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A simple method of securing the airway whilst accessing a bleeding tracheostomy site when nasal or oral endotracheal intubation is not feasible.

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A simple method of securing the airway whilst accessing a bleeding tracheostomy site when nasal or oral endotracheal intubation is not feasible.

Tracheostomies are frequently used in patients undergoing surgery for treatment of head and neck cancer [1-3]. Bleeding is a well recognised potential complication of tracheostomy insertion[3, 4], which may occur in around 5% of cases [5]. When attempting to control post operative bleeding from around a tracheostomy, it is often necessary to directly visualize and access the site of haemorrhage, however visualization and access are often impeded by the tracheostomy tube.

Oral or nasal endotracheal intubation facilitates removal of the tracheostomy tube to aid in haemorrhage control whilst maintaining a secure airway, however in post-operative patients who have undergone head and neck reconstructions this may not always be feasible or desirable.

A simple and effective method which allows temporary access to a bleeding tracheostomy stoma whilst maintaining a secure airway is to intubate the patient via the tracheostomy tube as described below.

After ensuring suitable facilities to anaesthetise the patient and explore the bleeding site are available, the inner tube of the tracheostomy tube is removed and an endotracheal tube (ETT) such as a cuffed microlaryngoscopy tube is passed via the lumen of the tracheostomy tube

(figure 1.) into the patient's trachea and balloon is inflated . Correct placement of the newly inserted ETT is confirmed in the conventional manner via capnography.

Once the airway is secured in this way, the tracheosteomy tube can be retracted or completely removed by releasing any tapes or sutures which have been used to secure it and withdrawing it over the top of the endotracheal tube (figure 2).

Withdrawal of the tracheostomy tube provides improved access and visualization to the stoma site to allow for haemorrhage control. After haeomostasis is achieved the tracheostomy tube can be replaced by sliding it back over the ETT, which acts as a guide for the tracheostomy tube into the trachea.

Bleeding from a tracheostomy during the immediate post-operative period is a rare but important complication following major head and neck surgery. Different approaches have been adopted but here we presented a simple method of securing the airway and providing access in order to identify the bleeding area.

Figure 1 – size 4 microlaryngoscopy tube inserted into the lumen of a size 8 shiley tracheostomy tube (inner cannula removed)

Figure 2 – tracheostomy tube retracted along ETT (flange of microlaryngoscopy tube can be removed to enable tracheostomy tube to be removed)

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Figure 1.

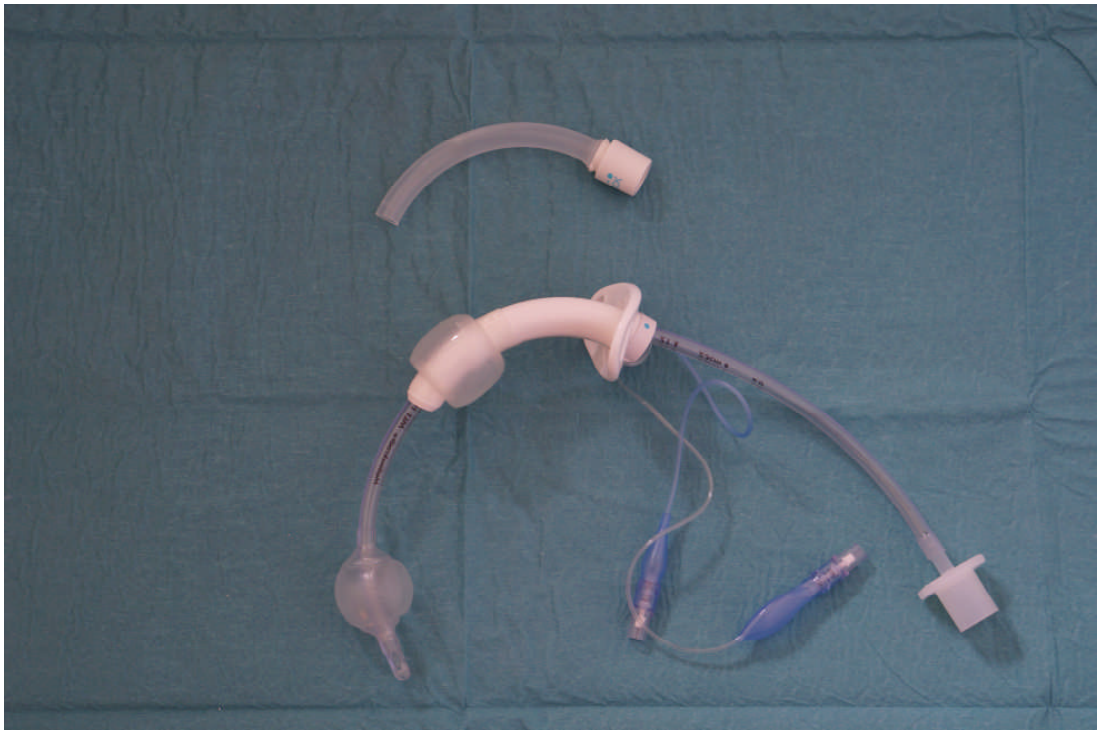
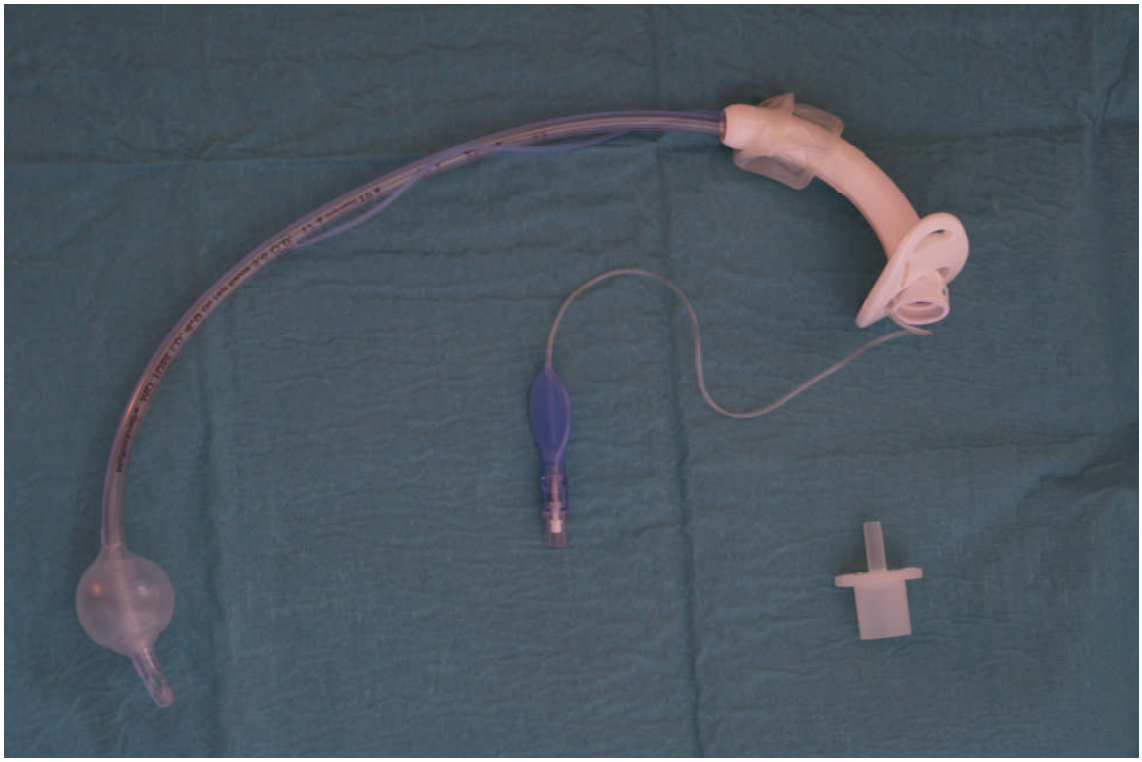
Figure 2.