

European Respiratory Society Annual Congress 2012

Abstract Number: 4470

Publication Number: P666

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Airway management **Keyword 2:** Comorbidities **Keyword 3:** Adolescents

Title: Safety of percutaneous dilation tracheostomy in obese critically ill patients when performed with bronchoscopy assistance

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Body: INTRODUCTION: Intensive care unit (ICU) patients, mainly those in need of prolonged mechanical ventilation require tracheotomy. Obese critically ill patients are at greater risk for requiring intubation and prolonged mechanical ventilation. Percutaneous dilatational tracheotomy (PDT) is a well-established procedure that can be performed at the bedside by an intensivist with less surgical equipment required. GOAL OF STUDY: To evaluate the safety of performing PDT with bronchoscopy assistance in obese patients requiring prolonged mechanical ventilation. METHOD: Sixty patients 17-79yrs of age, 23 females and 37 males with body mass index 38 ± 8 kg/m² underwent PDT with bronchoscopy assistance due to prolonged endotracheal intubation between December 2009 and January 2012. The procedures of percutaneous dilatation tracheotomy with guide wire dilator forceps (GWDF) were done bedside under general anaesthesia in the ICU. Operative and post operative complications were observed. RESULTS: Overall complication rate was low and occurred in 10 patients, there was no procedure-related mortality. Subcutaneous emphysema without pneumothorax occurred in three patients, two patients had a transitory hypotension related to sedation and five patients had peristomal oozing. The mean time for procedure completion was 15 minutes, no patient required conversion to surgical tracheotomy. The bronchoscopic examination that was performed in 24 of the patients 20 days after tracheotomy tube removal showed no scar formation. CONCLUSIONS: PDT with bronchoscopic guidance is safe for obese critically ill patients that can be done by an experienced intensivist at the bedside setting.