BLUE DYE AS PART OF ASSESSMENT OF SWALLOWING FOR PATIENTS WITH ACQUIRED BRAIN INJURY AND CUFFED TRACHEOSTOMY TUBE - A PILOT STUDY  
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Introduction: Blue dye is, in the clinic for early neurorehabilitation, used on patients with a cuffed tracheostomy tube to assess if the cuff sufficient block the trachea and reduce aspiration of saliva. In connection to treatment of swallowing of saliva, using the Facial Oral Tract Therapy, cuff pressure is controlled with a manometer. The cuff has often lost pressure, which potentially increases the risk of pneumonia. If pneumonia occurs, it can prolong the patient’s rehabilitation process. The aim of this pilot study was, to investigate if blue dye is a reliable way to exam if the inflated cuff sufficiently blocks trachea. Material & Methods: A review of the literature regarding blue dye was first performed. Furthermore, intervention examining sufficient blocking of trachea by the inflated cuff with blue dye test was performed five times with an hour in between. At the last blue dye, a tracheoscopy was added. Seven patients with acquired brain injury and tracheostomy tube where included. Results: Using blue dye as an assessment tool, the literature shows that there is a risk of up to 50% of a false negative result. The pilot study revealed that cuff pressure was low in general. Only 11 out of 34 measures had an acceptable cuff pressure level (22-32cmH2O), while 23 measures had a cuff pressure level that was too low (<22cmH2O). One of the cuff measurements was not possible. Tracheoscopy was also negative. Conclusion: This small pilot study showed that tacheoscopy did not add anything to the blue dye. But if the study was performed on a larger sample size, the outcome might have been different. Futhermore, the study showed that the cuff pressure should have been adjusted more frequently. Further research is needed.

Dansk overskrift:

Blue dye som en del af den ergoterapeutiske synkevurdering hos patienter med cuffet trakealkanyle  
(postor leveres på dansk)

Nøgleord: Blue dye, Tracheoskopi, Forhindre aspiration, Synkevurdering.