Dear Sir,

We would like to thank the editorial board for the opportunity to respond to the issues raised in relation to our method of skin dilatation in percutaneous tracheostomy. We would also like to thank Saroj K Pattnaik et al. for their interest in our study and taking time to express their concerns.

The authors raise potential concern about skin invagination into the tracheal wound during insertion of the tracheostomy tube. We would like to reiterate that the technique of skin dilatation was an indigenous and innovative technique which we have been following for many years, and in over 600 patients in whom the study was performed, we never faced the issue of skin invagination causing nonhealing stoma. We think that this lack of experience and faulty implementation of technique of skin dilatation was the reason the authors had to perform stomal refashioning. Also, nonhealing stoma post-decannulation is a known sequela after tracheostomy and is dependent on multiple factors, especially stomal infections.1 Regarding whether or not a skin incision should be given for dilatation, we have clearly mentioned in the study about incremental use of stab incisions of 1 mm whenever dilatation was difficult.

Reference