

Decannulation



There is no schedule or predetermined time frame for how long a child will need a trach; it is as different as each child is different. In some cases the child will always need to have a trach and/or ventilatory support.

The removal of the tracheostomy tube is clinically referred to as decannulation, literally “removal of a cannula.” Decannulation is not lightly undertaken and should be attempted only in a hospital setting under the care of an otolaryngologist. In most cases, sleep studies in the hospital setting are ordered beforehand, and only after downsizing of the tube or a long period with the tube capped. Among the things to be considered are whether the original airway obstruction is resolved, whether airway secretions are under control, and whether mechanical ventilation is no longer necessary. Predictors of success include the ability to produce a vigorous cough and the absence of aspiration.

Some procedures for decannulation (<http://www.tracheostomy.com/decan.htm>):

- Simply remove the tube. If the stoma (hole) does not close by itself, a minor surgical procedure may be needed.
- Place a smaller tube and plug the tube for increased amounts of time. When the child is tolerating the plug 24 hours a day, then the tube can be removed. Note: A speaking valve may be used as a transitioning tool between an open trach tube and plugging for decannulation. This allows for the child to transition to using the upper airway for exhalation, reintroducing airflow and sensation and easing the anxiety often associated with plugging.
- Include the decannulation as part of a reconstructive procedure
- Surgical decannulation (when repair of the trachea around the tube is needed).