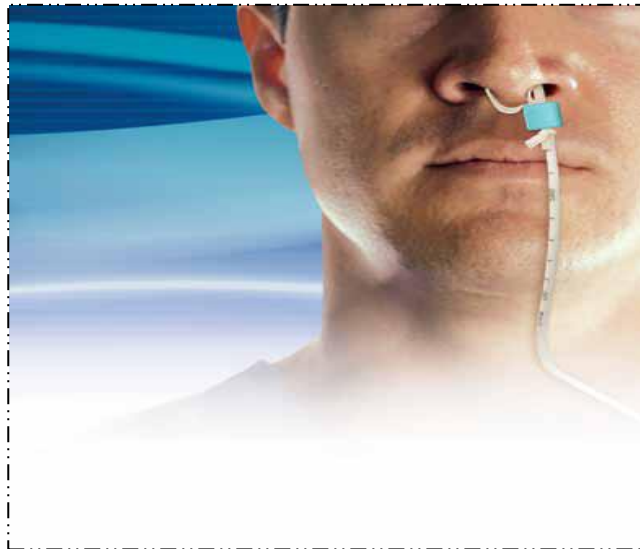




PATIENT INFORMATION

Adult Patients requiring Nasal Loop to secure a naso gastric tube



You have been referred for enteral feeding via a nasogastric tube secured using a nasal loop.

This leaflet has been produced by the Nutrition Nurse Specialist to help you and your family/friends understand what it is and how it is used.

What is a Nasal Loop?

Nasal loops are a safe and effective method of securing a nasogastric tube and can be maintained in both hospital and community settings. The nasal loop makes it less likely that a feeding tube will become displaced. This maximises the amount of time the patient receives nutrition, and helps reduce the number of nasogastric feeding tubes that need to be inserted. This makes tube feeding more comfortable and effective.

In some patients these devices can avoid the use of other more invasive forms of feeding, such as a PEG (Percutaneous Endoscopic Gastrostomy) tube. A PEG tube is a feeding tube that is surgically placed through the abdominal wall directly into the stomach.

Who will insert the nasal loop?

The nasal loop will be inserted by an appropriately trained individual, normally a Nutrition Nurse Specialist.

How is the nasal loop inserted?

It is inserted at the bedside. The probes, catheter and umbilical tape are lubricated. The probes are first inserted into one nostril and then another. They form a magnetic seal together behind the nasal septum. The probes are then withdrawn and this allows a loop of tape to pass from one nostril to another around the septum. Close to the nostril a clamp is then applied to both the feeding tube, and the 2 strands of nasal tape. The clamp is closed and the tape is then knotted together under clamp. The Nasal Loop can remain in place for the duration of the tube feeding.

What monitoring is required?

Whilst the nasal loop is in place the ward nurses will check the nasal loop regularly, making sure the tapes and clip are secure, without being too tight. They will inspect the skin around the nose to ensure it is not sore, and ensure that the feeding tube remains correctly in place.

What are the risks?

A significant problem is rare and any complications can generally be monitored or treated at the bedside as necessary. Ultimately the feeding tube and loop can be quickly removed at the bedside.

Nose bleed (**Epistaxis**) Can be caused at the time of insertion or shortly afterwards. Such bleeds are normally minor.

Perforated Nasal Septum Risk is reduced by placing the probes one at a time so that the magnets connect in the post nasal space, not across the septum.

Displaced feeding tube the feeding tube can be dislodged by being pulled through the fixation clip.

Nutrition Nurse Specialist contact information:

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- Dr Richard Johnston Consultant Gastroenterologist via his secretary ☐ **(01803) 654865**