RULES FOR WANGENSTEEN SUCTION

1. Always be sure Levine tube is patent before introduced. A little water may be sent through tube to determine its patency.

2. Before introducing Levine tube, the tube if possible should be iced.

3. Enough lubrication should be used to make introduction through nostril easy. (Vaseline is very bad, and should not be used, unless we have nothing else).

4. In a very irritable patient it may be of value to introduce a few drops of 1-2% cocaine into the nostril before introducing the tube.

5. Wangensteen suction is to be used on every injury to the G. I. tract and in other selected cases as advised by the operating surgeon.

6. If possible, in many cases it may be advisable to insert the tube before surgery is instituted. In other cases the tube may be introduced while the patient is still under the effects of the anaesthesia, and in others, the tube could be introduced when the patient is awake.

7. Always test the tube, in the anaesthetized patient, to make certain that it has entered the stomach and not the trachea. Listening to the tube - getting a through or through flow of air is one method; another is to rest the free end of the tube into water and look for bubbles of air, indicating that the tube is in the stomach.

8. Introduce the tube slowly through one nostril. If the patient is awake the act of swallowing will naturally aid in forcing the tube into the stomach.

9. If the two bottle suction system is to be used, the suction system should be closed while the Wangensteen tube is united with the system.

10. The pet-cock to the tube leading into the refuse bottle should be opened first, after which the pet-cock to the Levine tube is opened.

11. Care in the patency of the tube should be taken. If the tube is not functioning, it is probably plugged. The introduction of a little water (via a syringe) or air pressed (via syringe) will in most instances flush the tube.

12. Changing of the tube from one nostril to the other (after several days) is important to avoid injury to the mucous membrane of the nose.
13. It is important also, to make sure the tube is in the mid line of the pharynx, and not pushed to one side.

14. Small amounts of water may be given while Levine tube is in place, by mouth, not to exceed 1000 CC in 24 hours.

15. Levine tube to be kept in place until peristaltic sounds are heard; or better still, until patient has passed gas per rectum.