
Letter to the Editor

In Response to *Voice, Swallow and Airway Outcomes Following Tracheostomy for COVID-19*

In Reply:

We agree with Tretiakow et al. that an early tracheostomy should be performed in COVID-19 patients, ideally 7 to 10 days after intubation, particularly now that we understand more about the infectivity and viral transmission of COVID-19. This has now been recommended by the British Laryngological Association.¹ Our practice locally has now changed to reflect this in this second wave of the pandemic in the United Kingdom.

Nonetheless, we do feel that early tracheostomy needs to be balanced against the ventilatory needs of the patient. While Kwak et al.² found early tracheostomy was noninferior to late tracheostomy in terms of length of stay and duration of mechanical ventilation, the larger U.K.-wide COVIDTrach study³ has found that mortality rate was higher in patients who received tracheostomy within 7 days of intubation (OR 1) compared to days 8–12 (OR 0.539) and beyond day 12 (OR 0.379); cause and effect cannot be directly inferred from the multivariate analysis data, however.

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