LETTER TO THE EDITOR

Skin Incision—To Give or Not in Tracheostomy

Saroj Kumar Pattnaik

I read with interest the article by Kumar et al., where the authors have suggested an innovation in tracheostomy procedure for decreased bleeding in coagulopathy patients.

The procedural innovation done by blunt dilation of the skin and subcutaneous tissues by the introducer of the guidewire and not giving incision over the skin and soft tissues might have resulted in lower bleeding complications during the procedure, but it may lead to major issues later after decannulation of the tracheostomy tube.

I want to share our center experience as we have done in a few cases as per the authors’ innovation, which had decreased bleeding complications even in coagulopathy patients. But the invagination of skin into the tracheal wound during insertion of the tracheostomy tube due to small blunt dilation at skin level leads to nonhealing ulcer and/or granulation at the entry point, detected post-decannulation of the tracheostomy tube (Fig. 1).

This caused significant discomfort to the patient as there were discharges from the tracheostomy wound along with a nonhealing ulcer, with or without bulging granulation tissue giving a deformed look to the wound.

As the skin invaginates inside the tract of tracheostomy, healing of the wound got hampered post-decannulation. Most of the cases needed a re-do of fresh incision of the skin around the tracheostomy wound, as opposed to the skin for healing, and also clearing of any granulation tissue, which then prompts healing but with an ugly scar left at the site.

Thus, to avoid migration of skin inside the tract, a small incision at the skin level will prevent the invagination of skin inside the tracheal wound, thus giving a nice cosmetic look at the tracheostomy site post-decannulation.

The small skin incision also makes a tight seal with the tracheostomy tube, thus putting a constant tamponade effect, hence reducing any capillary or venous bleeding.

REFERENCES
