Nasogastric Tube-Guided Blind Nasotracheal Intubation

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*This technique reduces epistaxis and the need for manipulations.*

During nasotracheal intubation, the desired path of the tracheal tube is inferiorly along the nasal floor, beneath the inferior turbinate. Superior paths are suboptimal and may increase complications, including epistaxis and trauma to the ethmoid bone. To assess whether use of a nasogastric tube as a guide for insertion of the tracheal tube facilitates passage through the lower pathway, researchers randomized 60 patients undergoing oral and maxillofacial surgery with general anesthesia and neuromuscular blockade to nasogastric tube-guided or conventional, unguided insertion. The nasogastric tube was passed into the pharynx to approximately the 20-cm mark, the tracheal tube was inserted over it until the tracheal tube successfully turned caudally in the nasopharynx, and then the nasogastric tube was removed.

The tracheal tube passed through the lower pathway in significantly more patients in the nasogastric-tube group than the conventional group (67% vs. 27%). The incidence of epistaxis was lower in the nasogastric-tube group (53% vs. 87%), the severity of epistaxis was lower (moderate or severe in 23% vs. 43%), subjective assessment of the degree of resistance encountered was improved, and fewer manipulations were required.

**Comment:** In the era of fiberoptic intubation, blind nasotracheal intubation is uncommon. However, when nasotracheal intubation is required, prior insertion of a nasogastric tube to facilitate safe transit of the endotracheal tube through the nose and into the nasopharynx seems to improve ease and reduce complications.

**Citation(s):**

Lim C-W et al. The use of nasogastric tube to facilitate nasotracheal intubation: A randomised controlled trial. *Anaesthesia* 2014 Apr 18; [e-pub ahead of print].

([http://dx.doi.org/10.1111/anae.12627](http://dx.doi.org/10.1111/anae.12627))