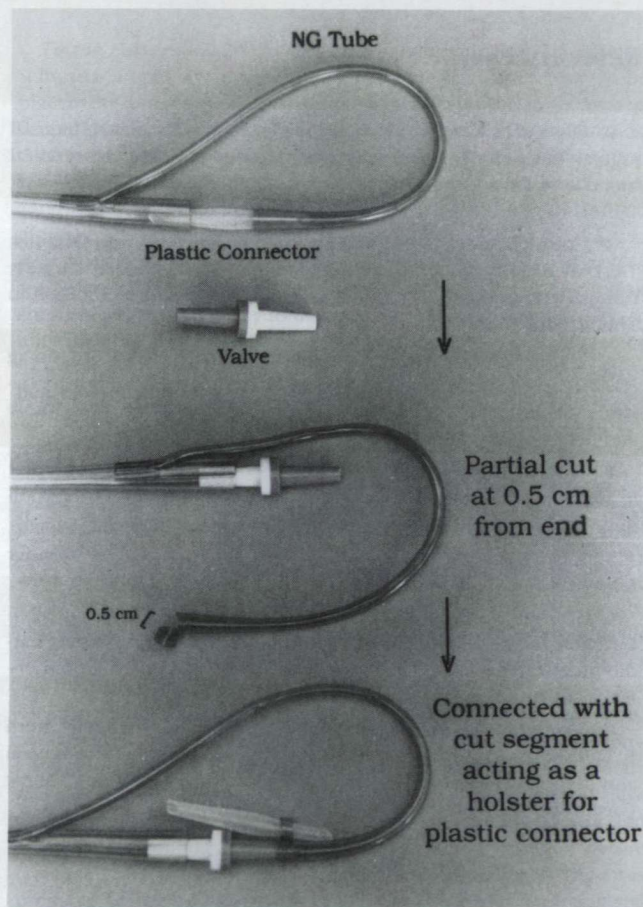


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Safekeeping of Nasogastric Tube Connectors



To the Editor:—Nasogastric tubes often are inserted by anesthesiologists for gastric decompression and drainage during surgery and left in place for postoperative care in many patients. Nasogastric tubes usually are supplied with a pigtail that allows air entrapment and two plastic pieces: a connector (Simms-type) for suction and an antireflux valve. Capping the nasogastric tube requires removing one of these plastic pieces, and the piece removed frequently is lost during the case or in transport.

A simple way to avoid losing the suction connector or the antireflux valve of the nasogastric tube is to partially cut the distal tip of the pigtail at 0.5–1 cm from the tip. This segment of the distal tip then is bent backwards and used as a holster for either the suction connector or the antireflux valve, and the other plastic piece is attached in the usual fashion (fig. 1, Argyle Salem Sump tube with antireflux valve, Sherwood Medical, St. Louis, MO).

This simple procedure can be done rapidly, is inexpensive, and avoids losing a piece that may need to be replaced.

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Fig. 1. Nasogastric tube (*top*) with partially cut pigtail (*middle*) into which the second connector is inserted (*bottom*).