

Artificial Ventilation

Making the choice about artificial ventilation (AV) for yourself or a loved one is not easy. This brochure provides information about AV to help when making a decision about AV.

What is Artificial Ventilation?

Artificial ventilation (AV) is the act of trying to help with breathing when a person has difficulty or trying to restore breathing when breathing has stopped. This may be done by blowing air into the lungs by mouth to mouth or using air given through a mask or tube.

Giving air through a mask is called positive airway pressure (PAP). PAP involves putting a mask over a person's nose and mouth, and air is forced into the lungs.

Air can also be given through a tube inserted through the nose or mouth and into the lungs. The tube is then connected to a breathing machine, called a ventilator, which breathes for the person.

When is AV used?

AV is used when a person can no longer breathe well enough on his or her own because of chronic conditions such as heart failure or chronic obstructive pulmonary disease (COPD), as temporary breathing help during or after surgery, or to allow the lungs to rest while an illness is being treated.

AV can help a person breathe while the lungs are healing or the body is recovering from an illness. While AV is not used to treat an illness, AV can let the lungs rest while the person is being treated.

AV is also used when a person can no longer breathe on his/her own. Some people may need to use ventilators long-term or for the rest of their lives. AV is needed during and after cardiopulmonary resuscitation (CPR).

What are the risks with AV?

Some risks of the use of AV include pneumonia, collapsed lung and lung damage. When PAP is used, some patients find it uncomfortable wearing the mask and breathing into it as air is forced through the mask.

A ventilator can cause discomfort from throat irritation, coughing and the need to clear the airway of fluid by suction. Being on a ventilator can also cause fear and sleep problems. Medicine may be needed to treat discomfort, which can cause a deep sleep for hours or days.

For someone with chronic lung conditions such as COPD, it may be difficult or impossible to stop using breathing support. The person may always need to use AV.

Mechanical ventilators will not return breathing for those who can no longer breathe on their own. In very sick people, trying to keep the person alive means that dying takes longer.

Trials of AV

A ventilator may be used on a trial basis to see if the person can recover his/her breathing ability. If the goals of care are not met, such as when the person's condition does not improve or gets worse, a decision can be made to remove the breathing tube. This is called extubation. The patient is made comfortable during this process.

Making the decision to remove AV can be very difficult for a person's loved ones. Having the discussion about what the person wants for AV before a crisis occurs is important in making sure the person's wishes are honored.