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## Discovery of a rare aberrant artery overlying Trachea during open Tracheostomy

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Tracheostomy is a common surgical procedure for securing a patent airway. Although the discovery of anatomical variations of major vessels overlying the trachea is rare, this may pose a significant bleeding risk during the procedure. Hence, a thorough preoperative assessment of the neck and the surgeon's intraoperative vigilance is essential. Open tracheostomy is a safer option than percutaneous dilatational tracheostomy. The higher the level of insertion of the tracheostomy tubes, the less likely the chance of damage to a major artery. Furthermore, cricothyroidotomy could be regarded as having the minimal chance of injuring major vessels compared with tracheostomy in emergency

management of the unanticipated difficult airway. In addition, the arteries that are of particular importance due to their close anatomical relationship with the trachea, namely the tortuous versions of normally positioned vessels, the innominate artery, the right and left common carotid arteries, the right subclavian artery, the thyroid ima artery and the aberrant right subclavian artery (ARSA). Last but not least, extra caution with stoma wound care and change of tracheostomy tube is necessary postoperatively if any major vessel is detected in close proximity to the tracheal stoma.

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