

## **Trausseau's Tracheal Dilator**



This instrument is a part of the tracheostomy set. It should be available not only in the OR but also in the emergency/casualty.

### **Uses of the tracheal dilator**

It is basically used to widen the tracheal opening while inserting a tracheostomy tube

- Peroperatively during tracheostomy
- During a tube change

It is especially useful should the tube accidentally come off in the early post op period, when the track is still not well formed.

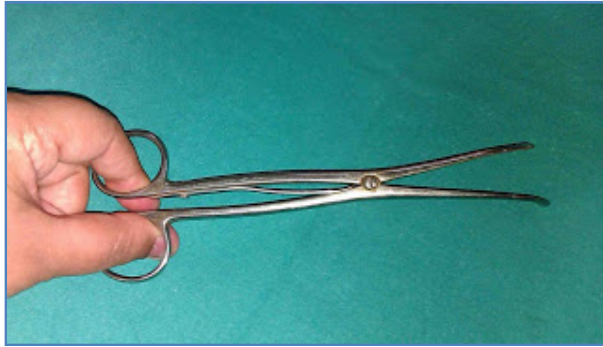
### **Identifying the instrument**

It looks like a pair of regular artery forceps except that

- Its tip is bent at almost right angles to the rest of the instrument
- There is no lock or clasp
- The tip is smooth and rounded unlike the sharp, dissecting tip of the artery forceps



Note how the tip of the dilator is bent at right angles to the rest of the body. This helps reach the tracheal opening located at a depth in the neck.



Notice how bringing your fingers together actually opens the tracheal dilator. The instrument has a spring action to keep it closed; the prongs will remain open only as long as you hold them apart.

### **How to use the tracheal dilator**

The instrument is held by inserting your thumb and index fingers into the rings provided. When using regular artery or Allis forceps, if you bring your thumb and index fingers together, the prongs of the instrument also move inwards and close. But with the tracheal dilator, when you bring your two fingers together, the prongs at the tip of the instrument move away from each other.

So hold the instrument, insert the tip into the tracheal stoma and bring your fingers together. This will help you widen the tracheal opening so you can slide in the tracheostomy tube.

### **More information**

- Stay sutures may be placed on either side of the tracheal opening. Pulling on these sutures will help to hold open the stoma and to pull it up to the level of the skin, facilitating tube insertion or change.
- Structures to be divided before the trachea can be reached:
  - Skin
  - Subcutaneous tissue
  - Strap muscles
  - Isthmus of the thyroid
  - Pretracheal fascia
- How to prevent accidental displacement of the tracheotomy tube before the track is formed
  - Correct placement of the tube
  - Firmly securing the tube – the tube may even be secured with sutures