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.