

Study finds tube placement may not be necessary for treating upper GI bleeds

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For many of the millions of patients treated annually in hospitals for upper gastrointestinal (GI) bleeding, there is little value in placing a nasogastric (NG) tube in patients to determine the source of that bleeding or size of a lesion, report investigators in an article published online ahead of print on January 9, 2017 by the *Journal of Investigative Medicine*.

Study authors, including Don C. Rockey, M.D., Medical of University of South Carolina (MUSC) Department of Medicine chair and professor of gastroenterology, position the research as improving patient care by doing less when possible, in terms of procedures or treatments that don't provide significant benefit to patients and are costly and uncomfortable.

"Placing a tube through the nose and down into the stomach makes sense if we are talking about delivering nutrition to a patient or to get an idea of what is in someone's stomach, but the value of placing this tube for patients who have an upper GI bleed has been unclear," Rockey said. "Our goal was to examine that value, and our results suggest that for millions of patients with an upper GI bleed, placing this tube had little clinical benefit and produces unnecessary cost and discomfort for all involved. If it doesn't help the patient or the clinician trying to diagnose the cause of this kind of bleed, we don't need it as a standard of care when there is no value."

The single-blind, randomized, prospective, non-inferiority study compared NG placement (with aspiration and lavage) to no NG

placement (control) and demonstrated that NG tube placement in [patients](#) with typical upper GI bleeding had no impact on outcomes. In addition, the [placement](#) of NG tubes was often unsuccessful or associated with patient discomfort.

More information: Don C Rockey et al, Randomized pragmatic trial of nasogastric tube placement in patients with upper gastrointestinal tract bleeding, *Journal of Investigative Medicine* (2017). [DOI: 10.1136/jim-2016-000375](#)

Provided by Medical University of South Carolina

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