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Anatomy as the foundation of surgery is a concept no better exemplified than by the history of tracheal surgery. Incremental advancements in our understanding of the trachea's position, structure, blood supply and adjacent organs each allowed for stepwise improvements in the thoracic surgeon's ability to address upper airway disease.

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The trachea is roughly 4 to 5 inches long and 1 inch in diameter. It starts just under the larynx (voice box) and runs down the center of the chest behind the sternum (breast bone) and in front of the esophagus. 1. The trachea is connected to the larynx via a ring of cartilage known as the cricoid cartilage.

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The surgical approach to the trachea developed at a slower pace than that to other areas of thoracic surgery owing to the rarity of tracheal tumors, the anatomic complexities of reconstruction, and the biologic incompatibilities that met efforts at prosthetic reconstruction. 21 Earlier hesitations because of problems of physiologic management during reconstruction proved to be less formidable. The growth in frequency of postintubation benign lesions, due to the success of modern respiratory ...

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Pathway of the trachea from anterior at the cricoid cartilage (C6) to more posterior as it enters the chest behind the sternal notch; trachea is 10 cm long, stretches to 15cm on inspiration (fibroelastic structure) TRACHEAL RINGS. C shaped cartilages (first cartilage is bigger than the others in the cervical trachea)

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Controversy in tracheal reconstruction using grafts and bioengineered constructs highlights the importance of animal studies before human application. Small animal models help to refine designs, but do not adequately model sizes relevant to human anatomy. We have conducted extensive large animal studies and summarize our findings in 26 consecutive transplants.

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Knowledge of the surgical anatomy of the upper mediastinum and its anatomical variations is important for standardization of an adequate esophageal resection and paratracheal lymphadenectomy with preservation of any vascularization of the trachea, bronchi and the recurrent laryngeal nerves.

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Surgical Anatomy Of The Trachea The Clinics

Surgical management of tracheal strictures. Tracheal strictures are complications of prolonged endotracheal intubation or tracheostomy. Successful management requires knowledge of tracheal anatomy, principles of anesthesia, and principles of tracheal surgery. Strictures involving up to one half of the adult trachea can be successfully managed

Surgical management of tracheal strictures

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For practice of any surgery, it is essential to know the anatomy of each structure involved in the technique, as well as the elements that surround it. The trachea is not just a tube that connects the larynx to the bronchi, as well as other organs of the respiratory tree; it has the function of cleaning and heating the air that transits in its lumen.

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