INTRODUCTION

Percutaneous tracheostomy has gained widespread acceptance as the method of choice in intensive care practice ever since its introduction. 

The technique has undergone numerous modifications since its introduction. A modification of the PDT technique in which limited blunt dissection of the trachea is performed up to the pretracheal fascia and manual palpation of the trachea with an attached syringe filled with 3-4 ml of normal saline, was then inserted in the midline in the space between 2nd /3rd  or 3rd / 4th tracheal rings under digital guidance of the other hand, During this manouevre fiberoptic bronchoscopy was not used.

There were 1093 patients with an overall complication rate of 9.43% (TABLE III) These studies have confirmed a comparable rate of perioperative and postoperative complications.

The guide wire was then passed, free movement of the guidewire confirmed, and a stoma created by single dilatation, followed by placement of a # 7 or # 8 Ultraperc or Blue Line dilator at the bedside. The tracheostomy tube was secured with silk stitched to the skin and tape tied around the neck.

One hundred and fifty patients were prospectively enrolled from December 2006 and December 2009, with a mean age of 68 yrs (range, 19-105).

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The mean time from intubation to tracheostomy was 10.6 +/- 5.4 days

There was a high rate of tracheostomy in intubation was 10.8 +/- 5.4 days. The vast majority (94%) had their tracheostomy done at bedside in the ICU. In six patients (4%) the Griggs method was used while the rest (96%) had the Ciaglia single dilatational technique.


discussion

Our work is one of the larger prospective studies that demonstrates that percutaneous tracheostomy without bronchoscopy can be a safe technique in experienced hands and with proper training of operators.

PTT has several advantages over open surgical tracheostomy being cheaper, easier to perform and faster but its use is limited to some centres that do not have the facility to perform bronchoscopy (although bronchoscopy may have some drawbacks).

We therefore recommend the use of the modified technique for tracheostomy as it is a safe and quick technique with a relatively low risk of complications. In experienced hands, this technique could be conducted as an elective procedure.

REFERENCES


800.790.4001