Bedside tracheotomy feasible for critically ill COVID-19 patients

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(HealthDay)—Bedside open tracheotomy seems safe for critically ill patients with COVID-19, according to a study published online Oct. 8 in *JAMA Otolaryngology-Head & Neck Surgery*.

Francesc Xavier Avilés-Jurado, M.D., Ph.D., from the Institut Clínic d'Especialitats Mèdiques i Quirúrgiques in Barcelona, Spain, and colleagues examined the complications, safety, and timing of tracheotomy performed for critically ill patients with COVID-19 in a prospective cohort study. Fifty patients admitted to the intensive care unit (ICU) with COVID-19 who required tracheotomy were included.

The researchers found that all tracheotomies were performed at bedside. From intubation to tracheotomy, there was a median of nine days. Forty-six patients (92 percent) had a subthyroid approach; for 40 patients (80 percent), the tracheal protocol was adequately achieved. Protective personal equipment use was adequate, with no infection identified among surgeons four weeks following the last tracheotomy. Postoperative complications were rare, with the most common complication being minor bleeding (12 percent). The early versus late tracheotomy group had a higher successful weaning rate (adjusted hazard ratio, 2.55; 95 percent confidence interval, 0.96 to 6.75). Compared with late tracheotomy, there was less time of invasive mechanical ventilatory support with early tracheotomy (mean, 18 versus 22.3 days).

"The findings suggest that with the use of a standardized protocol, bedside open tracheotomy may be safe for patients with COVID-19 receiving IMV [invasive mechanical ventilation] at ICUs and their surgeons," the authors write.

One author disclosed ties to the pharmaceutical industry; a second author disclosed ties to the medical device industry.

More information: Abstract/Full Text (subscription or payment may be required)

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