

Zastosowanie rurki tracheostomijnej T w leczeniu zwężeń tchawicy

The use of tracheostomy T-tube in the treatment of tracheal stenosis

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Summary

The aim of the study was evaluation of the use of tracheostomy T-tube in patients with tracheal stenosis. The advantages of closed T-tube over open tracheotomy are: 1/ normal breathing through the nose, 2/ normal speech without necessity to close the tube with a finger, 3/ no spitting during cough. Silicone tracheostomy T-tube was used in 12 patients with tracheal stenosis. The stenosis resulted in 7 patients from prolonged intubation, in 4 patients from defective tracheostomy and in one patient from failure of tracheal resection. In all the patients rigid tracheoscopy and/or flexible bronchoscopy revealed the length of the stenosis and the distance from vocal cords. T-tube was placed under local anesthesia. The patients used to wear closed T-tube from 1-12 years. The tube was exchanged every 2-4 years. The only adverse effect was recurrent granulation around tracheostomy in two patients. 7 of 12 patients were decannulated with good result in 3 months - 5 years follow up. In two decannulated patients stenosis recurred. One patient was retracheostomized and in another patient stenosis was resected with end to end anastomosis. Three patients were not decannulated. Tracheostomy T-tube can be used temporary in patients with tracheal stenosis before planned stenosis resection or as a sole treatment with good chances for successful decannulation. When stenosis resection is not possible, T-tube can be placed for long time.