



*From appetite to rear-end,
and everything in between!*

"Practical"
Gastroenterology
SEM INAR

17 CE Hours
ETVMA approved

February 7 & 8, 2015 - Lufkin, TX

Dr. Wendy Blount

ESOPHAGOSTOMY TUBE PLACEMENT

1. Prepare your patient for esophagostomy tube:

- a. Fast for 12 hours
- b. General anesthesia and intubated

2. Gather supplies:

- a. 12-14Fr tube for cats, 12-16Fr tube for dogs – red rubber or silicone
- b. 2-0 or 0 Vetafil type suture
- c. White tape
- d. Cast padding and Vetrap or elastikon
- e. Curved or right angle hemostat – appropriate size for patient
- f. Polypropylene catheter stylet small enough to easily pass in the tube
- g. Lubricating jelly
- h. Surgical blade -- #11 or #15 preferred
- i. Needle holders
- j. Thumb forceps
- k. Cutting needles
- l. sharpie

3. Measure feeding tube and stylet.

- a. Place feeding end of tube where you would like it anchored, place tube on the path it will travel in the esophagus, and trim at the level of the base of the heart.
- b. Place lubed polypropylene catheter into the tube until at an inch or two are protruding on the aboral side, and mark the other end of the stylet with a sharpie at the feeding end of the feeding tube.

4. **Place tube – patient in right lateral recumbency**

- a. Shave and prep a 3x3-inch area centered on the jugular furrow, half way between the angle of the mandible and the thoracic inlet.
- b. Introduce the hemostat with ends up into the esophagus, with traction on the tongue and straightening the path as much as possible.
- c. With sterile glove, palpate the end of the hemostat to ensure that it is sufficiently far from the jugular vein to avoid laceration, and there is nothing but skin between your finger and the esophagus.
- d. Make a stab incision over the tips of the hemostat, just big enough to pass the tips through and open just enough to grab one side of the aborad end of the tube.
- e. Place the tube over one hemostat tip and clamp shut.
- f. Withdraw tube into the oral cavity, until the feeding end is positioned as desired, and detach the hemostat.
- g. Direct the aborad end of the tube back into the esophagus and feed until the feeding end of the tube flips from caudal to cranial.
- h. Test patency of the tube by passing lubricated polypropylene catheter into the tube to the mark. It should pass in and our easily. If it does not pass easily, there likely is a kink in the tube.

5. **Secure the tube**

- a. Place a purse string suture around the tube stoma, leaving both ends at least 6 inches long. Secure with Chinese finger cot.
- b. Add a white tape butter fly, and suture each end to the skin with a single horizontal mattress.
- c. Place a small piece of gauze with antibiotic ointment on the stoma.
- d. Recover patient from anesthesia.
- e. Bandage as desired.