

Short Communication

A novel dressing for tracheostomy decannulation

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Ensuring an airtight seal after tracheostomy decannulation is desirable in promoting rapid closure of the tracheostome and avoiding maintenance of a tracheocutaneous fistula. The ward decannulation protocol involves downsizing the tracheostomy tube, then blocking it for 24 hours before removing it completely. Traditionally, at this stage, the stoma site is covered with a gauze dressing, itself covered by 'sleek' adhesive tape. Whilst this is often effective, problems may arise with the sleek becoming detached with neck movements. In addition, many patients develop a mild erythematous reaction to the adhesive. We have found that using an ECG electrode (Figure 1) often obviates these problems to give a neater, better tolerated dressing. This may be because it is a single unit, as opposed to the traditional two dressings, and covers a smaller area of the neck. We recommend the use of this technique where problems with a traditional style dressing are encountered.

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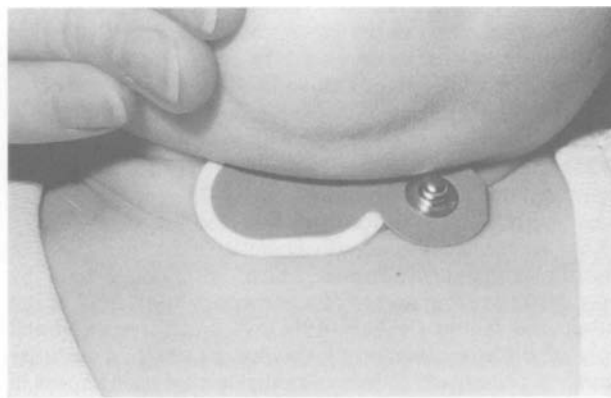


FIG. 1
The ECG electrode *in situ* occluding the decannulated tracheostome

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