

Overview

Stomach tube insertion is the placement of a small plastic tube through the nose into the stomach. This tube is used to drain the contents of the stomach. It also may be used for feeding a person who is unable to eat normally.

Who is a candidate for the procedure?

A person may need a stomach tube inserted to:

- » empty the stomach after a drug overdose or accidental poisoning
- » drain the stomach after major trauma, so the person can't inhale stomach contents into the lungs
- » treat malnutrition by giving feedings through the tube. Tube feeding is also used when a person is unable to eat normally, such as after a stroke
- » keep the stomach relaxed after major surgery to the abdomen, such as an abdominal exploration
- » prevent distension of the stomach when the person has a bowel obstruction

How is the procedure performed?

The person may be awake or unconscious when the stomach tube is inserted. The awake person may experience some discomfort such as watering eyes, nasal pressure, and gagging during the initial stage of passing the tube. It is important for the healthcare provider to know if the person has had previous nasal surgery or trauma. Before the stomach tube is inserted, the healthcare provider will measure how far to insert it. The provider will hold one end of the tube at the ear, and measure to the tip of the nose and down to the middle of the chest. The lower end of the tube is then marked with a piece of tape. The tube is then lubricated to make it slide easily. The person sits up straight and the tube is inserted into one of the nostrils. Once the tip of the tube arrives at the back of the throat, it will stop. The person then swallows sips of water to help the tube move down into the stomach. The tube is stopped when it reaches the tape mark. The healthcare provider can tell if the tube is placed correctly by gently suctioning out some of the stomach contents. The provider may also inject air into the tube and listen to the stomach with a stethoscope.

What happens right after the procedure?

After the tube is inserted, it will be taped to the nose to keep it from moving. It may be attached to a suction device, or to a bag hanging on the side of the bed, to drain the contents of the stomach. Although inserting the tube is a little uncomfortable, most people have little discomfort once it is in place. A person with a stomach tube needs to receive good oral hygiene. If fluids are restricted, glycerin swabs can be used to moisten the mouth.

What happens later at home?

The stomach tube is generally taken out before a person goes home. If it is left in place at home, instructions will be given by the healthcare provider.

What are the potential complications after the procedure?

Some complications that may occur when the stomach tube is inserted include the following:

- » The tube may create a hole in the esophagus.
- » Air may collect in the chest cavity if the tube goes through the chest wall. This is known as pneumothorax.
- » The tube may be inserted into the skull and not down into the stomach.
- » The tube may be inserted into the windpipe, or trachea, that leads to the lungs, instead of into the esophagus, which leads to the stomach. When this happens, the person will very quickly have shortness of breath or show other signs of distress.
- » The tube may become blocked. This causes pain or vomiting. Also, medications or feedings will not be able to pass through the tube.
- » Having the tube in for too long a time can irritate the skin and tissues along the path of the tube.
- » The tube may cause bleeding in the nose or nasal cavity. This is more likely to happen if the person is taking blood-thinning drugs.