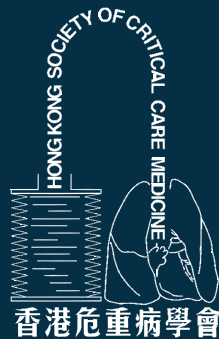


1. To improve co-operation, liaison, and comradeship of all the health care workers involved in the practice of critical care medicine in Hong Kong.
2. To advance knowledge in Critical Care Medicine in Hong Kong.
3. To provide expert advice, as and when required, to other organisations on matters pertaining to critical care medicine in Hong Kong.
4. To liaise with similar organisations overseas and to promote exchange of expertise and information.

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TRACHEOSTOMY

What is tracheostomy?

Tracheostomy is a procedure to create an opening through the neck into the trachea (windpipe). After the opening is created, a tracheostomy tube will be inserted.

Why is it needed?

Major reasons for a tracheostomy are:

1. To keep airway clear for breathing
2. To bypass the airway which has become obstructed
3. To make cleaning and removal of fluid from the airway easier
4. To permit long-term ventilatory support

How is it done?

The procedure is usually performed in the intensive care unit, or in the operating theatre under special circumstance. We will use anaesthetic medication given both directly onto the wound and through the blood circulation so that the patient is unaware of pain. A 1 to 1.5 cm hole is made at the lower neck region in between the cartilages of the windpipe. A tracheostomy tube of suitable size is then inserted and secured by stitches.

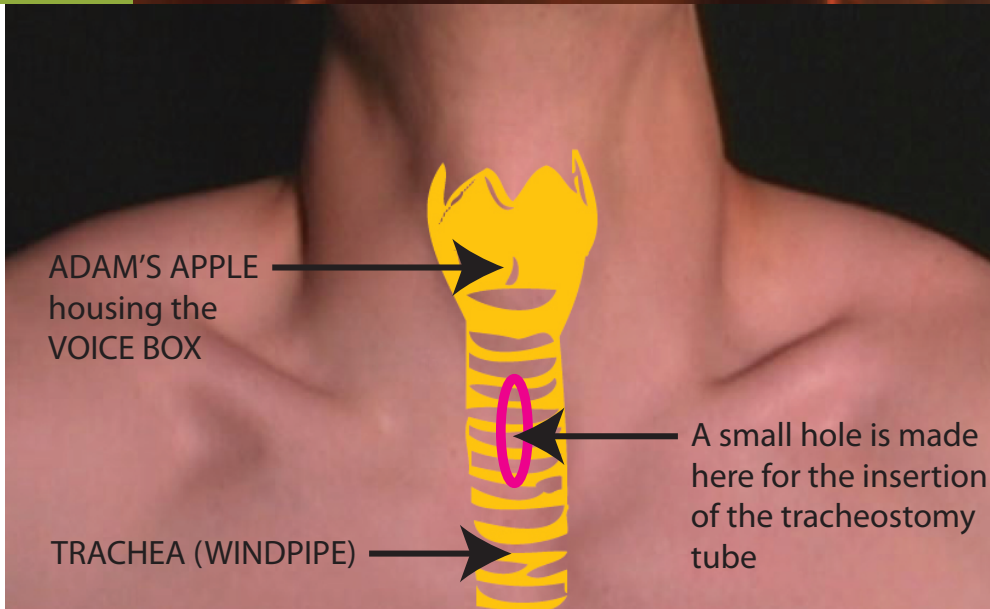
What are the risks?

During or immediately after the procedure:

1. Bleeding from the operative site. Very rarely can bleeding be severe to threaten life if a major blood vessel is hurt
2. Tracking of air underneath the skin leading to swollen neck and face (subcutaneous emphysema), around internal organs inside the chest (mediastinal emphysema), and in the pleural cavity between the lung and chest wall (pneumothorax). If necessary, a drain will be inserted on the side of the chest to drain out the air. Though very rare, if oxygen supply as a result of pneumothorax is impaired for prolonged period, the brain can be injured.
3. Blood going into the airway and blocks it. It may block the airway and



Tracheostomy tube



increase risk of pneumonia.

4. Cardiac arrest secondary to lack of oxygen supply if the procedure is difficult.

5. False passage of the tracheostomy tube around the windpipe

Days to weeks after the procedure:

1. Massive bleeding may occur a few days to several weeks after tracheostomy. If necessary, another operation to stop bleeding may be necessary.

2. Wound Infection: pain may be felt, and wound may look red and swollen with pus. We can treat with antibiotic and/or drainage.

3. Sudden blockage by secretion: if severe, can result in sudden death

4. Subglottic edema: swelling inside the trachea around the tracheostomy tube

5. Tracheoesophageal Fistula; communication between trachea and the esophagus

How does it look like eventually?

Q: Will it look ugly after the procedure?

A: The tracheostomy tube will be almost fully inserted into the neck region into the windpipe. The wound will be covered with gauze.

After the procedure, we will connect a device for both humidification and administration of oxygen, and a suction catheter will also be connected for the removal of secretions. The hole will close and heal by itself if the tracheostomy tube is removed later when condition allows, leaving only a scar.



CAN THE PATIENT TALK OR EAT AFTER TRACHEOSTOMY?

Because the tube lies below the voice box, speaking is not possible temporarily. However, under our supervision, talking will be possible again when we deflate the tracheostomy cuff and use a talking device. If a speech therapist available, he/she can also give expert assistance.

Eating is possible when condition is stable. It should only be started after our assessment and under close supervision.

DISCLAIMER AND REMARKS

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