

Category : **Respiratory: mechanical ventilation**

**A291 - Experience in performing a tracheostomy in patients with covid-19 in the intensive care unit of a high complexity hospital in the south of colombia**

**LE Sanabria<sup>1</sup> ; AM Luna-Florez<sup>1</sup> ; MC Sanabria<sup>2</sup> ; JD CHARRY<sup>3</sup> ; A Muñoz<sup>1</sup>**

<sup>1</sup>UNIVERSIDAD SURCOLOMBIANA, Critical Care, NEIVA, Colombia, <sup>2</sup>UNIVERSIDAD DE LOS ANDES, Medicine, BOGOTÁ DC, Colombia, <sup>3</sup>UNIVERSIDAD SURCOLOMBIANA, Neiva, Colombia

### **Introduction:**

COVID-19 is an infectious disease caused by the coronavirus SARS-CoV-2. It mainly affects the respiratory tract and may progress to Acute Respiratory Distress Syndrome (ARDS), which requires management through orotracheal intubation and mechanical ventilation which, in many cases, requires performing a tracheostomy during the patient's stay in the Intensive Care Unit. The objective of this study was to describe the indications, completion times, complications and outcomes of adult patients with SARS-CoV-2 COVID-19 who underwent tracheostomy in the Intensive Care Units of the Hospital Universitario de Neiva.

### **Methods:**

A descriptive observational study was carried out in 164 patients with history of PCR-confirmed SARS-CoV-2 COVID-19 infection, who underwent tracheostomy in the Intensive Care Units of the University Hospital of Neiva. The information was collected through epidemiological and clinical criteria using an electronic form. 3 groups of intervention were established at 21, 14 and 10 days post-intubation; a general analysis was performed, as were univariate and multivariate analysis per subgroups.

### **Results:**

Of the 164 patients with COVID-19 diagnosis, 62% were men, the mean age was  $68.4 \pm 2.6$  years. The main comorbidities described were Obesity, HBP, COPD and DM II. The times of completion of the tracheostomy were at 21(n = 61), 14(n = 49), and 10(n = 54) days post-intubation. 39(23.8%) patients presented complications, 82% of which were from the 21 and 14 days groups. It was found that the patients who underwent tracheostomy at 10 days survival was higher compared to the other two groups with a P-value <0.05.

### **Conclusion:**

In patients with COVID-19 infection that require prolonged mechanical ventilation during their stay in the Intensive Care Unit, it is suggested to perform a tracheostomy in the 10-day protocol since it is associated with higher survival and a lower rate of complications.