

Article 226

## **Overview**

Gastric suction is performed to empty the contents of the stomach before it passes to the rest of the digestive tract.

## **Who is a candidate for the procedure?**

There are many reasons a person may need gastric suction. These include:

- » to empty the stomach after an overdose or poisoning
- » to keep a person from inhaling in the contents of the stomach after major trauma
- » to keep the stomach relaxed and empty after major surgery to the abdomen
- » to prevent distension of the stomach when a person has a bowel obstruction

Gastric suction may be done to remove toxic substances from the stomach after a person has accidentally or purposely swallowed them. After the stomach has been suctioned, activated charcoal may be inserted into the stomach through the tube to help absorb any remaining substances. After surgery or trauma, the intestine slows down its activity. The liquids that are normally produced, such as saliva and gastric juice, tend to accumulate and dilate the stomach. The stomach reacts by vomiting. Gastric suction removes the accumulation of liquid. This helps reduce the risk of a person inhaling gastric secretions into the lungs, which causes aspiration pneumonia. After several days, the intestine resumes its normal functioning and the gastric suction is discontinued. A bowel obstruction occurs when movement of material through the intestines is physically blocked. The causes of obstruction may include:

- » hernias
- » scar tissue from previous operations
- » fecal impaction, which is a mass of very hard stool
- » colon cancer
- » intussusception, a condition where the intestine “telescopes” in on itself
- » volvulus, a twisting of the intestine
- » Gastric suction is used until the bowel obstruction has resolved either on its own or with surgery.

## **How is the procedure performed?**

Gastric suction is done through a small tube that is inserted through the nose or mouth. Once the stomach tube is inserted, it is checked for proper placement. This is done by gently sucking out some of the contents of the stomach. Another way to check for proper placement is to inject air into the tube and listen to the stomach with a stethoscope. The tube is then taped securely to prevent movement. The stomach tube is attached to a suction device. The stomach contents are then suctioned out. The person can be detached from the suction device for short amounts of time, with the tube clamped to prevent leakage.

## **What happens right after the procedure?**

During gastric suction, the person will have to be close to the suction device. It is usually positioned on the wall above the bed. The suction may be continual or intermittent. There may be some discomfort from the position of the tube in the back of the throat.

## **What happens later at home?**

Most of the time, gastric suction is performed in a hospital. Sometimes a person may go home with gastric suction. For instance, a terminally ill person who has a bowel obstruction and wants to be in his or her own home may go home with a suction device. The family is taught how to use the device before the person is discharged from the hospital. Home health care also is arranged.

## **What are the potential complications after the procedure?**

Although gastric suction is usually effective, potential problems include:

- » blockage of the tube, which can cause pain or vomiting
- » irritation of the skin and tissues along the path of the tube, particularly if it is left in place for a long time
- » bleeding in the nose or nasal cavity, especially if the person is taking blood-thinning medications
- » accidental withdrawal of the tube, which will then need to be replaced

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