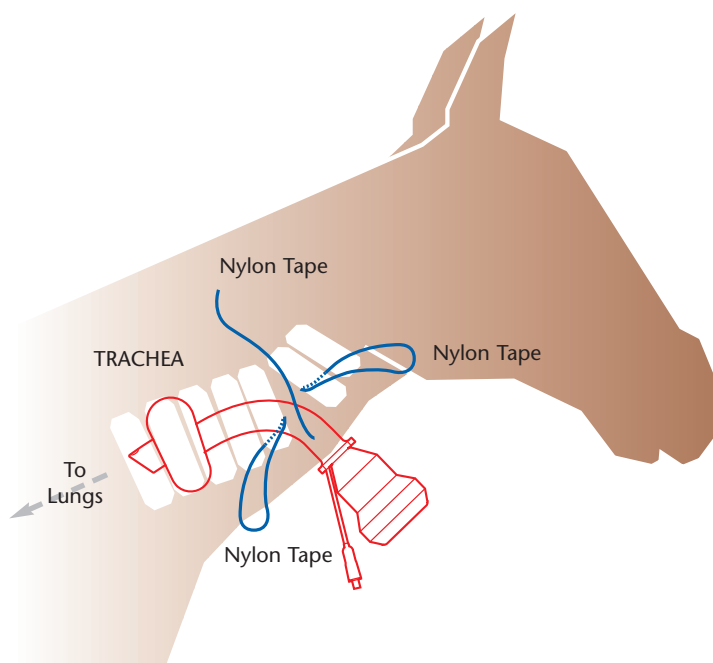


PRACTICAL TIPS

PLACEMENT OF EQUINE TRACHEOSTOMY TUBE



The tracheostomy would normally be performed in the standing horse/pony with appropriate sedation and restraint. An approximate area of 15 x 10 cm is clipped and prepared aseptically on the ventral aspect of the neck from the middle to upper thirds. A small line of local anaesthetic is introduced at the site of the incision, 4.0-5.0 cm laterally, on either side of the midline. The site is then rescrubbed.

With the horse's head extended, a 5.0 cm incision is made with a scalpel in the ventral midline of the neck in a longitudinal direction. The subcutaneous fascia is divided bluntly, down the tracheal rings, which are easily palpable.

The fascia between the two adjacent rings is identified and a puncture incision is made with the scalpel (usually accompanied by a 'hiss' of air). The incision is extended transversely on either side between the rings, ensuring that it does not extend beyond 3 o'clock and 9 o'clock, (if the trachea, in traverse section, is imagined as a clock face) to avoid damaging the vagosympathetic trunks and carotid arteries.

It is helpful to place loops of 4.0-5.0 metric nylon tape around the tracheal rings above and below the incision, to aid the placement of the tube. However, this step would be omitted in an emergency situation.

The skin is retracted by an assistant and the tracheostomy tube is inserted through the incision and between the tracheal rings, using the beveled end to introduce the tube and rotating slightly to cause the incision to gape. The tube is passed gently in its full length in a caudal direction. Excessive force should be avoided to prevent trauma to the tracheal mucosa. In some cases the incision may need extending a little to enable introduction and the airway to be established. The tube is tied in place over the neck with a nylon tape.

REFERENCES

Dr Henry Tremaine, Edinburgh, UK.