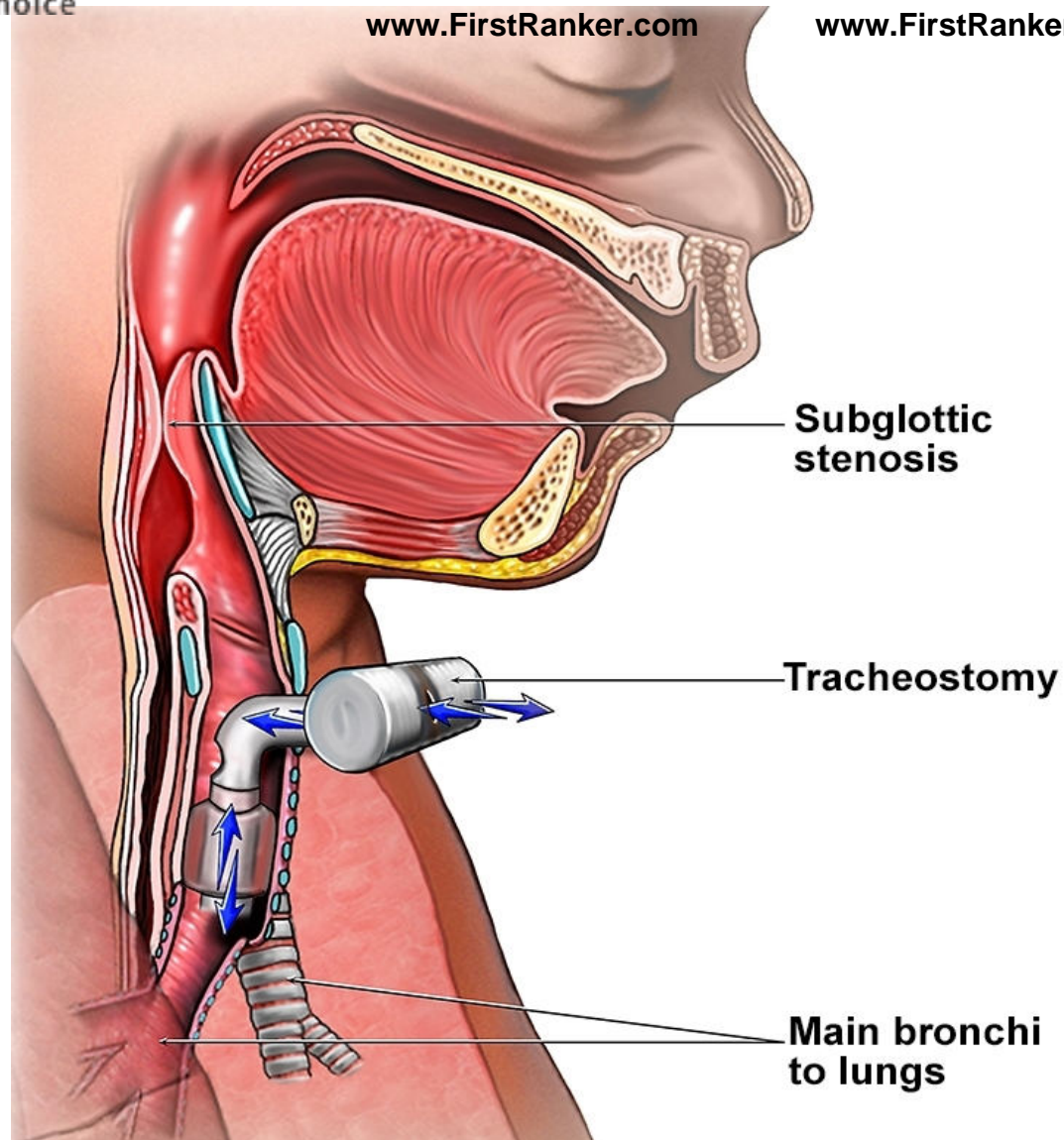


# TRACHEOSTOMY

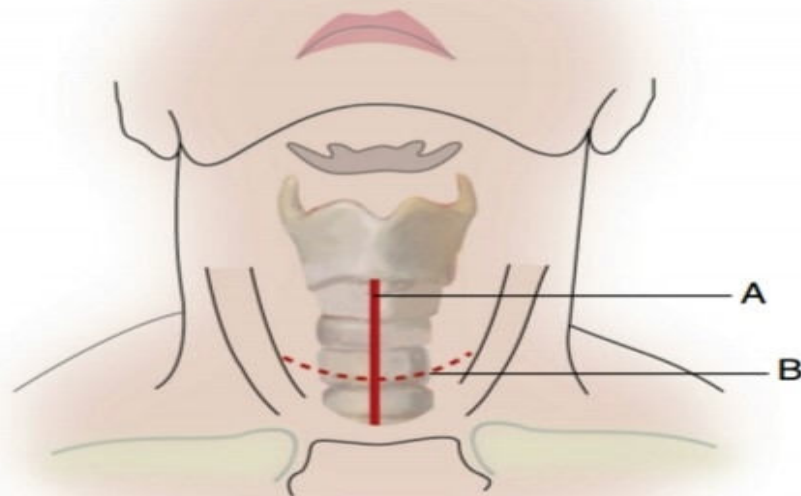
# TECHNIQUE

- ▶ Whenever possible, endotracheal intubation should be done before tracheostomy.
- ▶ Position: Supine with pillow under shoulders so that neck is extended. This brings the trachea forward.
- ▶ Anaesthesia: Not required if pt unconscious or emergency. In conscious pts, 1-2% lignocaine with epinephrine is infiltrated in the line of incision and area of dissection.
- ▶ Sometimes gen anaesthesia.



# STEPS OF OPERATION

- ▶ 1. Vertical midline incision in the neck extending from cricoid cartilage to just above sternal notch (rapid access, minimum bleeding & tissue dissection)  
Transverse incision 5cm long two fingerwidth above sternal notch gives cosmetically better scar.
- ▶ 2. Tissues are dissected in the midline. Dilated veins are either displaced or ligated.
- ▶ 3. Strap muscles are separated in midline and retracted laterally.



**Figure 64.1** Skin incisions in tracheostomy. (A) Vertical midline incision. (B) Transverse incision.

- ▶ 4. Thyroid isthmus is displaced upwards or divided btw clamps and suture ligated'
- ▶ 5. A few drops of 4% lignocaine are injected in to trachea to suppress cough.
- ▶ 6. Trachea is fixed with a hook and opened with a vertical incision in the region of 3<sup>rd</sup> and 4<sup>th</sup> or 3<sup>rd</sup> and 2<sup>nd</sup> rings. This is then converted in to a circular opening.

- ▶ 7. Tracheostomy tube of appropriate size inserted and secured by tapes.
- ▶ 8. Skin incision should not be sutured or packed tightly.
- ▶ 9. Gauze dressing is placed btw skin and flange of tube around stoma.

# TRACHEOSTOMY IN INFANTS AND CHILDREN

## ▶ **INDICATIONS**

infants below 1 yr – mostly congenital

- ▶ Subglottic hemangioma
- ▶ Subglottic stenosis
- ▶ Laryngeal cyst
- ▶ Glottic web
- ▶ Bilateral vc paralysis

## Children – inflammatory and traumatic

- ▶ Acute laryngotracheo bronchitis
- ▶ Epiglottitis‘
- ▶ Diphtheria
- ▶ Laryngeal edema
- ▶ External laryngeal trauma
- ▶ Prolonged intubation
- ▶ Juvenile laryngeal papillomatosis

- ▶ 1. Preferably done under gen anesthesia  
With a endotracheal tube or bronchoscope inserted.

Trachea of infants and children is soft and compressible.

- ▶ 2. Do not extend neck too much
- ▶ 3. Before incision silk sutures are placed in the trachea on either side of midline
- ▶ 4. Small lumen – do not insert knife too deep

- ▶ 5. Trachea is simply incised , without excising a circular piece of tracheal tube
- ▶ 6. Avoid infolding of ant tracheal wall when inserting the tube
- ▶ 7. Selection of tube important
- ▶ 8. Use soft silastic or portex tube.  
Metallic tube cause more trauma.
- ▶ 9. Take a postoperative x-ray of neck and chest to ascertain the position of tracheostomy tube.

# Thank you