SENGSTAKEN - BLACKMORE TUBE

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Sengstaken-Blackmore tube is required in an emergency situation of acute oesophageal variceal bleeding. The tube is required once in a while and it has an inherent problem of perishing of the gastric and oesophageal bulbs, which causes leakage of air. Since it is not used frequently it is not easily available in market especially in smaller towns.

We have faced the problem of leakage of air from the perished rubber bulb which has caused tremendous problem in the management of the acute variceal bleed. We want to share our modification in the tube which "served the purpose" at the time of crisis.

Method

1. Test the functioning of the bulbs before passing

Fig. 1 : Testing the Sengstaken - Blackmore tube

Blackmore tube at the pressure of 70 mm of Hg by connecting it with the sphygmomanometer as shown in Fig-1.

2. If the gastric and / or oesophageal bulbs show any evidence of leak (tested by submerging the bulbs underwater) the rubber of the bulbs should be peeled off from the tube. It usually leaves three rough impressions (a,b and c -Fig-1) where the rubber bulbs are attached with the tube.

3. Take a condom and make a small opening at its tip and pass the tube through the condom and tie the condom as shown in the diagram using a fine silk suture (1/10). By tying at three places two bulbs are formed i.e. gastric and oesophageal bulbs.

4. Inflate the bulbs and test for the leakage as in step 1. If there is no leak the tube is ready to be used.

Fig. 2 : Positioning of Sengstaken - Blackmore tube

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Fig. 3 : The three rough impressions a, b and c on the Sengstaken - Blackmore tube

Advantages

1. The latex condom being fresh works better.
2. The latex condom being thin it is easier to pass the tube.
3. The condom being soft and low pressure in na-

Fig. 4 : The improvised Sengstaken - Blackmore tube

ture it is likely to be less irritant and hence less likely to cause sloughing of the varices.

4. The condom and silk are inexpensive and easily available in wards.