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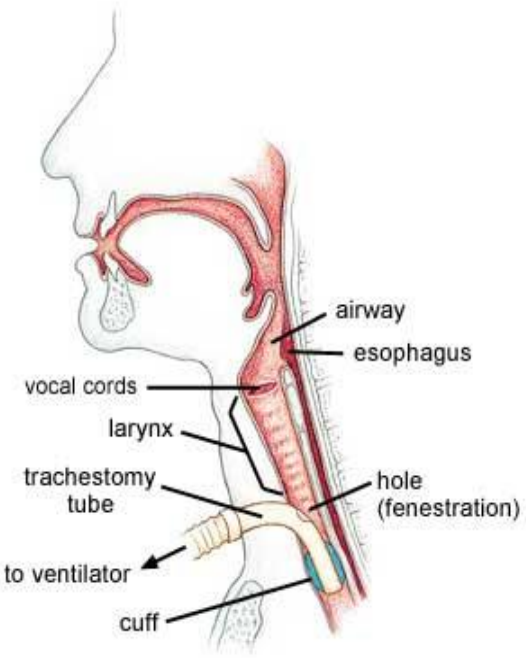
TRACHEOTOMY / TRACHEOSTOMY

SURGERY INFORMATION and SURGICAL CONSENT

Tracheotomy is a procedure in which a tube (typically an inert plastic or silicone) is surgically inserted through an incision in the low part of the neck, into an opening created in the trachea (windpipe) below the level of the larynx (voice box).



There are many different reasons that patients may undergo tracheotomy. Often the reason is because of the need for prolonged mechanical ventilation (respirator), replacing the endotracheal tube already present in the patient. Sometimes it is performed to bypass obstruction of the upper airway due to scar or tumor or vocal cord paralysis. Other indications are for treatment of severe obstructive sleep apnea, or improving the ability to manage secretions in a patient who chronically aspirating (choking of their own saliva), as well as several other reasons.

If this form has been given to you, either you or the person that you have medical responsibility for, has been suggested to undergo a tracheotomy. It is important that you understand the implications of a tracheotomy.

The surgery is done in the hospital. Sometimes the patient will remain hospitalized for a week or so after the procedure. Other times, depending on the reason that the tracheotomy (slang – trach) was done, the patient might be transferred to a long term ventilator hospital / rehab / nursing home sooner. On other occasions, after a week in the hospital, in a patient that is able to care for the trach themselves, they might be able to be discharged to their home – after the appropriate education has been given, and the appropriate supplies have been arranged for in the home.

Just because someone has had a tracheotomy placed, doesn't mean it is necessarily a permanent tube. The length of time that one needs to keep the tube is entirely dependent on the reason that it is being placed. For instance, if the tube is placed for assistance with ventilator support, and if the patient's cardio-pulmonary status improves so that a ventilator is no longer necessary, then it may be possible to remove the trach tube. The process of removal of a trach tube – called decannulation, may take anywhere from days to weeks to a few months. In other instances, if the trach tube has been placed because of an irreversible neurological condition, it is likely that the trach will remain for the patients remaining lifetime. Each individual circumstance is different.

There will be lifestyle changes once a trach is placed. As an example, water must be kept away from the trach tube because the water could be inhaled (aspirated). So, for instance, a patient with a trach cannot swim.

Depending on the particular circumstances, the patient may or may not be able to speak with a trach. Most often, there is at least an initial period of time when there will be no ability to voice. This lets the wounds heal. Then, depending on the problems for which the trach was placed, consideration might be given for speaking. In general, however, as long as a patient needs to be on a ventilator, speaking will typically not be possible. In some other circumstances, we might be able to eventually put in a special trach tube that allows speaking.

Eating may be possible with a trach, again depending on the circumstances that the trach is placed for. For instance, if the trach is for sleep apnea, a special tube is placed that keeps the trach covered in the day, and open at night. These patients can generally eat normally and have nearly normal daily activities. There are other circumstances in which a trach is placed for airway protection because of a stroke or other reasons that causes difficulty swallowing. It is unlikely that this type of patient will be able to eat or drink by mouth, irrespective of a trach. These patients often require feeding tubes to maintain nutrition.

The indications and risks of surgery, as well as expected outcomes, must be understood prior to proceeding with your surgery. In addition, you must understand your alternatives to the surgery. The alternative is not to have the surgery performed, and continue with medical management of the problem. This would leave you/the patient in the current condition.

SURGICAL RISKS/COMPLICATIONS:

1) **BLEEDING**: Minor bleeding from the incision is typically not a problem; however, heavy bleeding deeper in the neck can be very serious and can potentially cause difficulty with breathing. Rarely, a return to the operating room is necessary.

2) **WOUND INFECTION**: Infection after tracheotomy is uncommon. If this was to develop this is managed with local wound care and other medicines as needed.

3) **PNEUMOTHORAX (COLLAPSED LUNG):** The tracheotomy is performed just above the top of the lungs. It is exceedingly rare to injure the lungs, but to be sure this complication hasn't occurred, a chest x-ray is ordered just after the surgery. If a pneumothorax was to occur, another procedure would need to be performed to re-expand the lung.

4) **AIRWAY SCARRING**: This is fortunately very rare, but a serious complication of any airway surgery. Indeed, even the presence of an endotracheal tube (often the tube that we are replacing by tracheotomy) can cause airway scarring. One of the reasons to convert an endotracheal tube to a tracheotomy is to minimize the risk of airway scarring. The scarring can be at the level of the vocal cords, below the level of the vocal cords (subglottic stenosis), or in the trachea itself (tracheal stenosis). If this was to occur, depending on the level of the scar formation, often further surgery or surgeries are necessary to improve this condition. Airway scarring might lead to the need for a permanent trach tube.

5) **TRACH TUBE DISLODGEMENT:** Fortunately this is rare, but if it occurs it can be devastating and/or fatal. This most often occurs if the 'trach ties' around the neck are kept too loose allowing for the trach tube to become displaced out of the airway. This problem is best avoided by paying close attention to the appropriate 'snugness' of the ties.

6) As with any type of surgery, the risks of **anesthesia** such as drug reaction, breathing difficulties and even death are possible. Please discuss these risks with your anesthesiologist. Fortunately, with this procedure, anesthetic problems are exceedingly rare.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient name PRINTED:_____

Patient or Parent or Guardian/POA SIGNATURE:_____

Parent or Guardian/POA printed name (if applies):_____

Parent or Guardian/POA relationship to patient (if applies):_____

Date:_____ Time:_____ _____

Witness:_____ Date:_____