

THE ANALYSIS OF THE COMPLICATIONS ARISING AT CARRYING OUT OF
OPERATION TRACHEOTOMY

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Growth of number of patients with long artificial ventilation of
lungs and spent tracheotomy unfortunately, often enough lead to
variety of complications which can represent a serious medical and
social problem.

The purpose of our research was the critical analysis of the
arisen complications at operation carrying out tracheotomy in
clinic of intensive therapy.

work is based on the analysis of supervision over the patients who
are on treatment in branch of resuscitation of republican clinical
hospital. The basic indication for tracheotomy in resuscitation
branch was predicted long artificial ventilation of lungs for the
purpose of stabilisation of adequate breath and improvement of
drainage function tracheobronchial a tree. we conduct research
intra - and postoperative complications which took place at 245
tracheotomy patients. In total 44 complications that makes 17,9 %
from all spent operations are registered.

The analysis of the registered complications has shown that
complications inflammatory processes in area tracheostomy and
growth of granulations (43,2%) are prevailing purulent
tracheobronchitis. It is necessary to notice that purulent
tracheobronchitis it was often marked before carrying out
tracheostomy and has been connected with insufficient sanitation
tracheobronchitis a tree. At the patients who are in a coma passes
aspiration contents of the top respiratory ways. After carrying out
of operation by preventive maintenance of this complication
observance aseptica is at a toilet canyula and a bronchial tree,
humidifying of respiratory ways, inhalations and antibacterial
therapy.

Inflammatory processes around stomy and growth granulations arise
further at infringement aseptica at care stomy, aspiration blood
during operation, and also owing to anatomic features of a mucous
membrane of a trachea which has expressed sub mucosal no layer and
easily being damaged, serves as entrance collars for infection
perichondrium trachea cartilages. This circumstance occurrence
hondroperihondrita speaks also.

We observed two patients with hondroperihondrium cricoidea a
cartilage, in one case, led ankylosis and to a median stenosis of a
throat. The careful 'homeostasis' during operation, observance
асептики at bandagings and opening of a gleam of a trachea by a cut
of the second and third cartilage prevents these complications.

Bleeding preventive maintenance is the careful stop of a bleeding
at the moment of the operation, correctly picked up canyula. To the
cicatricial stenosis of the trachea which have arisen owing to
tracheotomy, has in certain cases resulted imposing tracheostomy at
level of the first half ring of a trachea. Owing to what
tracheocanyula, pressing on an arch cricoidea a cartilage, and
causing it perichondrit, has caused inflammatory utolshenie and
stenosis it most a throat bottleneck.

However more often the basic condition for occurrence postracheostomichesky a trachea stenosis is the high pressure in cuff tracheostomy tubes, lacks of intensive care of it, especially a congestion over cuff tubes infected separated that promotes occurrence in the field of a trachea mucous membrane around cuff tubes of purulent-nekroticheskogo process with the subsequent formation of a cicatricial fabric.

By the same outcome conducts uncontrolled dekanulation and independent closing tracheostomy.

For the purpose of preventive maintenance of the given complications in practice of ours reanimation ranches are introduced following methods: pressure control in cuff tubes no more than 20 mm hg, use of a disposable expendable material for sanitation tracheobronchial a tree, use tracheostomy tubes with port for sanitation overcuff spaces, tubes with cuffs of low pressure. Stage-by-stage removal tracheostomy canyula: №6-5 on 4, then on 2 and only after that decanulation with the subsequent dynamic control.

After carrying out tracheostomy in all cases it was carried out auscultatory control over a condition of lungs and endoscopic research tracheobronchial a tree.

CONCLUSIONS

1. At carrying out tracheostomy very serious complications are possible, able to lead to a deadly outcome or disability the patient. The knowledge of possible complications and measures on their preventive maintenance are an indispensable condition for the operating doctor.

2. To operation tracheostomy it is necessary to concern as serious surgical operation for which successful carrying out the highly skilled surgeon, adequate anaesthesia maintenance, scrupulous postoperative supervision and leaving is necessary.