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Management of tracheal injury during transhiatal esophagectomy: A transcervical- transsternal approach

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Introduction: There are a variety of surgical approaches for esophageal resection. Major airway injuries due to transhiatal esophagectomy are vertical tears in membranous posterior trachea. Also tracheal injury is uncommon but is a fatal complication and urgent proper management is essential. In current study, we aim to describe a transcervical-transsternal repair of membranous tracheal lacerations due to transhiatal esophagectomy.

Methods and Material: Six out of 782 patients had injuries in posterior membrane of trachea and their tracheal injury was discovered intraoperatively. Due to patient condition, we couldn't change the position of the patient to perform right posterolateral thoracotomy to reach the tear. Then, we performed an anterior transverse tracheostomy between two cartilaginous rings across the uppermost site of the laceration. We performed a partial sternal split to the third intercostal space with manubrial retraction. Then the lacerations were repaired from distal to proximal with absorbable interrupted sutures. Finally, gastric pull up and esophagogastric anastomosis was accomplished.

Results: The management of tracheal laceration added approximately 60 minutes to the total operation time. No mortality during intraoperative or postoperative period was seen. Patients were followed up for 6 month after surgery, and both posterior tracheal wall and transverse tracheostomy remained intact without stenosis.

Discussion: Transcervical-transsternal approach decreases need of thoracotomy and its complications in patients with tracheal laceration in any level, even in extend tear down to carina. A tracheostomy improves tear healing process and diminishes complications of positive pressure ventilation.