Abstracts of the 2025 IJMS World Conference of Medical Student Research

Oral Presentations Session

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ORIGINAL RESEARCH

01. Ease of Nasogastric Intubation using a Frozen Nasogastric Tube by a Novice Intern in Anaesthetized, Intubated Adult Patients. A Randomized, Controlled Parallel Assignment Study

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https://www.youtube.com/watch?v=hJIcIJ1w8oM&list=PLhqNq3xJClbafO0Y5bvBcgMmXpgzJxd44&index=5&t=591s

Background: Frozen nasogastric tube insertion has a higher first attempt success rate compared to normal nasogastric tube insertion in many previous clinical trials. However, the insertion in these studies were done by an expert or the familiarity with nasogastric intubation is not commented about. Success rate of the skilled techniques differ based on the expertise level. We observed that the primary contact physician to be the first responder to nasogastric intubation call in majority of the hospitals is a novice intern.

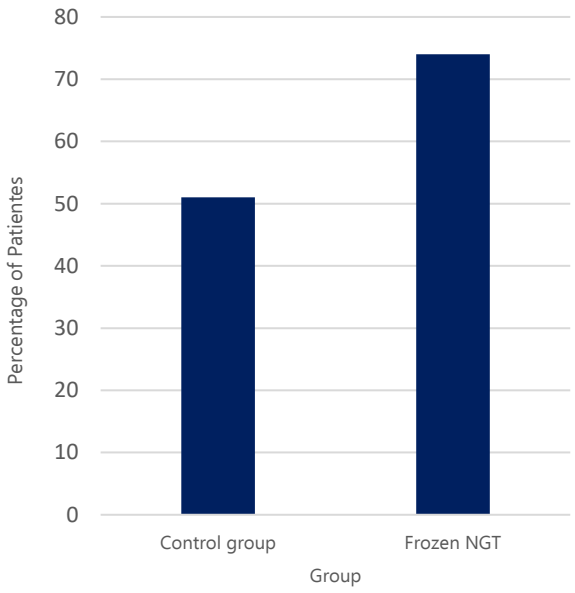
AIM: Our study aims to determine the success rate and associated complications when a novice intern attempt to introduce a frozen or a conventional nasogastric tube under supervision.

Methods: A total of 200 anesthetized, tracheally intubated patients were randomized to receive either a frozen nasogastric tube (n=100) or a normal nasogastric tube (n=100) as a part of routine care. The first attempt success, overall success, duration of insertion, number of attempts and complications were noted.

Results: Frozen nasogastric tube group had higher first attempt success (74 versus 51) and overall success (82 versus 57). It also had fewer attempts for successful nasogastric tube insertion as well as lesser time for the successful procedure (35.8 s versus 42.1 s). Overall complications were fewer with Frozen nasogastric tube (34 versus 61) compared to conventional nasogastric tube except bleeding (21 in both) and kinking (5 and 1).

Conclusion: Our study demonstrated that in the hand of novice intern a frozen nasogastric tube results in higher first attempt success rate, overall success rate, reduced number of attempts, reduced coiling and shorten intubation time with a comparable mucosal bleeding in comparison to conventional nasogastric tube intubation.

Figure 1. Comparison of First Attempt Success Between the Groups



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