The Laryngoscope

Letter to the Editor

In Response to *Improving the Safety and Science of COVID-19 Tracheostomy: Challenges and Opportunities*

In Reply:

We appreciate the thoughtful comments of Dr. Brenner et al. and fully agree with the issues they raise. Our paper covered one institution's data on COVID-19 related tracheostomies[1] performed at the start of the pandemic in the northeast. At that time little data existed on the ideal timing of tracheostomy in COVID-19 positive patients, and the risk these tracheostomies presented to providers. The information we used to determine our timing and indications for tracheostomy on the patients included in the study were initial reports or guidelines based on limited data.[2,3] Early in the pandemic scarce resources and unclear risk to providers, coupled with early reports of very high morbidity in intubated COVID-19 positive patients, led to initial caution in performing tracheostomy. However, as our experience, and other studies, demonstrated minimal risk to properly protected providers, and advances in patient care led to improved outcomes, we gradually shifted toward earlier tracheostomy in COVID-19 positive patients.[4–7] We completely agree that collecting prospective data is critical to our ultimate success in treating COVID-19 positive patients. Going forward we will need more than retrospective single institution studies to determine the ideal role and timing of tracheostomy in COVID-19 positive patients.

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