Nasobiliary tube placement: how to accomplish oral-to-nasal transfer

Fig. 1 A snare with one or two loops is made from the guidewire at about 40 cm from the soft tip.

We would like to present our experience of nasobiliary tube (NBT) transfer. A description of this technique, called the guidewire maneuver, follows (▶ **Video 1**). The patient changes from the prone to the left lateral decubitus position while con-

tinuing to bite on the mouthpiece. The guidewire (Jagwire, 0.035 in; Boston Scientific, Natick, Massachusetts, USA) previously used for endoscopic retrograde cholangiopancreatography (ERCP) can be reused instead of a transfer tube.

First, a snare with one or two loops is made from the guidewire at about 40 cm from the soft tip (▶ **Fig. 1**). The endoscopist uses the left hand to grasp the snare and insert it through the mouthpiece to the posterior wall of oropharynx as far as possible. At the same time, two fingers of the right hand are used to introduce the soft end of the guidewire into the oropharynx through the nasal cavity. When the soft tip of the guidewire has been inserted into the snare about 20 to 25 cm from the nostril, the snare should be retrieved, and the soft end of the guidewire can be pulled out of the oral cavity simultaneously. Then, the tip of the NBT is passed over the soft end of the guidewire

and advanced for about 20 cm. Finally, the endoscopist pinches the NBT firmly so as to prevent the guidewire from slipping from the NBT and pulls them out of the nasal cavity together.

We have used this technique for more than 3 years with great success. It avoids accidental trauma to the endoscopist's fingers and damage to the NBT. At the same time, nasal bleeding seldom occurs, and the patient feels little discomfort because of the tiny diameter of the guidewire. Compared with other reported techniques [1–3], we think that our unique method offers a simpler and safer way to perform the last step of NBT placement.

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Video 1

Nasobiliary tube transfer: the guidewire maneuver.