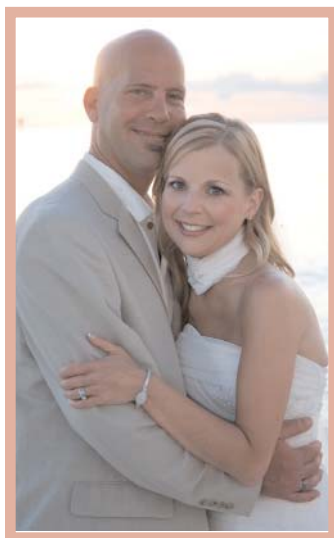


Surpassing the Teenage Trach Years

Amy Kamp Sabourin, Saint Louis, Missouri, Amy.Sabourin@mimh.edu

I was 15 years old when I received a tracheostomy and began to use the LP6 ventilator fulltime due to complications from scoliosis and a chest wall deformity. Before I left the hospital, I was “weaned” from the ventilator and needed to use it only at night.

The vent made quite a change in my life, but I can’t really say I ever had a normal teenage life before I started using a ventilator. Going to school was the hardest for me, although I excelled in academics, it was hard to face my peers and to feel I was different from them. I never believed I could have all the experiences that a typical teenager and young adult could have because of my medical condition.



Scott and Amy Sabourin

I graduated from high school on time, even though I only attended for half days and had home schooling, and went on to college. I lived at home throughout my college years and worked toward my goal of becoming a graphic designer.

When I was a senior at Webster University, Saint Louis, an opportunity of a lifetime presented itself. My graphic design professor asked if I would like to attend graduate school. She said she could recommend me for an Associate Instructorship at Indiana University (IU) and asked if I would apply. I accepted the offer and was accepted into graduate school with a full scholarship that also provided the opportunity to teach graphic design classes while completing my Master of Fine Arts degree.

I was now faced with the challenge of leaving home and taking care of myself – totally. Under my newfound independence, I flourished. I became a stronger person, and I often say I would not be the person that I am

today without my experience at IU. I think that is when my thought process changed, and I stopped caring about what other people thought of me.

After completing my degree at IU, I moved back to Saint Louis and quickly found a job working as a graphic designer for the Missouri Institute of Mental Health. About nine years after that, I went back to one of my passions: teaching in college. I teach a digital photography class at night at a local junior college. I love the idea of inspiring students and making them better photographers as well as better people.

My trach is not immediately noticeable because it is capped during the day so my speech is normal, and I wear a scarf or neck covering over the trach. My mother made the neck-piece I wore with my wedding dress.

I am not the type of person to tell people about my physical challenges on our first meeting, but sometimes

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people inquire or I tell them eventually after knowing them for a while. I take that approach with everyone with whom I have any type of relationship, even potential mates.

When I met my husband, Scott, I told him about the trach and vent after a few dates, and it did not seem to bother him at all. He saw me for the person that I am. We were married July 12, 2008. He sees me and not just my tracheostomy, and often helps me with the challenges I face in dealing with it, such as changing it and helping me keep my trach ties tied. He does not seem to mind the sound

“As a physician, I have had the pleasure of knowing Amy and am glad her story of success and happiness is being told.

“All too frequently having a disability is associated with a sense of failure. In fact, health care professionals refer to users of respiratory assist devices as being in ‘respiratory failure.’ The unfortunate message is that it is impossible to live an independent, productive life if you have a respiratory disability.

“However, many ventilator users I know have proved this to be false. They looked at who they are and where they wished to go. The only other question was how to get there. This is everyone’s dilemma in life.”

Oscar A. Schwartz, MD, FCCP, FAASM

Advantage Pulmonary and Sleep Medicine, Saint Louis, Missouri

of my vent; one of my greatest fears was that it would bother him. (I guess I can get used to his snoring!) It’s nice to wake up next to someone knowing that he will always be there for me and that he can help me manage my condition, too. ▲

Device to Help Take Charge, Not Chances

The ResusciTIMER™ is a device that uses a series of lights and an audible tone to guide the user of a bag mask resuscitator. If the bagging is done correctly, the lights stay green; and if the bagging is done too fast, they turn red.

Experience has shown that during crisis situations caregivers have tendencies to bag too rapidly.

The device can be used with any resuscitation bag and has two modes of operation – CPR or Rescue Breathing mode, and two patient modes – adult and child.

In the Rescue Breathing mode, the ResusciTIMER™ will visually and audibly guide the operator to provide breaths at a rate of 10 to 12 per minute at an inspiration time of one second for an adult, and 18 BPM at an inspiration time of one second for a child, per the American Heart Association (AHA) guidelines. In the

CPR mode, the caregiver will be guided to give two breaths in about four seconds with an inspiration time of one second for both child and adult between the recommended 30 chest compressions, per AHA guidelines.

The device weighs 5 ounces including a 9V alkaline battery. The battery has a life of 4.5 hours if used continually at normal temperature. The list price is \$145.

Ventilator users may find this a useful tool when preparing for possible power or equipment failure.

The ResusciTIMER™ can be purchased from a local home health care company or directly from Allied Healthcare Products, Inc. 1720 Sublette Avenue, Saint Louis, Missouri 63110; 800-444-3954 USA; 800-446-0552 Canada & Mexico. Allied has international offices in Europe, Asia and South America. Visit www.alliedhpi.com ▲

