

Tracheotomy and Tracheostomy Tubes

Indications for Tracheotomy

- Prolonged mechanical ventilation
- Inability to clear airway secretions
- Inability to protect the airway
- Upper airway obstruction

When should tracheotomy
be performed?

Timing of Tracheotomy

- Several randomized trials and meta-analysis have compared early versus late tracheotomy.
 - No difference in mortality, ventilator-associated pneumonia, or ICU or hospital length of stay
 - Early tracheotomy improves patient comfort and decreases the need for sedatives and narcotics.
 - Physicians are poor at predicting which patients will require long term ventilation.
 - In the 2 largest randomized trials, only 56.7% and 45.5% of patients randomized to late tracheotomy underwent the procedure.

JAMA. 2010;303:1483-1489

JAMA. 2013;309:2121-2129

Benefits of Tracheotomy

- Improved patient comfort
 - Less sedation
- Improved communication
- Improved swallowing function
- Improved mobility
- Does not cause laryngeal or subglottic injury

Risks of Tracheotomy

- Surgical procedure
 - Bleeding
 - Tracheal injury
- Tracheal stenosis
- Tracheo-innominate fistula

Timing of Tracheotomy

- In general, tracheotomy for prolonged mechanical ventilation should be delayed for 12-16 days.
- Earlier tracheotomy is appropriate for patients with severe brain injury, severe, progressive neuromuscular disease, and patients who are especially likely to benefit from increased comfort, and increased ability to communicate, swallow, and ambulate.

What types of tracheostomy tubes are available?

Shiley Tracheostomy Tubes

Flexible tracheostomy tubes



SKU#	I.D.	O.D.	INNER CANNULA I.D.
4CN65A	6.5 mm	9.4 mm	5.5 mm
5CN70A	7.0 mm	10.1 mm	6.0 mm
6CN75A	7.5 mm	10.8 mm	6.5 mm
7CN80A	8.0 mm	11.4 mm	7.0 mm
8CN85A	8.5 mm	12.2 mm	7.5 mm
9CN90A	9.0 mm	12.7 mm	8.0 mm
10CN10A	10.0 mm	13.8 mm	9.0 mm

Shiley Tracheostomy Tubes

Flexible tracheostomy tubes



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4UN65A	6.5 mm	9.4 mm	5.5 mm
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10UN10A	10.0 mm	13.8 mm	9.0 mm

Shiley Tracheostomy Tubes

XLT tracheostomy tubes

EXTENSION	I.D.	O.D.	TOTAL LENGTH	PROXIMAL LENGTH	RADIAL LENGTH	DISTAL LENGTH
Distal	5.0 mm	9.6 mm	90 mm	5.0 mm	37.0 mm	48.0 mm
Proximal	5.0 mm	9.6 mm	90 mm	20.0 mm	37.0 mm	33.0 mm
Distal	6.0 mm	11.0 mm	95 mm	8.0 mm	38.0 mm	49.0 mm
Proximal	6.0 mm	11.0 mm	95 mm	23.0 mm	38.0 mm	34.0 mm
Distal	7.0 mm	12.3 mm	100 mm	12.0 mm	39.0 mm	49.0 mm
Proximal	7.0 mm	12.3 mm	100 mm	27.0 mm	39.0 mm	34.0 mm
Distal	8.0 mm	13.3 mm	105 mm	15.0 mm	40.0 mm	50.0 mm
Proximal	8.0 mm	13.3 mm	105 mm	30.0 mm	40.0 mm	35.0 mm



Shiley Tracheostomy Tubes

XLT tracheostomy tubes



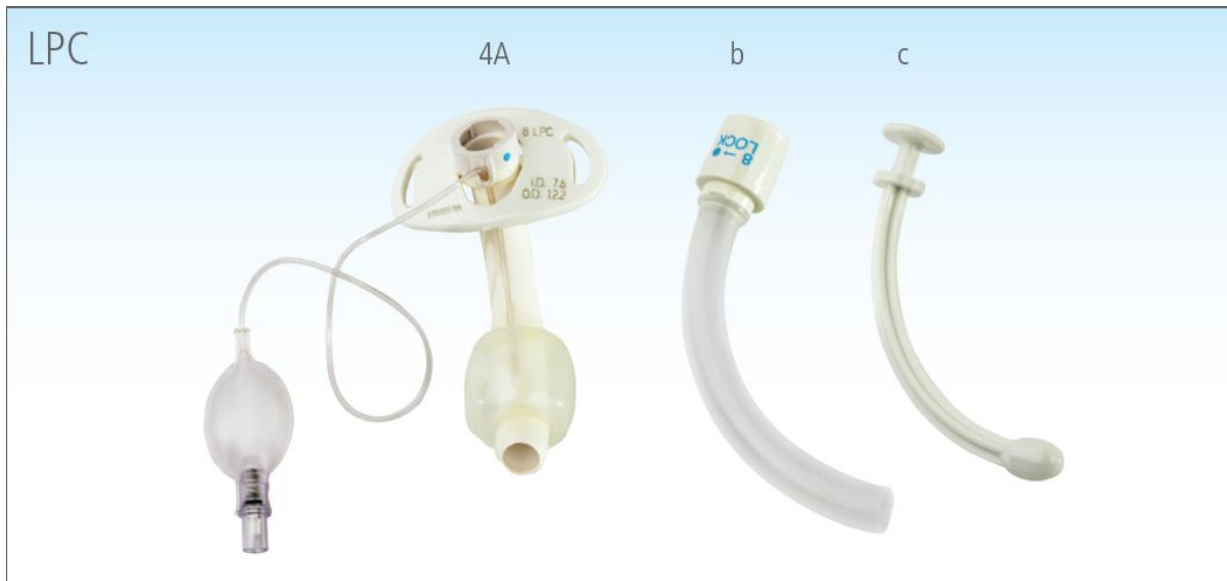
Shiley Tracheostomy Tubes

Cuffed with reusable inner cannula



Shiley Tracheostomy Tubes

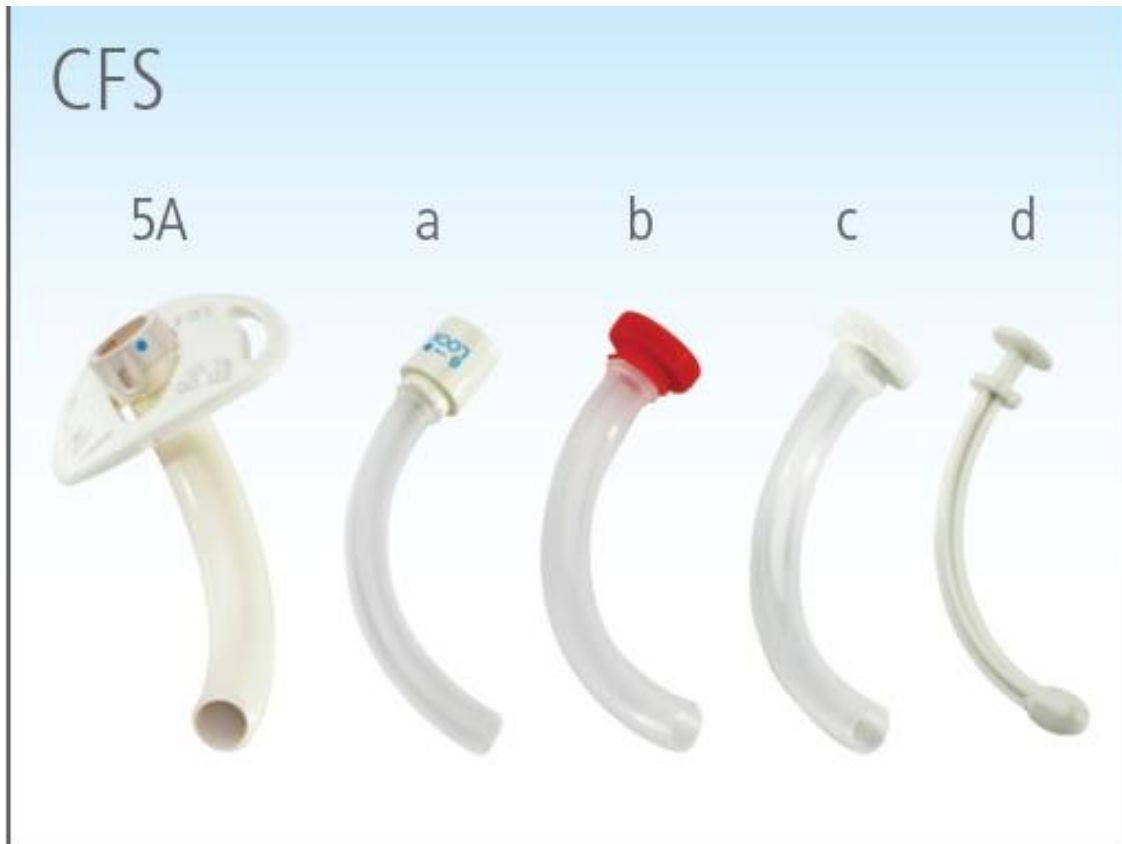
Cuffed with reusable inner cannula



SIZE	PRODUCT DESIGNATION	I.D.	O.D.	LENGTH
4	4LPC	5.0 mm	9.4 mm	65 mm
6	6LPC	6.4 mm	10.8 mm	76 mm
8	8LPC	7.6 mm	12.2 mm	81 mm
10	10LPC	8.9 mm	13.8 mm	81 mm

Shiley Tracheostomy Tubes

Cuffless with reusable inner cannula



SIZE	PRODUCT DESIGNATION	I.D.	O.D.	LENGTH
4	4CFS	5.0 mm	9.4 mm	65 mm
6	6CFS	6.4 mm	10.8 mm	76 mm
8	8CFS	7.6 mm	12.2 mm	81 mm
10	10CFS	8.9 mm	13.8 mm	81 mm

Shiley Tracheostomy Tubes

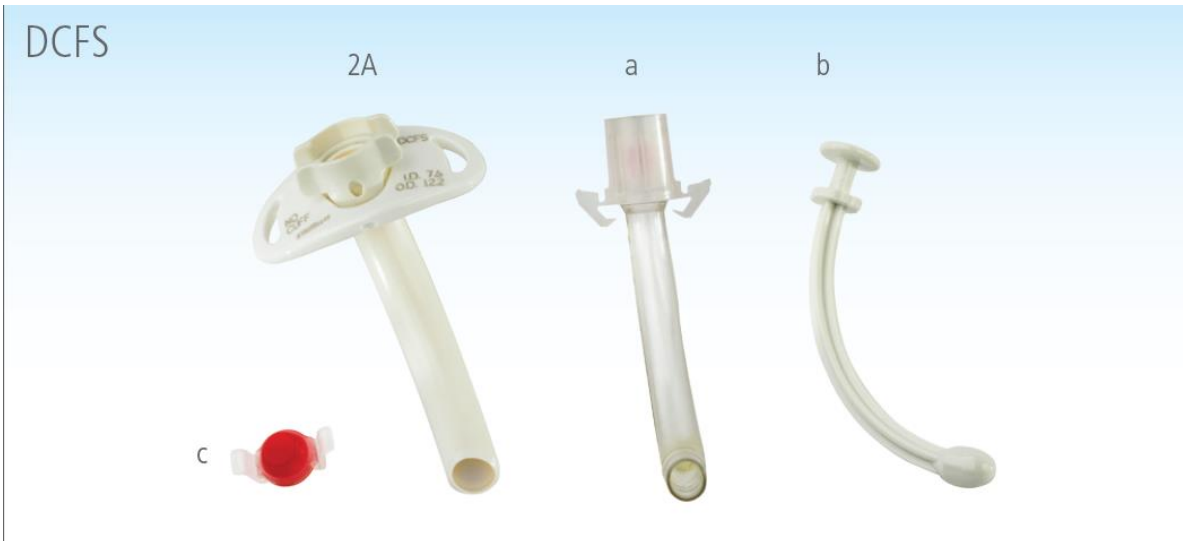
Cuffed with disposable inner cannula



SIZE	PRODUCT DESIGNATION	I.D.	O.D.	LENGTH
4	4DCT	5.0 mm	9.4 mm	62 mm
6	6DCT	6.4 mm	10.8 mm	74 mm
8	8DCT	7.6 mm	12.2 mm	79 mm
10	10DCT	8.9 mm	13.8 mm	79 mm

Shiley Tracheostomy Tubes

Cuffless with disposable inner cannula



SIZE	PRODUCT DESIGNATION	I.D.	O.D.	LENGTH
4	4DCFS	5.0 mm	9.4 mm	62 mm
6	6DCFS	6.4 mm	10.8 mm	74 mm
8	8DCFS	7.6 mm	12.2 mm	79 mm
10	10DCFS	8.9 mm	13.8 mm	79 mm

Other Tracheostomy Tubes

Fenestrated



Other Tracheostomy Tubes

Fenestrated



Other Tracheostomy Tubes

Adjustable length



Other Tracheostomy Tubes

“Fome-Cuf”



What are the Options to Allow Speech?

Speech Options



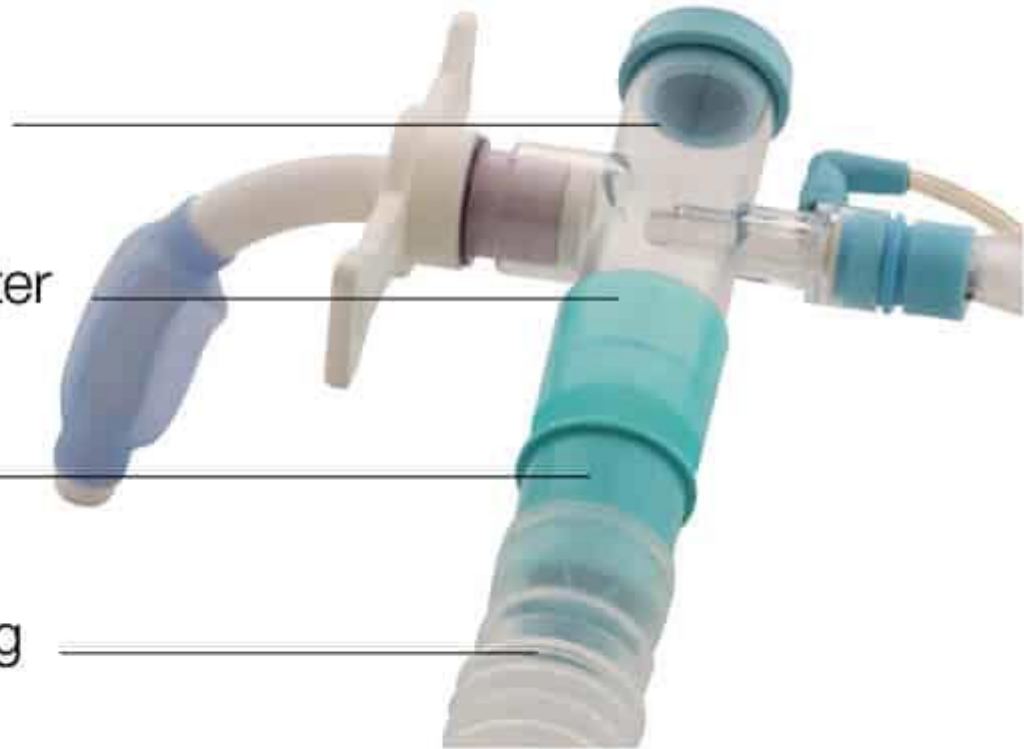
Speech Options

T-piece In-line
Suction Catheter

PMV-AD1522
Step Down Adapter

PMV® 007
(Aqua Color™)

Standard
Disposable Tubing



How do you Decannulate a
Patient?

Steps for Removal of the Tracheostomy Tube

- Once the patient has been successfully removed from mechanical ventilation, assess ability to breathe, speak, and clear secretions with the trach occluded.
- If necessary, downsize the tube.
- Place a one-way valve or cap on the tube.
- Remove tube if the patient demonstrates adequate ventilation and does not require suctioning.