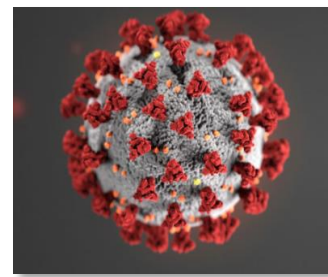


In late March 2020 the covid pandemic had just started to take hold here in the UK and we had entered the first lockdown. Although I was doing everything that we'd been advised to do to be safe I still had to take daily walks and go shopping and not too many people were wearing masks at that time. At the end of March/early April I developed a cough which got progressively worse as time passed. I didn't lose my smell or taste so I wasn't overly concerned at the beginning. That said, I fell so sick that eventually on April 12th, Easter Sunday, I had to phone 999 and request an ambulance. The paramedics took one look at me and gave me their take - I had contracted COVID.

I have absolutely no idea where or how I caught it - I live alone, I'm retired and I was isolating but I live in a block of 40 apartments. It could have been from a banister, a button in the lift or more probably from someone else, either in or outside the building. This was basically a moot point by then. Within a day of being taken to Wythenshawe Hospital in Manchester and once covid had been confirmed I was transferred from an admissions ward to the Critical Care Unit where I was immediately intubated, put on a ventilator and fed a cocktail of mind-altering drugs. What nobody knew then was that I would be on Critical Care for almost 3 months.



By June 2020, over 20,000 patients had required intubation for COVID-19 in the UK, around half did not survive Critical Care



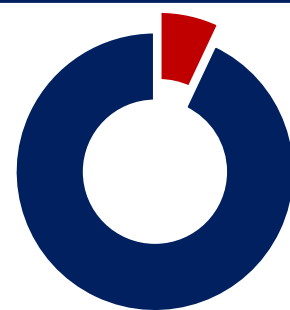
Laryngeal stenosis, a tightening of the upper airway, affects around 1 in 20 patients who require prolonged intubation on ICU. Speech therapists and Ear, Nose and throat surgeons can assess this with a camera.

I have barely any recollection of what happened to me during that time but when I began to gain some appreciation of my surroundings and my condition, I realised that the tube in my mouth had been replaced with a tracheostomy. Towards the end of my time on ICU they tried a couple of times to swap out the standard tracheostomy tube for a smaller version, and they even tried to wean me off the tracheostomy altogether but to no avail, my breathing was extremely laboured and my blood oxygen level kept plummeting. I was, however, slowly recovering from the virus and I was being encouraged to speak by the speech therapists whilst the physios were working with me to get me out of bed and walking again. Finally, at the end of June I was transferred to the ward where I spent a further month recovering, again with regular visits from the speech therapists, the physios and even a clinical psychologist!

It was here that I was given the daunting news that my vocal cords had been damaged by the long period of intubation and unfortunately the tracheostomy would have to stay in. To say I was devastated is an understatement but I should also say that I could not have been in a better place to receive this news. Indeed, from my first admission the staff have been nothing short of miracle workers - I would not have survived the virus had it not been for their care, expertise, dedication and kindness and for that they have my undying (sic!) gratitude.

It was during my time on the ward that I was taught to take care of my tracheostomy. Everyone on that unit from the medics, nursing staff, physios, speech therapists and care assistants were all accustomed to caring for tracheostomy patients and many of them had undergone training in tracheostomy care at the hospital. In addition, as I live alone, I was going to spend the next few weeks recuperating with my sister and her family. To that end my sister was given extensive training in tracheostomy care, stoma cleaning and dressing changing by the physios before I left hospital and we were sent away with an extensive algorithm of what to do in the event of an emergency.

On my last day on the unit my throat was scoped once more with a camera and I was given the news that there had been no improvement in my vocal cord palsy and that I was going to be leaving hospital with this awful piece of plastic in my throat. What I didn't know then was that the dreaded tracheostomy would be with me for the next year. My convalescence with my sister went as well as it could and I was having regular visits from a specialist community respiratory physio to try and build my strength and get my lungs somewhere back to normal.



Around 7% adult tracheostomy patients experience a failed decannulation, when the tracheostomy tube is removed but has to be re-inserted.



In cases of laryngeal stenosis, earlier referral to Ear, Nose and Throat surgeons improves the chances of decannulation (tracheostomy removal) success. As with most aspects of tracheostomy care, efficient multidisciplinary team-working is crucial.

After several weeks I returned home alone with my suction machine, my nebuliser, my algorithm and all my paraphernalia and my dressing change duties were transferred to the local community nurses. On the first visit there was a catastrophe - I coughed and my trache tube blew out onto the bathroom floor during the dressing change! But it was soon fixed. At that time, I was having my monthly tube changes done at the hospital and I had also been transferred under the care of the ENT department, who again were no strangers to tracheostomies. It was then that my ENT surgeon informed me that he had had some success in treating my particular problem. So, I underwent my first surgical procedure in November of last year where he inserted a balloon into my throat and dilated it, thus stretching my voice box.

This was moderately successful but not enough to enable removal of my tracheostomy. I was still having visits from the community nursing team, who by this time had been given tracheostomy care training by the ENT nurse practitioner who was looking after my tube changes. I think my surgeon wanted to proceed cautiously in order not to damage my swallow and so a second "dilatation" procedure was performed in February of this year. This was more successful and this was a turning point - so much so that after almost a year to the day since my illness the tracheostomy was removed in April of this year.

Although I still get out of breath very quickly and my voice isn't very strong and my stoma has yet to heal over, I can at least drink and eat normally. My surgeon reckons that my airway is now about 40% of what it should be and he thinks there may be room for further improvement - here's hoping!

My journey with my tracheostomy has been relatively short-lived compared to those who have had much longer experiences than me, either taking care of their own tracheostomies or caring for others with them and for that I am thankful. The fact that my tube is now out of my throat has almost certainly tempered my views. However, I have to keep reminding myself that without it, I wouldn't be here. I also now know that in the unlikely event that my tracheostomy has to go back in I won't be as daunted by the prospect as I know I can look after myself. To have gotten through the past months with only one small mishap and no stoma infections is testament to the expert training everyone involved in my care underwent, including me.

