for most nasogastric tubes; sump-type tubes are not found universally; puffing into the tube is unreliable and may introduce air into the stomach.

The technique I have developed involves placing the end of a lubricated #6F Fogarty catheter into one of the holes at the distal end of a nasogastric tube. The Fogarty catheter tip should come up to, but not protrude past, the end of the nasogastric tube. Since the Fogarty catheter is shorter than most nasogastric tubes, the remainder of the Fogarty catheter is kept outside the lumen of the tube (fig. 1). The nasogastric tube and Fogarty catheter are passed through the nose and into the stomach, and the Fogarty catheter is then gently withdrawn. In effect, the catheter acts as a stylet for the nasogastric tube. The technique is applicable to all types of nasogastric tubes, and utilizes the readily available Fogarty catheter. The catheter may be cleansed appropriately and reused.

It is usually necessary to remove an esophageal stethoscope prior to insertion of the apparatus. Most gastric insertions are possible without leaving the stylet of the Fogarty catheter in place. In some instances, however, such as the patient in the prone or lateral position, the added stiffness imparted by the Fogarty stylet is necessary.

Epistaxis and mucosal trauma have not been found with this procedure, perhaps because the Fogarty catheter is designed to be minimally traumatic to endothelial tissue.

REFERENCES

* Assistant Professor.

Received from the Department of Anesthesia, University of Pennsylvania School of Medicine, 3400 Spruce Street, Philadelphia, Pennsylvania 19104. Accepted for publication November 28, 1974.

Address reprint requests to Dr. Rosenberg.