

National Institute for Health and Care Excellence

IP954 Translaryngeal tracheostomy

Consultation Comments table

IPAC date: 14th June 2013

Com. no.	Consultee name and organisation	Sec. no.	Comments	Response
1	Consultee 1 NHS Professional	1	This method of tracheostomy is less commonly used than the dilatational methods of percutaneous tracheostomy. It is perceived as not being as intuitive and is probably the preserve of a few enthusiasts. It does need very specialised training to ensure patient safety.	Thank you for your comment. 1.2 currently states that 'clinicians wishing to undertake translaryngeal tracheostomy should receive specific training and should be experienced in using the procedure as carrying it out safely requires different skills to other methods of percutaneous tracheostomy insertion'.
2	Consultee 1 NHS Professional	2	The comments about reduced bleeding and lack of damage to the posterior wall are theoretical advantages claimed. I am not aware there is enough data as yet to support this technique being superior to the more traditional dilatational percutaneous techniques.	Thank you for your comment. 2.2 currently states that 'The translaryngeal tracheostomy technique may lead to lower rates of bleeding, trauma and infection to the tissues surrounding the insertion area, compared with surgical and other percutaneous techniques. It may also avoid damage to the posterior wall of the trachea and tracheal rings because of a lack of external compression during insertion'.

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3	Consultee 1 NHS Professional	3	This technique as described above is not intuitive and requires more training than other techniques. In the hands of the enthusiasts this works well but i am not convinced this is easy to teach. The perception amongst those inexperienced in this technique is that there are more steps to this method and therefore it is more complicated and will put potential users off and reverting to a more familiar traditional technique.	Thank you for your comment. Please see the response to comment 1.
4	Consultee 1 NHS Professional	4	There are theoretical (see 4.5) advantages but I am not sure this has been translated into actual evidence. The possible advantages may be outweighed by the increased difficulty of performing the technique. There is certainly no advantage in post procedure oxygenation.	Thank you for your comment. See response to comment 2. The Committee considered the available evidence in making its recommendation, which included evidence on post-procedure oxygenation.
5	Consultee 1 NHS Professional	5	These complications are very worrying. I think most intensivists are well trained in the use of a Ciaglia or balloon dilatational method and will not be able to change to the translaryngeal technique unless the advantages are proven to be vastly superior.	Thank you for your comment.
6	Consultee 1 NHS Professional	6	These observations again will be an excuse not to take on this new technique.	Thank you for your comment.

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