

# ***Transtracheal Therapy: An Often-Overlooked Oxygen Option***

by: Beth Kern

When I tell people I've had a transtracheal done, their first reaction is usually, "Eeeewww!" I know then that they are picturing the "pipe" in Christopher Reeve's neck or the lady in the television commercial who smokes a cigarette through the gaping hole in her throat. Listen to me. A transtracheal is NOT the same thing as a tracheotomy.

To back up a bit, I had heard the term bandied about ever since joining the world of the "pulmonary-challenged." I was vaguely aware that it had to do with receiving your oxygen via a tube in your throat. But I was too busy debating the relative merits of liquid vs. compressed oxygen . . . how about a conserving device . . . perhaps a concentrator - all the choices one faces when figuring out how to live with supplemental oxygen. I eventually settled on a system that worked for me and learned to joke about my lovely nasal cannula being a "fashion statement." I figured this was as good as it was going to get.

A few years passed and I came to know a little more about transtracheals. They are most often used as a last resort when people begin to require very high flow rates. They provide a more direct and efficient oxygen delivery to the lungs, enabling you to use a lower liters per minute setting. This extends the time you can continue to use a home oxygen system effectively.

Somewhere in my brain, little wheels began to turn. What about someone like me, who did not yet need an especially high oxygen rate? Wouldn't the efficiency principle still apply - meaning I could use less oxygen? Translated, stay away from my home longer on a portable tank? And, as a bonus, lose the nose-hose? Words like "freedom" and "all-day shopping" began to rear their appealing little heads. Hmm . . .

About that time, an online friend mentioned off-hand that he had a transtracheal. I wrote him a quick note asking how he liked it and received back a two-page rave review. He was using only about half the amount of oxygen as before. He could wash his whole face at the same time. His only regret was that he hadn't done it sooner. He also directed me to a website. I read everything about it, then called the toll-free number and spoke with a respiratory therapist who answered all my questions. Unless there were specific contraindications particular to my condition, I was sold.

As luck would have it, I had a routine appointment scheduled with my pulmonologist the next week. When I brought up the idea of a transtracheal, his response was immediate and positive. He felt it would be an excellent quality-of-life move and gave me a referral to a colleague who handled special procedures such as this. I got a consultation on Monday and, not being one to waste time when my mind is made up, had the procedure done that Tuesday.

I was nervous, of course, but I can tell you quite truthfully that the most painful part was the initial numbing shot of lidocaine. A tiny incision (about 1/8") was made in the base of my throat and then through the trachea (windpipe). A slender, plastic, temporary catheter was inserted and was held in place with two stitches. The entire procedure took all of fifteen minutes.

I returned the following week to have the stitches removed and at that time they put on a beaded neck chain to hold a permanent catheter in position. I was very carefully instructed on how to clean and care for the catheters, which must be changed twice a day. This prevents a build-up of mucus, which could clog the airway. This takes maybe five minutes, a small price to pay for regaining sole rights to my nose. Finally, I was all checked out, fitted with the new tubing, and ready to go. When the nurse removed my nasal cannula, I had the incredible sensation of breathing on my own. I was positively giddy!

Then an exercise study was done to determine my new oxygen needs. I was able to maintain a 98% saturation with two liters at rest (down from four), and use four liters for exercise (previously five - six). I have found that I can sleep comfortably now on only one and one half liters, as opposed to the three liters I had been using. For someone who has to pay out-of-pocket for their oxygen, this could represent a considerable saving.

I don't believe transtracheal therapy is for everyone. It comes with its own set of quirks and inconveniences. There were certainly a few bumps along the way for me. In fact, I think I wrote the book in things that could go wrong (take my "funny" trachea . . . please!) But my excellent team worked patiently with me and we eventually got all the bugs worked out. Now, I couldn't be more pleased with my new transtracheal.

Sure, I'm still tied to a leash, but I don't get the rude stares and personal questions from total strangers anymore. My nasal passages are no longer dry, cracked, and sore, and a runny nose doesn't present a major logistics problem. I can go out for the evening without keeping one eye always on the clock, paranoid that I'll run out of oxygen. And I sure don't miss having my nostrils and ears ripped off a dozen times a day! This procedure has improved my self-image and given me increased mobility. And, I have to admit, I do get a kick out of it when I run into someone I haven't seen for a while. "Didn't you used to wear oxygen?" they ask, looking puzzled. "Yep, and I still do," I reply with a grin!

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