

Czy tracheotomia wykonywana na oddziale Intensywnej Opieki Medycznej (IOM) jest procedurą bezpieczną?

Tracheotomy as a bedside procedure in the Intensive Care Unit: is it safe?

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Summary

Background. The authors would like to present the problem of performing bedside tracheotomy in the Intensive Care Unit. The tracheotomy have been done in the highly specific group in poor or fatal general condition, so the complication rate according to the general status of the patients is discussed. **Material.** 92 patients were treated with tracheotomy between I 2003 - XII 2005 and in this number 13 complications occurred. The general status of the patients (shock, stroke, sepsis, pneumonia, hypoalbuminemia) in the time of procedure was taken into consideration. **Results.** In early complications dominated the bleeding - in 7 patients (7,9%) and wound infections - in 4 patients. Tracheal strictures, the only late complication found in our group, were stated during the follow up period in 2 patients (1,1%). The time of performing the tracheotomy i.e. day of the intubation (range from 0-13; mean - 5,7) and day of the decaniulation (range from 3-65; mean - 16) were analyzed. **Conclusion.** Tracheotomy performed in the Intensive Care Unit as a bedside procedure is safe, quick and effective. Complication rate in the group of patients in poor general condition is comparable both to the average population and to the percutaneous technique.