

October 21, 2014

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Patient care protocol speeds recovery after tracheotomy

CALGARY — Thanks to a new Alberta Health Services (AHS) clinical care pathway, patients in Calgary who have had a tracheotomy are now able to start their recovery from the procedure in less than half the time it once took.

In a tracheotomy, a surgeon inserts a tube in a patient's trachea (windpipe) to assist with breathing. The procedure can be necessary for several reasons, including traumatic injury, treatment of head and neck cancers, or to allow for machine-assisted breathing.

In Calgary, about 600 tracheotomies are performed each year.

"Every case is different but, as a general rule, the sooner you can remove the tracheostomy tube, the better off a patient will be," says Dr. Joseph Dort, who led the development of the patient care protocol.

"The longer the tube stays in, the greater the risk of an infection developing, or of the trachea collapsing after the tube is removed," adds Dr. Dort, who is also Division Chief, Otolaryngology - Head & Neck Surgery, at Foothills Medical Centre.

After identifying inconsistencies in how tracheotomy patients were managed in the AHS Calgary Zone, Dr. Dort and a group of clinicians created a pathway, or roadmap, to help front-line caregivers determine the best time to decannulate, or remove the tracheotomy tube.

A research study that looked at the safety and effectiveness of the guidelines found that the average length of time to decannulation was 15.5 days before the guidelines were implemented, and 5.74 days after.

The guidelines are now being used across the Calgary Zone.

"The consistency the pathway provides makes a difference for patients," says Candice Keddie, a respiratory therapist and education consultant for Respiratory Services at the Peter Lougheed Centre. "They get back to talking and eating much sooner, which has a positive psychological effect on their recovery."

The guidelines currently only apply to patients considered at low-risk of any other medical complications. Clinicians are now developing a post-tracheotomy guideline for more complex, high-risk cases. The next step will be to formalize the guidelines in a policy format and then introduce them provincewide, Dr. Dort says.

"We've had a lot of interest in this from across the country," he says.

The Calgary group reported on its findings in a recent edition of *JAMA Otolaryngology-Head & Neck Surgery*, a publication of the Journal of the American Medical Association.

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B-roll is available of a tracheotomy procedure at the ftp site below.

URL: <ftp://208.118.126.84>
Folder: B-ROLL FMC TRACHEOTOMY
Username: media
Password: share