Performance Characteristics Of Endotracheal Tubes During Single Port Subglottic Suctioning versus Multi Port Subglottic Suctioning in an Ex Vivo Porcine Trachea Model

Leo Li, Patrick Mah, Richie Tan, Annie Cheng, Sally Lui, Yohana Pena, Danae Du Plessis, Elizabeth Choi, Melisa Marin, Brian M. Daniel RRT RCP



Skyline College Respiratory Care Program, San Bruno CA.

Introduction

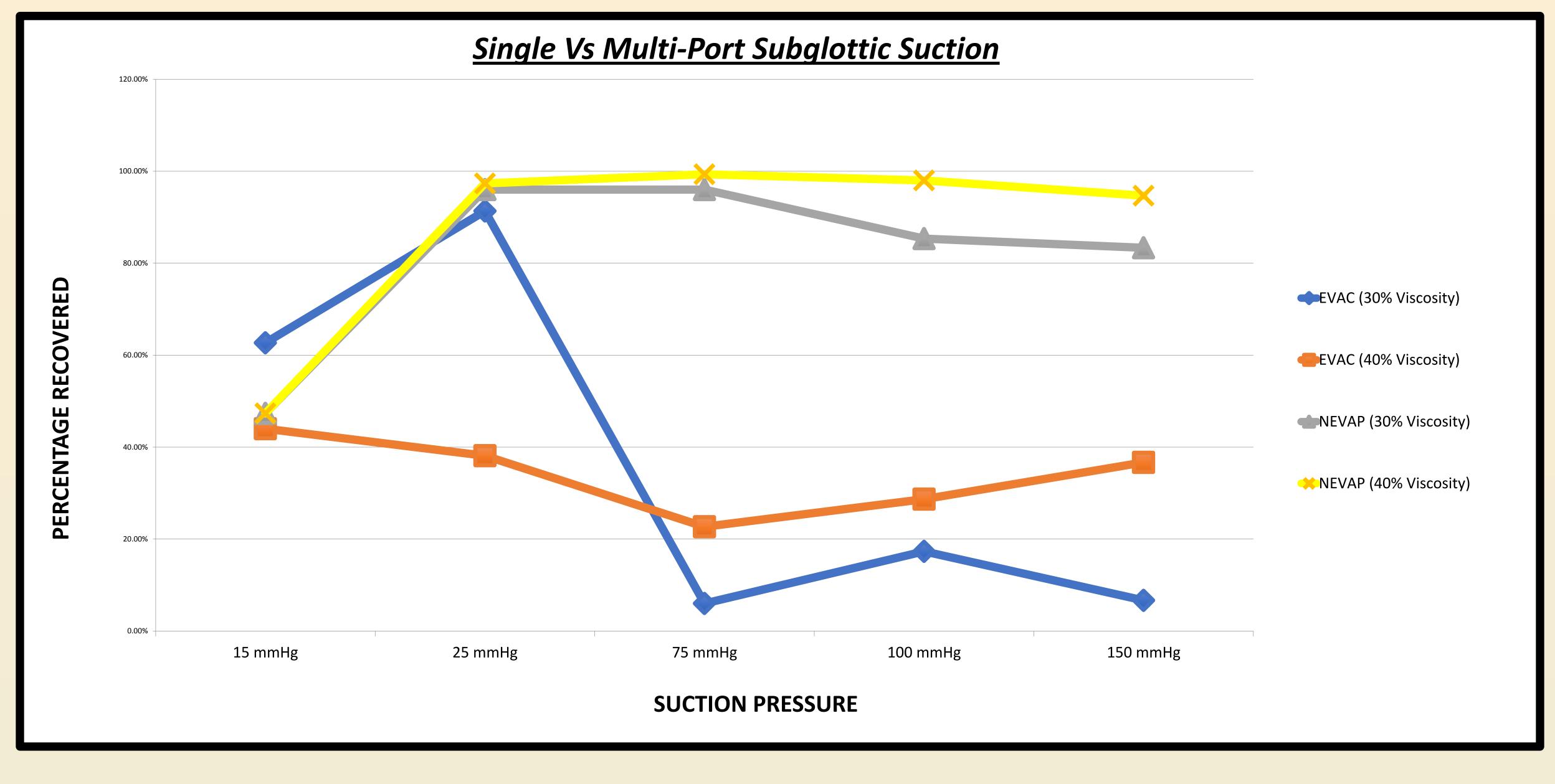
Ventilator associated pneumonia (VAP) is a hospital acquired condition that independently contributes significantly to morbidity and mortality in critically ill patients (1,2). Evacuation of subglottic secretions has been shown to reduce the risk of aspiration thereby reducing the risk of VAP (3,4,5). Several commercially available endotracheal tubes are specifically designed and developed to offer continuous or intermittent evacuation of subglottic secretions(6). However, subglottic suctioning has been associated with entrapment of the tracheal mucosa, laryngeal edema, and tracheal injury (7,8,9). In general, endotracheal tubes that offer subglottic secretion clearance employ a single port where as a multiport clearance device might provide a more efficient clearance and lower blockage rate. The aim of this study is to observe the clearance efficiency and blockage rate of endotracheal tubes that employ single port and multiport subglottic suctioning.



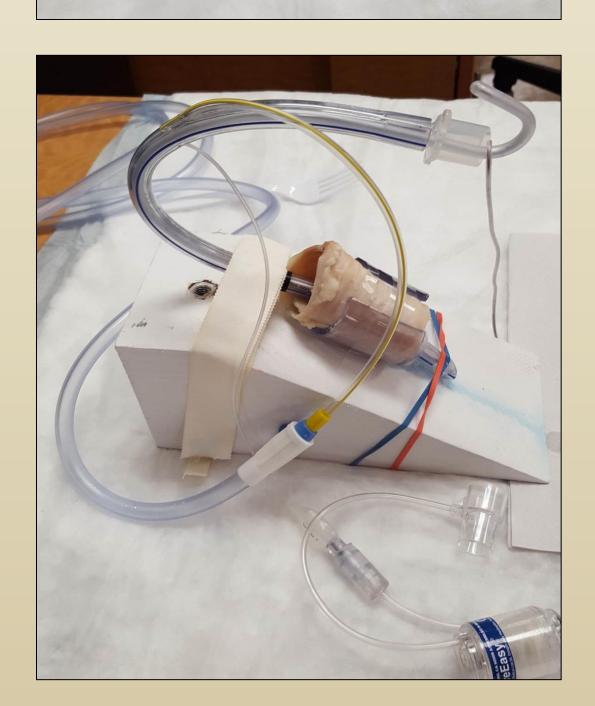


Methods

A porcine trachea model was developed using porcine tracheas purchased from Nasco, a US supplier of anatomy labs. The model was setup to mimic an adult ICU patient in a 30-degree semi-recumbent position. Two subglottic suction, endotracheal tube types were evaluated in this porcine model. The ShileyTM Evac Endotracheal Tube with TaperGuardTM Cuff endotracheal tube, which has a single subglottic suction port and the NeVapTM Aspire Subglottic Suction endotracheal tube which uses a multi-port subglottic suction appendage. The endotracheal tubes were alternated and positioned to approximate tube position in a patient trachea. Two sucrose solutions were prepared for each endotracheal tube experiment at 30% and 40% (viscosity) in an effort to simulate viscous subglottic airway secretions. Cuff pressures in each endotracheal tube were maintained constant using the PressureEasy® cuff pressure controller. Each concentration of sucrose solution was dripped on top of the endotracheal tube cuffs at an approximate rate of 100mL/hr. Addition of the solution was momentarily stopped when significant pooling was observed to allow for suctioning to occur. Clearance for each fluid sample and endotracheal tube was evaluated at five different vacuum pressures (mmHg); 15, 25, 75, 100, and 150.



Results



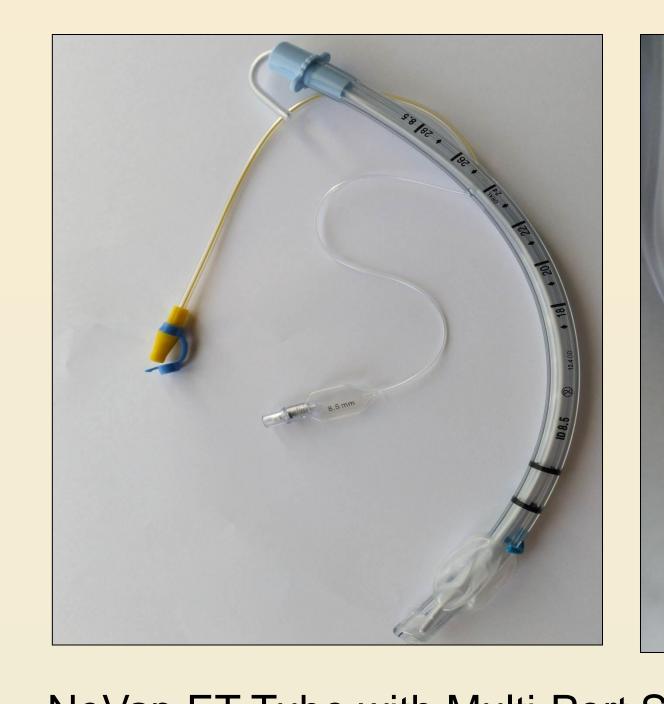
Leakage past the endotracheal tube cuffs as a percentage of each concentration of sucrose solution recovered, varied with viscosity of solution and vacuum pressure in both tubes. At low suction pressures (-15 and -25 mm Hg) there was little difference in subglottic clearance. With the higher viscosity sucrose solution, there remained a significant reduction in subglottic recovery with the single port TaperGuardTM Evac endotracheal tube. The multi port structure on NeVapTM endotracheal tube performance was consistent with both viscosities and vacuum pressures beyond -25 mm Hg.

	Evac	Evac	NeVap	NeVap
	(30% Viscosity)	(40% Viscosity)	(30% Viscosity)	(40% Viscosity)
15 mmHg	62.67%	44.00%	47.33%	47.33%
	(Recovered)	(Recovered)	(Recovered)	(Recovered)
25 mmHg	91.33%	38.13%	96.00%	97.33%
	(Recovered)	(Recovered)	(Recovered)	(Recovered)
75 mmHg	6.00%	22.67%	96.00%	99.33%
	(Recovered)	(Recovered)	(Recovered)	(Recovered)
100 mmHg	17.33%	28.67%	85.33%	98.00%
	(Recovered)	(Recovered)	(Recovered)	(Recovered)
150 mmHg	6.67%	36.67%	83.33%	94.67%
	(Recovered)	(Recovered)	(Recovered)	(Recovered)

Table 1. Recovery Results from Evac and NeVap ET Tube at Different Viscosity

Conclusions

This study evaluated the performance characteristics of a single port subglottic and multi port subglottic suction adjuncts of two endotracheal tubes in a porcine tracheal model. The results suggest that several factors might challenge the performance of endotracheal tubes with single port subglottic suction structures, which might include viscosity of oral secretions and tracheal tissue blockage of the port at suction pressures greater -25 mm Hg.





NeVap ET Tube with Multi-Port Subglottic Suction Appendage

References

1 Kollef MH, Shorr A, Tabak YP, Gupta V, Liu LZ, Johannes RS. Epidemiology and outcomes of health-care-associated pneumonia: results from a large US database of culture-positive pneumonia. Chest 2005;128(6):3854-3862.

2. Bercault N, Boulain T. Mortality rate attributable to ventilator-associated nosocomial pneumonia in an adult intensive care unit: a prospective case-control study. Crit Care Med 2001;29(12):2303-2309.

3. Wang F, Bo L, Tang L, Lou J, Wu Y, Chen F, Li J, Deng X Subglottic Secretion Drainage for Preventing Ventilator-Associated Pneumonia: an Updated Meta-Analysis of Randomized Control Trials J Trauma Acute Care Surg. 2012 May;72(5):1276-85. PMID 22673255

4. Roquilly A, Marret E, Abraham E, Asehnoune K Pneumonia Prevention to Decrease Mortality in Intensive Care Unit: A Systematic Review and Meta-Analysis Clin Infect Dis. 2015 Jan 1;60(1):64-75. PMID 252526

5. Muscedere J, Rewa O, McKechnie K, Jiang X, Laporta D, Heyland DK Subglottic Secretion Drainage for the Prevention of Ventilator-Associated Pneumonia: a Systematic Review and Meta-Analysis Crit Care Med. 2011; 39(8): 1985-91. PMID 21478738

6.Karla I. Mujica-Lopez, MD; Melissa A. Pearce, BS; Kyle A. Narron; Jorge Perez, BS; and Bruce K. Rubin, MD, FCCP In Vitro Evaluation of Endotracheal Tubes with Intrinsic Suction. CHEST 2010; 138(4):863–869

7. Girou E, Buu-Hoi A, Stephan F, Novara A, Gutmann L, Safar M, Fagon JY Airway Colonisation in Long-Term Mechanically Ventilated Pateints: Effect of Semi-Recumbent Position and Continuous Subglottic Suctioning Intensive Care Med. 2004; 30(2): 225-33. PMID 14647884

8. Suys E, Nieboer K, Stiers W, De Regt J, Huyghens L, Spapen H. Intermittent Subglottic Secretion Drainage May Cause Tracheal Damage in Patients with Few Oropharyngeal Secretions Intensive Crit Care Nurs. 2013; 29(6): 317-20. PMID 23727

9. Harvey RC, Miller P, Bowton DL, MacGregor DA. Potential Mucosal Injury Related to Continuous Aspiration of Subglottic Secretion Device Anesthesiology. 2007; 107(4); 666-9.

Acknowledgments

We like to thank the rest of the Skyline Respiratory Care Program Class of 2017 for their assistance