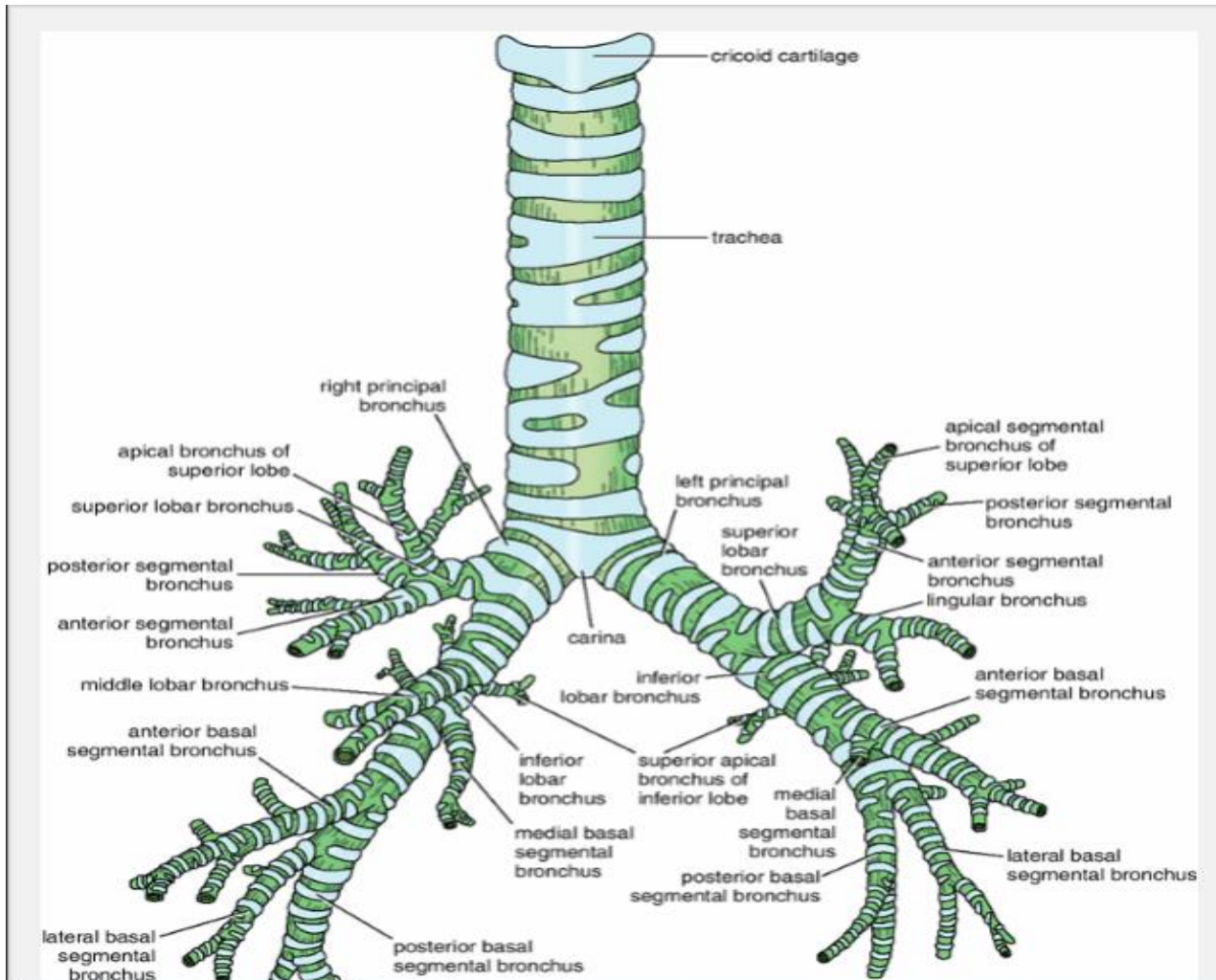


Physiotherapy icu 6th semester 3rd year
Tracheostomy

by

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The trachea and the bronchi.



- **A tracheostomy:** is the surgical creation of an opening into the trachea usually between the second and third rings of cartilage.
- **The preferred site** is through the second ring of the trachea in the midline, with the thyroid isthmus retracted inferiorly. A vertical tracheal incision is made, and the tracheostomy tube is inserted.

Table 11-13 Important Airway Distances (Adult)^a

Airway	Distances
Incisor teeth to the vocal cords	5.9 in. (15 cm)
Incisor teeth to the carina	7.9 in. (20 cm)
External nares to the carina	11.8 in. (30 cm)

^aAverage figures given = 1â€²2 cm.

Indications for Tracheostomy

- Facilitate weaning from mechanical ventilation.
- Prevention / treatment of retained tracheo-bronchial secretions.
- Chronic upper airway obstruction
- Bypass acute upper airway obstruction
- Respiratory failure

Types of tracheostomy

- A temporary tracheostomy
- A permanent tracheostomy

Tracheostomy Complications

□ pneumonia

This may be prevented by

- careful humidification,
- good physiotherapy,
- tracheal suction and inner tube care.
- **Aspiration of** gastric contents may also lead to pneumonia. This can occur with patients who are unable to swallow safely.

❑ Site Infection

- There is a risk of site infection caused by introduction of organisms from the sputum. Careful observation and dressing of the site will reduce this.

❑ Tracheal Damage

- Damage to the trachea may be caused by poor tracheal suctioning techniques

❑ Communication

- Patients with a tracheostomy will be unable to speak, unless the tube has **a speaking aid**.
Good communication including the use of speaking valves, pen / paper or picture cards are vital to prevent the patient feeling frightened and isolated.

❑ Hemorrhage:

The anterior jugular veins located in the superficial fascia close to the midline should be avoided.

❑ Nerve paralysis:

The recurrent laryngeal nerves may be damaged as they ascend the neck in the groove between the trachea and the esophagus.

❑ Pneumothorax:

The cervical dome of the pleura may be pierced. This is especially common in children because of the high level of the pleura in the neck.

❑ Esophageal injury:

Damage to the esophagus, which is located immediately posterior to the trachea, occurs most commonly in infants; it follows penetration of the small-diameter trachea by the point of the scalpel blade.

physiotherapy

- **Normal saline**
- **Percussion**
- **Suction**
- **oxygen**

Thank you