Abstract

Upper digestive bleeding is a frequent complication of esophageal varices. To reduce morbid-mortality rates the use of Sengstaken-Blakemore balloon can be necessary until therapeutic endoscopy is available. In many emergency services the balloon is still the main instrument to prompt control of the variceal bleeding. However, there are evidences that the balloon is being misused, with high complication rates. Thus, the aim of this study was discuss the technical aspects of the utilization and fixation of the Sengstaken-Blakemore balloon. After observed these aspects, the Sengstaken-Blakemore balloon is still useful to control upper digestive bleeding due to esophageal varices. However, the adequate fixation is an important aspect related to complications, such as lateral nasal process necrosis and lung aspiration. The adequate fixation and traction was to perform with an adapted cricket helmet. The Sengstaken-Blakemore balloon is still an important bridge treatment for upper digestive bleeding due to esophageal varices, because it is cheap and highly available.

Keywords

Upper digestive bleeding, Sengstaken-Blakemore balloon, portal hypertension, esophageal varices.