

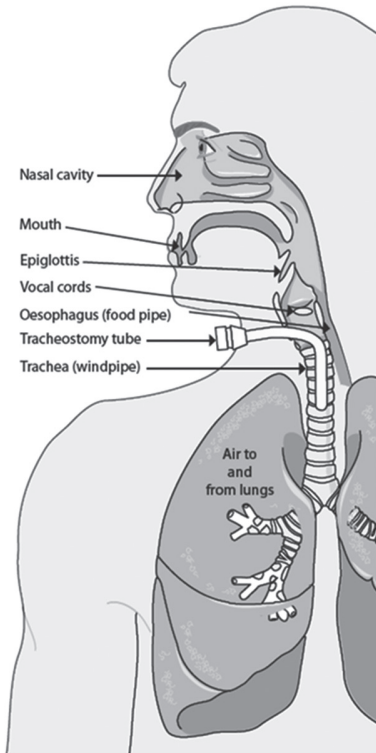
Tracheostomy

An information guide



Tracheostomy

What is a tracheostomy?



A tracheostomy is a small hole (stoma) in the front of the neck that goes into the windpipe (trachea).

The tracheostomy tube is passed through the hole and is then secured in place with tape around the neck. It is an artificial airway that allows a person to breathe through their neck, rather than their nose and mouth.

A tracheostomy tube has two main parts, the main outer tube which remains in place, and a removable inner tube that is changed and cleaned regularly, to keep the airway clear of secretions. Tracheostomy tubes come in varied sizes and maybe changed depending on your needs.

Why do I need a tracheostomy?

There are many reasons for having a tracheostomy. Some examples are to bypass a blockage at the top of the throat, swelling following head and neck surgery, paralysis of vocal cords, or nerve damage that may affect swallowing.

Other reasons include being connected to a machine that helps you breathe (ventilator) and for clearing phlegm (secretions) from your chest.

Are there alternatives?

A tracheostomy is only performed when the potential benefits outweigh the potential risks.

In the short term, help with breathing or clearing secretions may be done through a tube passed through the nose or mouth into the windpipe. However, this is uncomfortable, and specialists will recommend a tracheostomy if suction or breathing support is still needed after a few days. The length of time a tracheostomy remains in place depends on individual needs.

How is the tracheostomy carried out?

We perform between 5 and 10 tracheostomies a month on patients on our unit. Most are done on the unit as “percutaneous procedures”. A small needle is passed through the skin into the windpipe. A dilator is passed over the wire to stretch the skin and tissue over the trachea to make a hole large enough to pass the tracheostomy through it. The procedure takes around 20 minutes

but setting up takes around an hour. Where this is not possible, you will go to the operating theatre and a small cut is made down to the trachea so that the tube can be passed through it. We would expect you to be in the operating theatres for at least 2 hours for the procedure and set up.

What are the potential risks and side effects?

There are risks associated with any surgical procedure. For a tracheostomy procedure, these are:

Minor risks:

- Scarring
- Voice change

More serious risks:

- Bleeding from in or around the tracheostomy site whilst performing the procedure or following insertion
- Infection after the procedure
- Trauma to the soft tissues around or inside the stoma
- Blockage through mucous, blood clots or skin cells that are trying to heal within the Stoma
- Tracheostomy tube being displaced or coming out

In very rare circumstances, these more serious risks can be potentially life-threatening.

If you have any worries or concerns, please discuss these with the nursing or medical team.

Will my tracheostomy affect my speech?

Yes. The sound of your voice is created by air passing through your voice box as you breathe out. This means that whilst you have a tracheostomy you will have problems producing sound. In many cases a special valve can be connected to your tracheostomy tube that will enable you to speak.

However, in some cases this will not be suitable and other ways of assisting communication will be tried. We have aids available, e.g. alphabet and communication charts.

Will my tracheostomy affect the way I eat and drink?

Yes. Some people can eat and drink with a tracheostomy, but this often depends on the reason for the tracheostomy and the type of tube.

Sometimes a person's normal swallow is temporarily affected. In this instance a swallow assessment would be carried out by the speech and language therapist, and advice on how this could be managed would be given. Nutritional needs would always be met through other means.

What is humidification?

Humidification is essential for patients with temporary tracheostomies because the air and oxygen you breathe lacks moisture, you will need to wear a device to stop secretions becoming dry. Your nurse will select the right form of humidification for you.

Could my tracheostomy tube stop me from breathing?

Tracheostomy tubes are designed to assist breathing. All tubes are cleaned regularly to avoid blockage by secretions.

What is suction?

Suctioning is an essential part of tracheostomy care and helps clear secretions from the tube. Suctioning helps in the treatment and prevention of chest infections. You may not have the strength to cough out secretions.

This process will make you cough. It can be unpleasant, but it is vital to help breathing and allow the lungs to work efficiently. It will only be carried out when necessary. However, if needed this could be quite often.

When will the tube be removed?

This really depends on the condition you are receiving treatment for. The time a tube stays in place varies from days to weeks. A tracheostomy is just part of a treatment.

In most cases the tracheostomy can be removed when you no longer need help with your breathing. Once the tube is taken out, a dressing is applied, and the stoma hole should close up within a few days. A small scar will be visible.

What if my tracheostomy is permanent?

If you need to go home with a tracheostomy, further instructions on how to care and manage it will be given to you separately.

Are there any long-term problems?

Sometimes patients who have had a tracheostomy have some scarring within their trachea; this can make it slightly narrower.

Patients who have a tracheostomy will have a bedside sign giving details of their tracheostomy and their name. This is part of the protocol for care of patients with a tracheostomy.

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Notes

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