

PREVENTING NOSOCOMIAL TRANSMISSION DURING TRACHEOSTOMY FOR COVID-19 PNEUMONIA IN ICU: LESSONS LEARNED FROM AN ITALIAN “HOT SPOT”

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Abstract

Objective: Surgical/anesthetic management of patients undergoing surgical tracheostomy for Covid-19 pneumonia aiming at minimizing the risk of health care workers (HCWs) infection. Design, Setting and Participants: Twenty-three Caucasian patients, mean age 67 years, with long-term orotracheal intubation for severe acute respiratory syndrome Covid-19 pneumonia were submitted to surgical tracheostomy, between February 3rd and March 22nd 2020, according to our specific procedure. Main outcomes and Measures: Air exposure time (AET) and frequency of infection in HCWs. Results: No complication, in terms of bleeding or tracheostomy cannula displacement, was observed. No HCWs involved in the procedures contracted Covid-19. Conclusions: The tracheostomy technique we describe minimizes the risk of surgeon’s exposure to patient’s aerosol drops/expired air and the possibility of HCWs infection during the procedure carried out in patients with Covid-19 pneumonia. The details and advantages of our approach with respect to “standard” tracheotomy and percutaneous procedures are discussed.

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