

Journal Watch

What about the Trach? Tracheotomy removal as a Palliative Care Maneuver.

Newman AJ 3rd, Kvale EA, Williams BR, Bailey FA. Am J Hosp Palliat Care. 2007 Oct-Nov;24(5):371-5. Epub 2007 Jun 29.

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Abstract:

Tracheotomy is performed on patients with airway obstruction or prolonged mechanical ventilation. Tracheotomy patients are increasingly being referred to hospice and palliative care. This case series describes a process for evaluating the ongoing need for tracheotomy and the impact of tracheotomy removal. A retrospective cohort design was used in which charts were reviewed of all tracheotomy patients referred to the palliative care unit between November 1, 1998, and July 31, 2001. Tracheotomy was present in 13 of 791 palliative care unit admissions. Persistent airway obstruction contraindicated tracheotomy removal in 5 patients. The remaining patients had a successful "button" trial with subsequent tracheotomy removal. They incurred no complications and exhibited improved functional status and decreased symptom burden. Tracheotomy removal is safe and beneficial in this patient subset and should be considered an alternative to prolonged tracheotomy.

Strengths/Uniqueness: According to the authors, this is the first study examining tracheotomy removal in the palliative care setting.

Weaknesses: The retrospective nature of this study and the small sample size are major drawbacks. The patient population is middle-aged, African-American and of low socioeconomic status; therefore, the results may not be applicable to other patient populations. In addition, limited patient information is provided such as cognitive status which also makes it difficult to generalize to other populations. Clinical parameters were only recorded 2 days before and 2 days after the tracheotomy; thus, outcome measures at other time periods are unknown.

Relevance to Palliative Care: The results of this study lead to further thought and discussion surrounding the role of tracheotomies when goals of care have shifted from curative to palliative.