## Tracheostomy

## Definition:-

- making an opening in to the trachea and connecting it to the skin surface.
Indications:-
1-relief of upper
respiratory obstruction. a-congenital:
. bilateral caoanal atresia. . laryngeal web. .laryngeal cyst .
.upper tracheal stenosis.
.tracheo- esophageal anomalies.


## b-traumatic:

--- internal (inhalation of
steam or irritant fumes, foreign body or swallowing of corrosive)
--- external (blow on the larynx
, gun shot , or cut throat).
c-infections:
.acute epiglottitis.
. acute laryngotracheo bronchitis.
.diphtheria .
. Ludwig's angina .
. retropharyngeal abscess.
. parapharyngeal abscess.
d-tumors: malignant tumors of tongue , upper trachea, , pharynx , larynx , or thyroid gland.
e- bilateral recurrent laryngeal palsies: after thyroidectomy or bulbar palsy.
f- cord fixation : due to rheumatoid arthritis.
g-other causes of glottic obstruction: like hemophilia , angioneurotic oedema.......

2-protection of lower respiratory tract: bulbar and pseudobulbar palsy.
. coma (head injury or drug abuse).
.myasthenia gravis.
. Polyneuritis.
. tetanus .
. cervical cord lesion.
3 -assist ventilation: in conditions that cause respiratory insufficiency :-a-pulmonary disease :.chronic bronchitis. .emphysema.
.postoperative pneumonia . b-severe chest injury: flial chest.
c-neuromuscular
incoordination that cause stagnation of bronchial secretion or the need for artificial or intermittent positive pressure ventilation PPV.

4-elective procedure: in any major procedure in mouth, pharynx or larynx.

## Types of

tracheostomy:-
1-emergency or elective.
2-temporary or permanent.
Types of tracheostomy
tubes:-
1-metalic: silver Jackson.
2-portex.

- Other classification:-

1-uncuffed.
2-cuffed:-a- single cuff.
b- double cuff.

# Technique or procedure of 

 tracheostomy:-1-anesthesia : local or general.
2-position of the patient: supine with over extension.
3-vertical or transverse skin incision.
4-middline dissection of the strap muscles.
5-cutting or elevation the isthmus of the thyroid gland.
6-opening of the second, third or fourth tracheal rings.
7- introduction of the tracheostomy tube.

8-closure of the wound.
Criteria of emergency
tracheostomy:-
1-recession of suprasternal ,
supraclavicular , intercostal and subcostal space.

2-anxiety, palor, sweating.
3-cyanosis : indicate late and grave stage.
The tracheostomy aids respiration by:-

1-reducing dead space by 50\%.
2-by-passing resistance to air
flow in nose , mouth and glottis.

3-easy toilet of bronchi.
4 -using of positive pressure ventilation PPV.

## Post operative care:-

1-nursing care: constant attention is essential for the first 24 hours at least.

2-fixation of the tracheostomy tube.

3 -removal of secretions by suction.

4-humidification :by wet
gauze.
5-changing the tube.
6 - care of the inflatable cuff.

## 7-removal of the tube.

# Complications of 

tracheostomy:-
a-immediate:
1-hemorrhage.
2-air embolism.
3-apnea:-due to CO2 wash
leading to respiratory centre
suppression.
4-cardiac stand still:-due to
i- exessive adrenalin production in an anxious patient.
ii- rapid raise of PH due to washing of CO2.
iii- hyperkalemia due to respiratory alkalosis.

5- local damage to surrounding structures.
b-early:
1-dislodgement or displacement of the tube.

2-surgical emphysema.
3-pneumthorax and pneumomediastinum.

4-scabs and crusts.
5-infections.
6-tracheal necrosis.
7-tracheo-arteriolar fistula.
8-Tracheo-esophageal fistula.
9-dysphagia.
c-late:

1-tracheal stenosis.
2-difficult decannulation.
Laryngotomy:-

- Definition: an opening through the cricothiroid membrane.
- Indications: sudden laryngeal obstruction when intubation is impossible and facilities for tracheostomy are not available.
- Impaction of a foreign body is the commonest indication.

