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Oral Oncology 107 (2020) 104810

Contents lists available at ScienceDirect

Oral Oncology

journal homepage: www.elsevier.com/locate/oraloncology

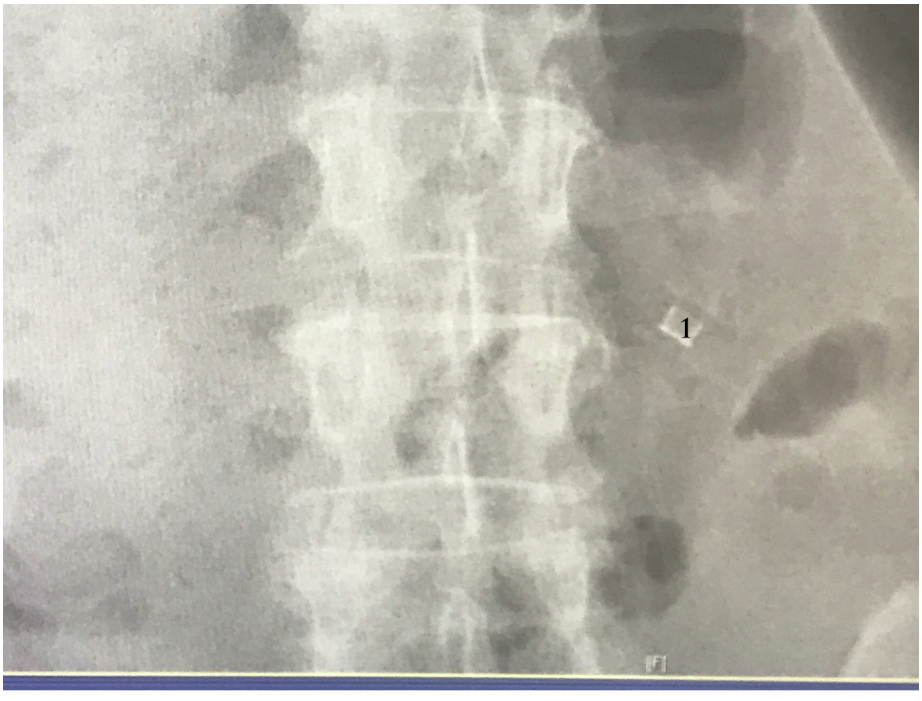
Letter to the editor

Tracheostomy care during COVID 19 pandemic in a head and neck oncology unit

I read the Editorial by Parrinello et al. titled 'Safe management of laryngectomized patients during the COVID-19 pandemic,' and the letter by De Seta et al. (In press) with deep interest [1,2]. As a practicing Head and Neck Surgeon, and a teaching Faculty at a premium cancer centre in the southern part of India, looking into issues discussed in both the articles on a daily basis, I believe that the following discussion would be worthwhile.

Aerosol Generating Procedures (AGP) and interventions are some of the services that are most challenging predicaments which need utmost attention in terms of personal protection and prevention of patient to patient transmission of COVID 19. Improvisations to reduce the complexity and time consumption of any intervention or procedure by recruitment of experienced hands and COVID 19 isolation plan, mask, eye protection, face shield and PPE policies based on collated experiences around the globe are the prime measures that need to be taken to avert a COVID-19 transmission in the hospital.

Other subtle measures during emergency care include minimization of open suctioning to the extent possible and resorting to closed suctioning, as described in the 2nd article [2]. As we gained momentum after a major lockdown besides sending nasopharygeal swabs of the patients admitted for elective surgery for COVID-19 RT PCR, with a combination strategy of enhanced usage of HME perioperatively and HME incorporated stoma filters post operatively, appropriate levels of personal protection of health workers and sanitization measures we have been managing post laryngectomy follow ups effectively. On a personal basis, I had to attend to 3 voice prosthesis users in the outpatient department during the COVID-19 days, 2 post laryngectomy patients and 3 emergency post tracheostomy patients [3] in the ward. First voice prosthesis patient had come twice earlier within a period of 2 weeks to the casualty with a history of ingested voice prosthesis (Fig. 1). With the 2nd ingestion, a specially designed, adequately sized, voice prosthesis with combined tracheal and oesophageal large flanges was inserted. The second patient has a leakage through the prosthesis, and he is reassured with conservative measures to contain the leakage



[1] Ingested Voice Prosthesis.

Fig. 1. X ray abdomen erect AP view showing the prosthesis.

https://doi.org/10.1016/j.oraloncology.2020.104810
Received 12 May 2020; Accepted 17 May 2020
Available online 19 May 2020
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till his next visit. The 3rd patient who coughed out his voice prosthesis is now on a Nasogastric tube to occlude the Tracheo-Esophageal (TE) fistula, and he awaits a sized voice prosthesis insertion. Among the tracheostomised patients, both permanent and temporary, one (a post salvage laryngectomy long term follow up patient) had to be given CPR for a cardiorespiratory arrest.

Acknowledgement

Author wishes to acknowledge the support of Kerala State Council for Sceince Technology and Environment (KSCSTE) and the Head and Neck disease management group of Regional Cancer Centre (RCC) Trivandrum in the current study.

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