

How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming in to or after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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The Nasal Loop System

Patient information leaflet

If you require a translation or an alternative format of this leaflet please call The Patient Advice & Liaison Service on 01296 316042

Safe & compassionate care,

every time

Introduction

A Nasal Loop (also known as a nasal bridle) is used to prevent a nasogastric tube from being pulled out. Nasogastric tubes are long thin soft plastic tubes inserted into the stomach via the nostril. They allow food and medication to be given to a patient who cannot swallow properly. The nasal loop consists of a length of cotton tape that wraps around the back of the nasal bone (the vomer bone) and then clips onto the feeding tube to stabilise it so it cannot be accidentally removed.

Technique

The nasal loop is simple to insert and usually only takes 2 or 3 minutes. There is some discomfort during this time but this is similar to having a nasogastric tube inserted. The nasogastric tube is usually inserted first but this is not always the case.

- The nasal loop is inserted using a probe with a medical magnet mounted on one end. The probe is inserted into one nostril.
- A soft plastic tube which also has a magnet on one end is inserted into the other nostril.
- This tube has the cotton tape attached to it and a removable stiffening wire inside.
- The probe and tube are gently manipulated until the magnets attach behind the nasal septum. The stiffening wire is then removed.
- The probe is withdrawn and the soft plastic tube is pulled around the back of the nasal septum drawing the cotton tape with it.
- Once the tape is positioned, so it is hanging out of both nostrils, it is fitted into a special clip alongside the nasogastric tube and the ends of the tape are tied.
- To remove the loop, the cotton tape is simply cut above the tie and pulled out. This only takes a few seconds.

Safety and situations in which the technique is not appropriate

The technique is safe and the only common problem is that it may provoke a small nosebleed.

It **cannot** be performed if:

- The nose is very distorted (for example in some patients who have suffered a broken nose in the past),
- If the patient's blood does not clot normally,
- If the patient has a particular type of skull fracture.

Care of the nasal loop

The loop tape should be gently cleaned and dried daily. This may be required to be done more frequently, especially if there are excessive secretions from the nose. The nose should be checked daily to ensure that the loop is not causing any irritation or bleeding.

Please note

The loops can never completely guarantee that nasogastric tubes cannot be displaced. It is possible to pick open the clip or untie the tape (although this is very unusual). It has also been found possible on occasion to pull the feeding tube from out of the clip leaving the loop in place.