

Laryngotracheal Injury Following Cricothyroidotomy

Airway complications following elective cricothyroidotomy were reviewed in 48 adult cardiothoracic surgery patients. A 52% incidence of airway complications was found and manifested by failed or delayed decannulation, extensive subglottic granulation tissue, stenosis, vocal cord paralysis, and aspiration pneumonia. The most common cause for decannulation difficulty was subglottic stenosis (50%).

Several risk factors were specifically identified, including a period of cricothyroid cannulation exceeding 30 days, the presence of diabetes, and advanced age.

These findings suggest that airway sequelae following cricothyroidotomy in cardiothoracic surgery patients is higher than previously reported. Indications and risk factors for cricothyroidotomy are discussed.

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