

World Congress on INFECTIOUS AND CONTAGIOUS DISEASE

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A scrutiny of diverse parameters and post tracheostomy outcome with quality of life in severe COVID 19 infection.**Ria Emmanuel***Department of ENT and Head and Neck Surgery, India.*

Objectives: The primary aim was to investigate the prognostic factors among critically ill COVID 19 patients, who required mechanical ventilation and tracheostomy. Secondary aim was to analyse their Health-related Quality of Life (HrQoL) at 90 days after ICU discharge.

Study design & setting: An observational cohort study conducted at a quaternary care setting in Bengaluru, India. Patients' demographics and clinical data including inflammatory markers, ventilatory parameters, details of intubation and tracheostomy were analysed.

Method: Data were analysed and expressed as mean with percentage (%). Data from the 2 groups, survivors and non-survivors, were compared using Fisher's exact test for categorical variables and t test for continuous variables. The survivors and 'age and sex' - matched general population (not infected by covid), from the same geographical area were subjected to questionnaires by the EuroQol group.

Results: Among 33 critically ill COVID patients who underwent tracheostomy, 15 patients (45.4%) survived. Comorbidities and COVID related complications were noted high among the non-survivors. Ventilatory parameters FiO₂, PEEP and PaO₂/FiO₂ were better in the survivors group which favoured the recovery. Complication rate of tracheostomy was 18.1%. Ventilation liberation rate from our study was found to be 45.4% and decannulation rate 42.4%. Low values of D-Dimer and Ferritin strongly favoured better recovery. Health-related Quality of Life of the survivor group and general population were comparable.

Conclusion: Ventilatory parameters, inflammatory markers and comorbidities do have a role in prognosticating outcome in patients who required tracheostomy. At 90 days follow up there was no significant impact of the disease in the quality of life of survivors.

Biography

Ria Emmanuel has completed her MBBS from Government Medical college, Kerala, India and Diplomate in National Board in Otorhinolaryngology from Naryana Health, Bangalore, India. She worked Registrar in the department of Otorhinolaryngology at Manipal hospital, Bangalore for 3 years and later joined Narayana multispecialty hospital Bangalore and Consultant, Dept of Otorhinolaryngology. She has published many papers in reputed journals and is an active member of YO IFOS.