INTRODUCTION
Continuous oesophageal pouch suction is used in the management of neonates with unrepaired oesophageal atresia. A double lumen replogle suction catheter is placed into the oesophageal pouch to remove saliva and secretions to prevent aspiration or pneumonia.

AIM:
To provide the correct and safe drainage of oesophageal pouch using a Replogle Tube.

EQUIPMENT
- Replogle suction catheter size Fg10 or Fg8
- Atrium Oasis Dry Under Water Seal Drainage (UWSD) Unit
- Atrium connector
- Suction regulator unit
- Suction tube
- Multidirectional stopcock (3Way tap)
- 10 mL Syringe
- Infusion burette and giving set
- 0.9% Sodium Chloride 500 mL
- Duoderm/Comfeel
- Barrier film
- Non-stretch leukoplast tape
PROCEDURE

1. Clean working surface area with neutral detergent. Collect equipment.
2. Perform clinical hand wash.
3. Attach suction regulator unit to wall outlet.
4. Set up suction tubing and Atrium UWSD unit – refer to Chest Drain - Set up of Atrium Oasis Dry Suction Under-Water Seal Drainage (UWSD) protocol.
5. Set suction control dial to \(-25\text{cmH}_2\text{O}\). Ensure water seal is filled to 2cm line as per instructions.

6. Attach the infusion giving set to the 500 mL bag of 0.9% sodium chloride.
7. Connect the infusion line to the 3-way tap. Prime the line.
8. Perform clinical hand wash and use non-sterile gloves.
9. Gently, insert the replogle tube via the oro- or naso-pharynx until resistance is met. Withdraw the replogle tube by 0.5 cm.
10. Secure the replogle tube with leukoplast after applying barrier film and appropriate size duoderm to skin.

11. Attach the infusion line with the 3-way tap to the blue connection of the replogle tube.
12. Infuse 0.9% sodium chloride at 5 mls/hour rate via infusion pump.
13. Attach the 10 mL syringe to the remaining third port of the 3-way tap and leave it open to air.
14. Connect the clear connection of the replogle tube to the Atrium UWSD suction apparatus with Atrium connector.
15. Turn on the Wall suction unit to **-100mmHg** at the wall AND ensure the Atrium suction control dial is set at **-25cmH₂O**. **R4**

16. Nurse the infant with head elevated at **30°**. **R5**

17. Document procedure in the patient’s notes and record suction pressure, colour/consistency of the secretion and **0.9% sodium chloride** infused hourly on the observation chart

**NOTES**
- Acetylcysteine can be added to **0.9% sodium chloride** at the discretion of neonatologist. Refer to medication protocol. **R²**
- Ensure a spare Replogle tube and taping is at the bedside at all times in case of accidental dislodgement.
- If water runs out of the air outlet of the 3-way tap, the replogle tube may be blocked. Inject **0.5mL – 1.0mL** of air via the air outlet to unblock. If unsuccessful, change the replogle tube.
- Change **0.9% sodium chloride** and giving-set every 48 hours.
- Change the replogle tube and “Atrium” UWSD unit weekly. Document changes on Nursing Care Plan.

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References


King Edward Memorial/Princess Margaret Hospitals 2010. Oesophageal atresia/tracheoesophageal fistula. Section: 13 Surgical Conditions Neonatology Clinical Guidelines, Perth Western Australia