



Tracheostomy: Five-Year Review in an African Hospital

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Abstract

Introduction: The aim of this study was to determine the frequency of tracheotomies in our department over the last five (5) years, list the indications and explain the technique and postoperative follow-up.

Material and Methods: This is a 5-year (January 2013-December 2017) retrospective and analytical study of the records of patients who have had tracheotomies in the ENT and Neck and Facial Surgery department of the IgnaceDeen National Hospital in Conakry.

Results: During this period, 48 tracheotomies were performed in the department, with a frequency of 5.42%. The mean age of our patients was 35 years with extremes of 9 years and 67 years. The age group from 10 to 19 was the most affected. The sex ratio was 1.67. All socio-professional categories were affected. The aetiologies of the air obstacle were dominated by cancerous lesions: laryngeal cancer, laryngeal papillomatosis and hypopharyngeal cancer, representing 22.92%, 20.83% and 14.58% of cases respectively. The tracheotomy was most often carried out under local anaesthesia with a supra isthmic tracheal opening in an inverted H or I shape in 77.08% of cases. Complications observed in our series were cervical emphysema and obstructive mucus plug in 6.25% of cases and 1 case of death, i.e. 2.08%. Early decannulation was performed in 41.67% of cases.

Conclusion: Tracheostomy is a lifesaving procedure and commonly performed in our practice. A proper technique with carefully selected indications enables minimises the risk of complications.

Keywords: Tracheotomy, ENT, Conakry

Abbreviations: IMV: Invasive Mechanical Ventilation; ARF: Acute Respiratory Failure.

Introduction

Performed in an emergency or as part of a scheduled surgery, tracheotomy is the surgical opening, either temporary or permanent, of the anterior cervical trachea with the insertion of a cannula through the skin to the lower respiratory tract. It is a life-saving surgical procedure; known since ancient times, commonly used by the Otorhinolaryngology to bypass a pharyngo-laryngo-tracheal obstacle, and allow difficult intubation or resuscitation. Its frequency varies from one country to another. The range of indications for tracheotomy, which depends on the context of practice, has generally evolved with the development of head and neck surgery and resuscitation.

Aim: The aim of this study was to determine the frequency of tracheotomy in our department over the last 5 years, list the indications, and describe the technique and the postoperative follow-up.

Patients and Methods: This was a retrospective and analytical study covering a period of 5 years (January 2013-December 2017) carried out in the Otorhinolaryngology and Neck and Facial Surgery department of the IgnaceDeen National Hospital (Conakry University Hospital Centre). It involved the clinical records of patients who had undergone tracheotomy during the study period. These records, which included clinical course, operative report and post-operative follow-up. We took into account epidemiological data (age, sex and profession), clinical data (nature of the obstacle and/or indications), therapeutic data (types of anaesthesia, skin incision, tracheotomy site, type of tracheal opening, tracheotomy cannula) and evolutionary data (time taken to wear the cannula, complications).

Results: Of the 885 surgical procedures performed during the study period, 48 were tracheotomies, i.e. a frequency of 5.42%. We thus performed 09 to 10 tracheotomies per year.