Abstract

Aim: Tracheotomy is a surgical procedure used in the management of the airway in pediatric and neonatal patients. The aim of this study was to describe the epidemiological characteristics, clinical indications and complications of tracheotomized children discharged from the Neonatal Intensive Care Service of the National Children’s Hospital “Dr. Carlos Sáenz Herrera” (HNN).

Methods: We reviewed, retrospectively, the clinical records of all those children who underwent tracheotomy and were discharged from the Neonatal Intensive Care Service of HNN in the period between January 1996 to and December 2007. Results: During the study period 48 patients were discharged with a tracheotomy. The average number of tracheotomies performed per year was 3.9. The average birth weight was 2192 g. The average age at which the tracheotomy was performed was 44 days. The main indication for tracheotomy was prolonged mechanical ventilation for bronchopulmonary dysplasia in 23 patients. The tracheotomy-related complications occurred in 40.4% of cases. A total of 29 patients (61.3%) were discharged alive and 18 died (38.8%). Conclusions: Most patients who underwent tracheotomy were preterm (61.7%) and with a birth weight less than 2500 g (57.44%). The main indicators for tracheotomy were bronchopulmonary dysplasia, myopathies, subglottic stenosis, hemangioma, craniofacial anomalies and malacia. The main early complications were obstruction of the cannula, accidental decannulations and wound complications. The most common late complications were granulomas, obstruction of the cannula. No study patient had complications associated with tracheal tube that could cause his death.

Keywords

Tracheotomy, neonates, neonatal intensive care, complications, indications.