on room air, the patient became hypoxic and difficult to ventilate following a combined inhalational and intravenous induction. Broncoscopy revealed a previously unrecognized, fixed obstructive mass immediately distal to the tracheostomy tube, which was later determined to be granulation tissue. The patient was woken up, placed in an upright position, and resumption of spontaneous ventilation was achieved with improvement of both oxygenation and ventilation.

2. Special Considerations for Tracheostomies:

Tracheostomy Characteristics:

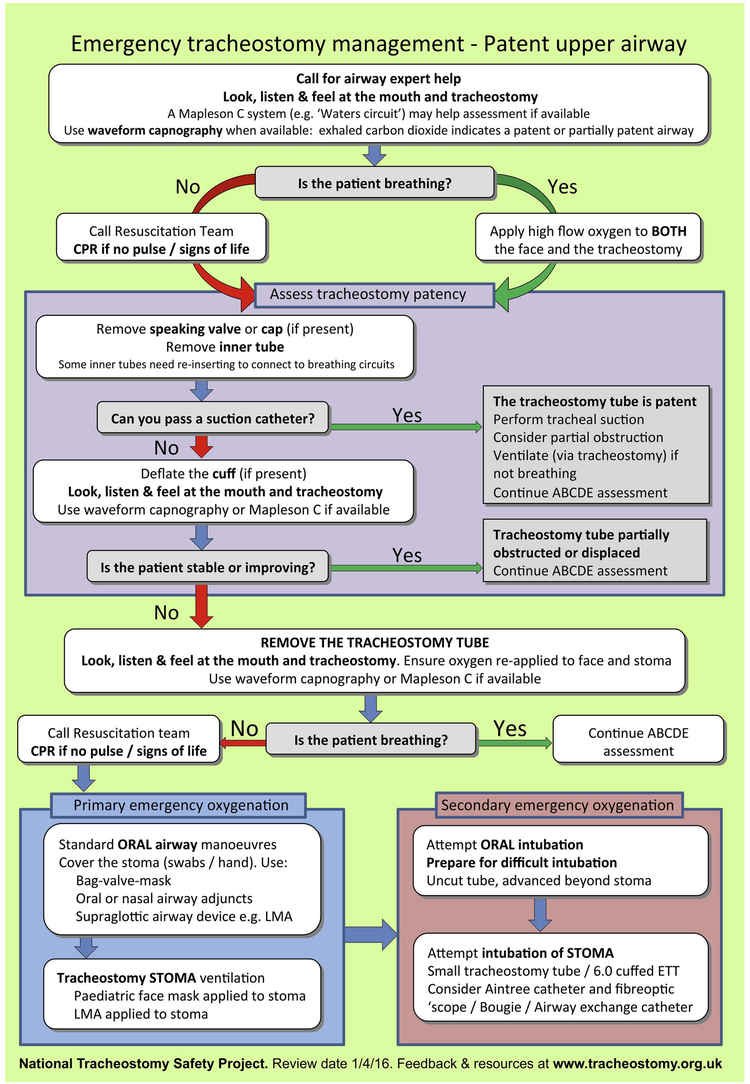
- Size
- Age of Tracheostomy (recent placement vs. well epithelialized)
- Presence/absence of cuff
- Presence/absence of fenestrations
- Presence/absence of sutures and/or flaps

Patient Characteristics:

- Quantity and quality of secretions
- History of complications (stenosis, occlusion, fistulization)
- Ability to access airway from above (presence of upper airway compromise or facial trauma)

Complications associated with tracheostomies:

- Occlusion/stenosis
- Accidental decannulation
- Tracheo-arterial fistula formation with hemorrhage
- Aspiration
- Tracheal necrosis



unable to appropriately ventil
- Be prepared for an oral intub

4. Outcome

The patient was scheduled for exci
old tracheostomy with a 6.0 cuffed
oxygen saturation greater than 95%
The patient was premedicated with
inflated and a combined inhalation
and 40 mg propofol, respectively. D
appeared diminished. The patient's
airway resistance was felt during m
Ambubag with PEEP valve at 10L
ventilation with eventual improvem
due to inability to pass 18F and the
broncoscopy revealed a near obstru
intraoperative ENT consult was pla
After several minutes, the patient re
remained hemodynamically stable
procedure was cancelled and he wa
by ENT in the sitting position reve
appeared small and nonocclusive w
supine position, that the granulatio
occlusive mass obstruction. Recom
decannulation with endotracheal in
and extra long tracheostomy tube t
deemed the safest option for his las
decannulated post-operatively.

References:
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