Clinical Consensus Statement: Tracheostomy Care
Robert T. Sataloff
Otolaryngology -- Head and Neck Surgery 2013 149: 174
DOI: 10.1177/0194599813488332

The online version of this article can be found at:
http://oto.sagepub.com/content/149/1/174.1

Published by:
SAGE
http://www.sagepublications.com

On behalf of:
American Academy of Otolaryngology- Head and Neck Surgery

Additional services and information for Otolaryngology -- Head and Neck Surgery can be found at:

Email Alerts: http://oto.sagepub.com/cgi/alerts
Subscriptions: http://oto.sagepub.com/subscriptions
Reprints: http://www.sagepub.com/journalsReprints.nav
Permissions: http://www.sagepub.com/journalsPermissions.nav

>> Version of Record - Jul 1, 2013
What is This?
Letters to the Editor

Clinical Consensus Statement: Tracheostomy Care
DOI: 10.1177/0194599813488332

I congratulate Mitchell et al1 on the consensus statement on tracheotomy care. However, the rationale behind their decision on terminology is unclear. They defined the terms tracheotomy (a temporary opening) and tracheostomy (a permanent opening, such as performed with a laryngectomy) correctly. They stated further that “it was understood among the panel that tracheotomy is the correct name for the surgical procedure discussed in this document.” Nevertheless, they chose to use the term tracheostomy throughout the consensus statement, perpetuating incorrect usage that unfortunately has occurred frequently in our literature. It seems as if the consensus committee intentionally abandoned an opportunity to improve linguistic precision in our field, despite dissent from at least 1 member of the committee. What were they thinking?

Robert T. Sataloff, MD, DMA
Department of Otolaryngology–Head and Neck Surgery,
Drexel University College of Medicine,
Philadelphia, Pennsylvania, USA
Email: rtsataloff@phillyent.com

Disclosures
Competing interests: Dr Sataloff has received royalties from Jaypee Publishing, Plural Publishing, and Medtronic-Xomed. None of these relationships is relevant to this letter to the editor.
Sponsorships: None.
Funding source: None.

Reference

In Response to the Letter to the Editor: “Clinical Consensus Statement: Tracheostomy Care”
DOI: 10.1177/0194599813488333

We thank Dr Sataloff for his letter concerning the rationale behind our decision to use the term tracheostomy vs tracheotomy in the “Clinical Consensus Statement: Tracheostomy Care.”1

As Dr Sataloff mentioned, the terms are often used interchangeably in the literature, leading to confusion as to whether they are actually synonymous or have different meanings. The panel recognized this discrepancy and discussed the connotation of both terms on the second conference call. Members of the panel believed that the document applied to the management of both a temporary and a permanent stoma and addressed the full spectrum of care, not limited to the surgical procedure itself. Therefore, all panel members, with the exception of one, agreed the term tracheostomy best defines care of the tube and stoma following its initial insertion. The intent of the panel was not to abandon the term tracheotomy but instead to reserve it for use when referring to the procedure of creating an opening in the trachea rather than care of the tube and stoma.

Ron B. Mitchell, MD
Department of Otolaryngology,
UT Southwestern Medical Center,
Dallas, Texas, USA
Email: Ron.Mitchell@UTSouthwestern.edu
Heather M. Hussey, MPH
Department of Research and Quality Improvement,
American Academy of Otolaryngology—Head and Neck Surgery Foundation,
Alexandria, Virginia, USA