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## Elective Tracheostomy

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### Letter to Editor,

Elective tracheostomy is a procedure frequently carried out in Intensive Care Units (ICU), in order to avoid the complications associated with tracheal intubation, in patients that require extended mechanical ventilation. In the critically ill patient, tracheostomy also allows sedation to be withdrawn, with early mobilization; making swallowing and communication, as well as the weaning process, easier [1]. The development of the percutaneous technique over the past few years, has allowed the application of a feasible bedside procedure. It has a low incidence of complications, performed according to protocols; and without the need to be transferred to the operating room.

On the other hand, it must be indicated as soon as the need for prolonged mechanical ventilation is detected. However, there is currently no scientific evidence to identify this situation. In some studies, it is proposed to review the patients within days 3 to 10 of mechanical ventilation, and indicate tracheostomy in those with a high probability of intubation greater than 10 [2] and/or 14 days [3]. In other studies with selected subgroups of patients such as severe brain injury, it is recommended to perform the procedure early, since a decrease in morbidity has been observed in doing this [4].

In our study, the overall median of days on mechanical ventilation until the technique was 14 days; observing that the early form before day 14, reduced the number of days in mechanical ventilation time and length of stay significantly [5].

Although this is a study with a small sample size, with clinical heterogeneity of the patients included, it could be suggested that the procedure may be performed early in patients with a high probability of prolonged mechanical ventilation. While the systematic search continues for greater scientific evidence to make decisions, in clinical practice we must individualize the tracheostomy technique and the appropriate time to perform it.

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