

Patient information

Breathing Machine Ventilator and Ventilation

Critical Care Department

This leaflet is one of a series of leaflets which explain procedures commonly performed in the critical care department.

If you have any concerns or would like further information about any procedure performed in critical care, then please ask a member of the medical staff who will be pleased to discuss this with you.

What is it?

A breathing machine is a sophisticated machine that allows us to provide additional support in terms of breathing and oxygen.

These machines also allow us to ensure that these breaths are monitored accurately and delivered safely.



Ventilation, in simple terms, means pushing air and oxygen to patient's lungs every few seconds.

Why is it needed?

Patients need to be on a breathing machine for various reasons, for example:

- When a patient is extremely unwell, they don't have sufficient energy to breathe (e.g. septicaemia, heart attack etc.).
- Some patients develop problems with breathing (e.g. pneumonia).
- Some are unconscious or have a swollen voice box and hence need a breathing tube. Such patients need sedation and then help from a breathing machine.

How long is it needed?

As patients improve, their dependency on these machines reduces (they need less pressures and less oxygen).

As soon as patients can breathe without them, we can take the patients off these machines by a process known as '**weaning**'.

What is weaning?

This is the gradual reduction of breathing support where we stop sedation and allow the patients to return to their own spontaneous breathing.

This may be a stepwise process taking a couple of days or even longer. This could look uncomfortable to an observer but is an essential part of making a patient better.

In some patients, this may not be successful and we may have to place them on a weaning programme.

Does it hurt?

Being on a breathing machine is uncomfortable. Hence patients are often sedated when they are on the machine.

What are the risks?

Pushing air into patient's lungs can cause lung damage thereby causing air leak known as pneumothorax.

Just being on a machine can predispose the patient to further pneumonias and we call them 'Ventilation associated pneumonia (VAP)'.

Being sedated and in bed also makes the patient weak and at risk of developing bedsores and clots in the legs.

We take precautions to avoid all these risks and complications but cannot avoid them completely.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

For further information please contact below

Aintree Hospital

Tel: 0151 529 3970

Text phone number: 18001 0151 529 3970

Author: Critical Care Department

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