

## REPERCUSSIONS OF SENGSTAKEN- BLAKEMORE TUBE FOR UNCONTROLLED VARICEAL HEMORRHAGE - A BLIND PROCEDURE

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### ABSTRACT

Sengstaken-Blakemore tube is the last resort for it gives tamponade effect in case variceal bleeding which is uncontrolled, when all the measures fail SB tube is the resort of choice.

The article explains the potential harm to the patient if the SB tube is passed by an inexperienced healthcare personnel.

**KEYWORDS:** Variceal bleeding, Sengstaken-Blakemore tube, blind procedure, mishandling.

Uncontrolled acute esophageal variceal bleeding encounters a high mortality rate. While all definite measures fail to respond and so is endoscopic therapy, a temporising measure such as inserting a Sengstaken-Blakemore (SB) tube secures hemostasis. This allows for patient stabilisation, correction of coagulopathy and arrangement of definitive therapies such as transjugular intrahepatic portal systemic shunting or repeat endoscopy. However, inserting an SB tube blindly carries the potential risk of tube malposition and other complications such as esophageal rupture/necrosis/bleeding. This may arise due to either the operator's inexperience or a difficult pharyngo-esophageal anatomy by nature.

We are discussing the potential side effects with mishandling or inexperienced operation on a patient.

Haemorrhage from oesophageal varices is a life-threatening critical emergency with a mortality rate of

30–50%. Approximately 90% of patients with cirrhosis will develop varices, of which bleeding occurs in 25–35%.<sup>2</sup> Balloon tamponade is one of the methods for temporary control of acute variceal haemorrhage and works by directly compressing the varices at the bleeding site.

At the other end the complications with the SB tube are commonly seen in the setups where experts and trained trainees are not available or in lower setups (non-tertiary).

The application of SB tube must be optimized as its a blind procedure and needs regular monitoring with cautious supervision.

The SB tube must not be continued beyond 24-48hours.



Figure 1: A Minnesota tube (SB tube may be used similarly) is anchored at the tip with a length of thread. Note that either thread or several sutures tied together end to end for sufficient length can be used.

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