What to do about TTO₂

Is TTO still the best kept secret in medicine?

By John R. Goodman BS RRT

January 2012 marked the 27th year that SCOOP transtracheal oxygen therapy (TTOT) has been available as an alternative to oxygen delivered via standard nasal cannula. Dr. Henry Heimlich first published on the safety and efficacy of TTOT in 1982. In 1986, Dr’s Bryan Spofford and Kent Christopher dramatically advanced the concept of TTOT by improving the design of the catheter itself, and enhancing the product with a full program of supportive education and care. The SCOOP program was designed to be maintained within the respiratory therapy department of the participating hospital. This is a common sense model based on the respiratory therapists inherent expertise with the airway, experience with all forms of oxygen therapy, as well as normally providing coverage on a 24/7/365 basis.

However, even after 27 years, the number of TTOT patients is still pretty small compared to the total number of patients on oxygen. If indeed there are somewhere around 1,000,000 patients on continuous supplemental oxygen in the United States, than TTOT patients make up less than 1% of this total. The single biggest explanation for this seems to be that in many (if not most) cases, the patient is simply not made aware that TTOT exists as an option. This is coupled with the fact that if a pulmonologist (and even a very good pulmonologist) doesn’t have much or any practical experience with TTOT and what it can do for their patient, it is highly unlikely they will be strong advocates of TTOT in general.

The clinical benefits of TTOT are very well documented. There are over 160 references in the medical literature extolling the advantages of TTOT over any comparative form of oxygen delivery. There is more and more evidence proving that TTOT does much more than simply oxygenate our patients. Scientific evidence gathered over the past 10 years suggests that just the flow of oxygen through a transtracheal catheter can help reduce a patient’s shortness of breath, both at rest and with activity. Actually, some very forward thinking pulmonologists use TTOT to “bridge” their patients who are listed for lung transplants.
Is she or isn’t she on oxygen?  
Maybe she is, maybe she isn’t.

Yes she is, right there up in her neck  
Blink and you might miss it.

If you are a patient who is interested in getting rid of your nasal cannula for good and becoming a TTOT patient, you really should speak with your pulmonologist. He/She knows your pulmonary history and will be best able to evaluate you as a prospective TTO patient. There is a very short list of absolute contraindications, and a very long list of reasons why a patient currently receiving oxygen via nasal cannula might want to consider TTOT for true 24/7 oxygen delivery.

Golf anyone?

Yes this is a TTO₂ pt. enjoying life

“Gone fishing”

One of the most important things a potential TTOT patient can do is speak with a current TTOT patient. A current patient can tell you what it is actually like living with a transtracheal catheter in their neck. Cleaning routines, mucus management and cough control can all be discussed with someone who has already “learned the ropes.” If you are a patient considering having a transtracheal catheter placed, make sure there is a TTOT center in the area of the country where you live. This makes it easier for you to be seen, and insures a properly educated TTOT team will be available should you need them on short notice. The 3 patients below have been on TTO between 5 and 10 years or more.

Sherry lives in Nashville  
Keene up in the mountains  
Carolyn on a fall day

TTOT is obviously not for every patient. But in well selected patients, TTOT can be a life changing therapy. There are many patients who are well beyond their 10th year on SCOOP oxygen therapy. Compared to patients using a nasal cannula, TTOT patients live longer, spend less time in the hospital, sleep better, have better exercise capacity, reduced shortness of breath, and improved self-image. Probably the single greatest benefit a TTOT patient receives is the fact that a TTOT patient is truly getting their oxygen every minute of every day. We call this compliance or adherence and being compliant is very hard to do wearing an uncomfortable, unsightly nasal cannula. It is this improved compliance that
probably explains the increased survival of TTOT patients over their nasal cannula counterparts. Remember; oxygen is a drug, and probably the most important drug our patients with chronic lung disease are taking. It is the only drug ever shown to improve survival. *Simply stated, patients who are most compliant with their oxygen therapy live longer than those who can’t/don’t/won’t wear their oxygen 24 hours per day.*

If you would like more information on TTOT, you can access the SCOOP website at [www.tto2.com](http://www.tto2.com). If you want to speak to an existing TTO patient, or speak with a TTO Respiratory Therapist just call 800-527-2667 ext. 202. The email address is [drscoop@tto2.com](mailto:drscoop@tto2.com). You can get many of your questions answered there. If a patient goes to their physician already prepared with questions, it will increase the likelihood that the physician will be more willing to assist the patient in determining if they are a good candidate for TTOT.

Richard Harris 82 years young and a TTO pt. for over two years

Proud Grandpa to Megan

Joe didn’t make it through a lung transplant, but loved his TTO. We all loved Joe.

PS. Many patients (and others) have asked over the years what the word SCOOP means. It is an acronym that stands for Spofford-Christopher-Oxygen-Optimizing-Program. And now you know!