

The combined use of subglottic secretion drainage(SSD) and continuous control of endotracheal tube cuff pressure(CCCP) reduced the incidence of ventilator-associated respiratory infection (VARI) ¹⁰

Comparison of respiratory infection/1000 days of mechanical ventilation in the 4 subglottic secretion management groups

Group	Standard (20.62/1,000 d of MV)	CCCPCCP (15.64/1,000 d of MV)	SSD (14.93/1,000 d of MV)	CCP+SSD (3.77/1,000d of MV)
Standard (20.62/1,000 d of MV)	—	.44	.36	<.001
CCCPCCP (15.64/1,000 d of MV)	—	—	.99	.006
SSD (14.93/1,000 d of MV)	—	—	—	.008
CCP+SSD (3.77/1,000d of MV)	—	—	—	—

MV,mechanical ventilation
According to Bonferroni correction,all P values <.008 were considered statistically significant

Background: Preventive strategies to reduce ventilator-associated respiratory infection (VARI) include the use of an endotracheal tube incorporating a lumen for subglottic secretion drainage (SSD) and a system for continuous control of endotracheal tube cuff pressure(CCCP). The health care costs associated with the combined use of these 2 measures aimed at preventing VARI are not known, however. The objective of this study was to determine whether the simultaneous use of these 2 preventive measures for VARI could save health care costs.

Methods: We performed a prospective observational study of patients who needed mechanical ventilation in an intensive care unit. The health care costs considered here included only the costs of the endotracheal tube, cuff control, and antimicrobials used to treat VARI.

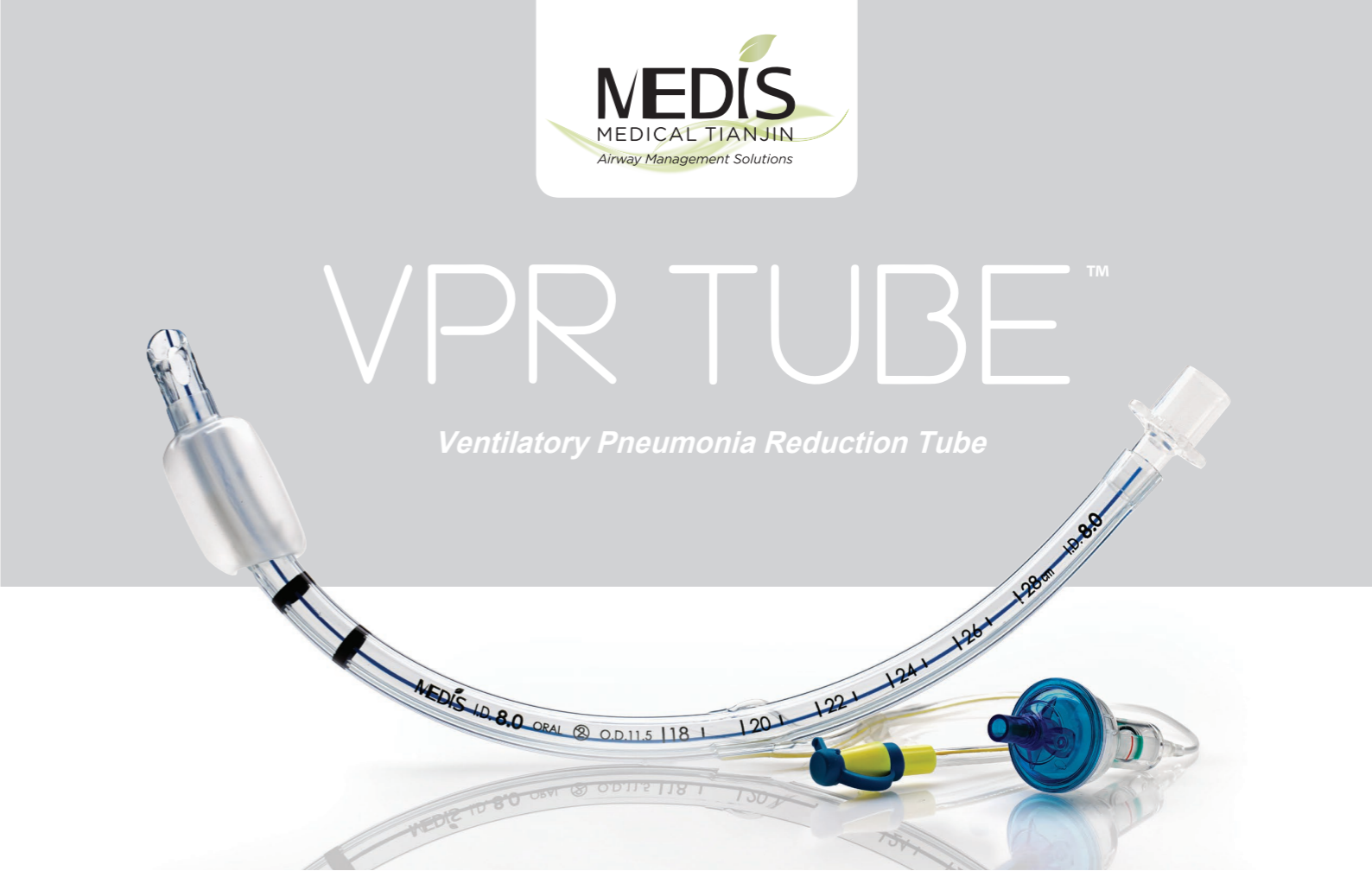
Results: The study cohort comprised 656 patients,including 241 with intermittent control of cuff pressure and without SSD (standard group), 260 with CCCP and without SSD(CCCP group), 84 with intermittent control of cuff pressure and with SSD (SSD group), and 71 with CCCP and SSD (CCCP+SSDgroup), The incidence of VARI and health care costs were lower in the CCCP+SSD group compard with the standard , CCCP, and SSD groups.

Conclusions:The combined use of SSD and CCCP reduced the incidence of VARI and saved health care costs.




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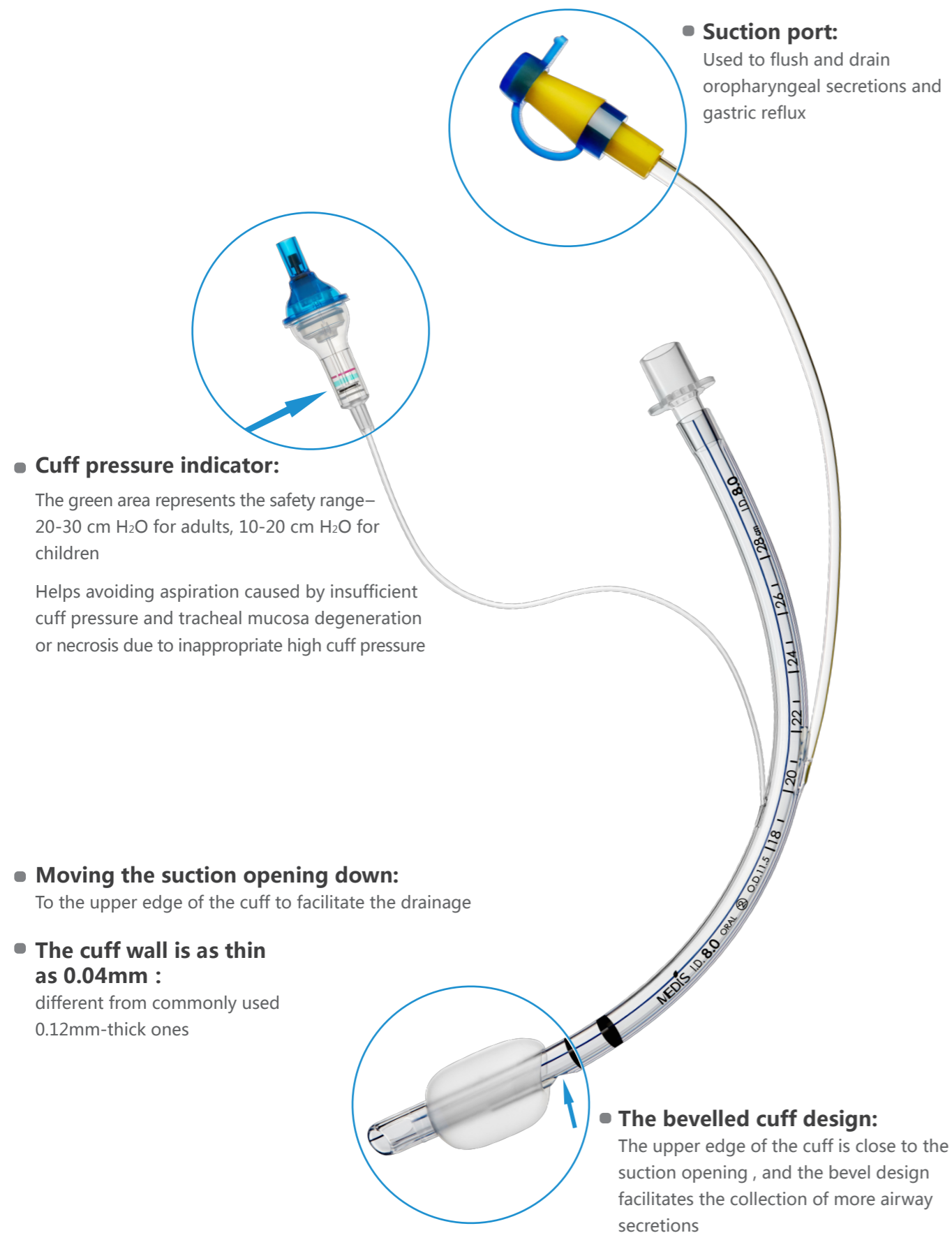
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● Diagnosis and Treatment of VAP for Critical Patients Should Be Concerned¹⁻⁴



VAP will lead to the rise in hospitalization costs by **40,000 USD** / person

● Cuff Pressure Monitoring – Recommended by Guidelines for Prevention and Treatment of VAP Worldwide⁵⁻⁶

The recommended cuff pressure is 25-30 cmH₂O (1 cm H₂O=0.098kPa) (I A)

Diagnosis and Clinical Practice Guidelines for Hospital-acquired Pneumonia and Ventilator-associated Pneumonia in Adults (China) (2018)

The recommended cuff pressure is 20-30 cmH₂O (I A)

Clinical Practice Guidelines for Hospital-acquired Pneumonia and Ventilator-associated Pneumonia in Adults (USA) (2005)

● Subglottic Secretion Drainage – Recommended by Guidelines for Prevention and Treatment of VAP Worldwide⁶⁻⁹

One of the recommended measures for prevention of VAP: Continuous aspiration of subglottic secretion

European Respiratory Society (ERS), European Society of Clinical Microbiology and Infectious Diseases (ESCMID)European Society of Intensive Care Medicine (ESICM) (2009)

Continuous subglottic secretion drainage can reduce the incidence of early-onset of VAP (I)

The American Thoracic Society (ATS) and the Infectious Diseases Society of America (IDSA) (2005)

We recommend the use of subglottic secretion drainage in patients expected to be mechanically ventilated for more than 72 hours

The VAP Guidelines Committee and the Canadian Critical Care Trials Group (2008)

The regular use of subglottic secretion drainage should be encouraged in intubated patients. (II A)

Association of Medical Microbiology and Infectious Disease Canada (AMMI Canada) Canadian Thoracic Society (CTS) (2008)

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