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PROGRAM KİTABI

P-419

Modified-Ciaglia and Griggs Percutaneous Tracheotomy Techniques, a Retrospective Analysis

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OBJECTIVE: Percutaneous tracheotomy (PT) is a commonly performed procedure in intensive care units (ICU). The two most popular techniques for PT are Modified-Ciaglia and Griggs tracheotomies. In this study we report our experience with PT based on Griggs and Modified-Ciaglia techniques, as well as comparison of these techniques regarding their complication rates.
MATERIALS-METHODS: Retrospective evaluation of 158 patients undergone elective PT in ICU between May-2007 and August-2010 in Vakif Gureba Research Hospital was made. Informed consent was taken from the relatives. PT was made either with Modified-Ciaglia (M-Ciaglia) or Griggs techniques. For M-Ciaglia technique CiagliaBlue Rhino Percutaneous Tracheostomy Introducer Kit (Cook Critical Care Inc., Bloomington, IN) was used, whereas for Griggs technique Guidewire Dilating Forceps kit (SIMS, Portex, Hythe, Kent, UK). Demographic data of the patients, MV application times, PT opening time, PT procedure duration, ICU length of stay and decannulation time were noted, as well as ICU acceptance reason, complications related to PT and discharge states of the patients from ICU.
RESULTS: Totally 158 PTs were performed, where M-Ciaglia technique was used in 114 (72.2%) of them and Griggs in the rest. Continuous variables are given in Table 1. The procedure duration was significantly shorter with Griggs than with M-Ciaglia technique ($P = 0.041$). No significant difference was detected between the groups regarding complication development ($P = 0.429$), Table 2. Although not statistically significant, M-Ciaglia technique resulted in more incidence of hypoxia, whereas Griggs resulted in more minor bleeding.
Discussion and CONCLUSION: Both M-Ciaglia and Griggs techniques are good alternatives for surgical tracheotomy, with comparable and acceptable complication rates. Duration of percutaneous tracheotomy procedure is shorter with Griggs technique. Longer duration of the procedure with M-Ciaglia technique seems to increase the risk of hypoxia, whereas Griggs seems to result in more bleeding, yet with no necessity for surgical intervention.