

Tracheostomy

Head & Neck OPD
Surgical Directorate

The aim of the booklet

Some patients require a tracheostomy tube placed in their neck to help with breathing. If you or your relative requires this procedure, this leaflet provides you with information that you may find useful.

What is a tracheostomy?

A tracheostomy is a short procedure to create an opening in the front of the trachea (windpipe), through the skin of the neck. A small plastic hollow tube (which usually consists of an inner and outer tube) is inserted through the opening and sits in the trachea. This is held in place with dressings which tie around the neck. The procedure may be performed in the operating theatre or the Critical Care Unit.

A tracheostomy may be performed 'percutaneously' or 'surgically'. The percutaneous (meaning 'through the skin') technique involves making a small opening in the skin on the front of the neck. This is normally performed in the Critical Care Unit.

The open surgical technique involves making an incision into the neck, which is usually performed in the operating theatre.

Often you or the patient will be given a general anaesthetic where you, they will be put to sleep for the procedure however, sometimes it will be necessary to perform the procedure under local anaesthetic with an injection to numb the area, if a general anaesthetic is not possible. This decision will be made at with you at the time.

Why might someone need a tracheostomy?

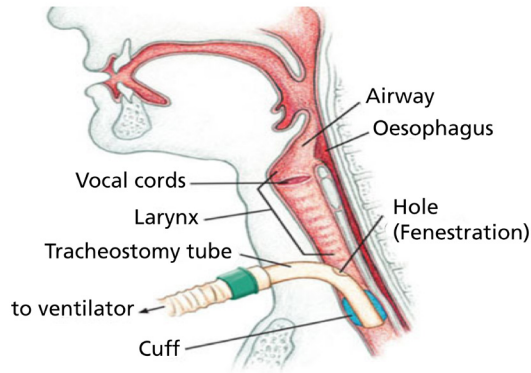
A number of patients may need help with their breathing through a tube in the mouth, into the windpipe. This is attached to a breathing machine (ventilator) which aids breathing. If this is required for several days or more, these patients may benefit from the tube in their mouth being changed to a tracheostomy tube.

A tracheostomy can also allow a person to breathe if their airway is blocked, such as by swelling from an infection or a tumour.

In many cases a tracheostomy will be planned in advance, although sometimes it may need to be carried out in an emergency.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**



Consent

We must seek your consent for any procedure or treatment beforehand. Your doctor will explain the risks, benefits and alternatives where relevant before they ask for your consent. If you are unsure about any aspect of the procedure or treatment proposed please do not hesitate to ask for more information.

What are the advantages of tracheostomy?

Tracheostomies are more comfortable than a tube in the mouth and patients are able to be awake, sit out in a chair and even walk around.

A tracheostomy makes it easier to keep the lungs clean. It enables staff to clear secretions (sputum) by passing a thin tube briefly into the tracheostomy tube and sucking out any secretions. This may cause some coughing.

Tracheostomies can make it easier to reduce the level of support provided by the ventilator

These factors can all lead to a speedier recovery.

What happens after the tracheostomy is inserted?

Most tracheostomy tubes have a cuff located near the end of the tube. When the cuff is inflated it prevents secretions leaking into the lungs (going down the wrong way).

When the cuff is inflated you will not be able to talk. However, once you are able to breathe without the ventilator, the cuff can be deflated and a device called a speaking valve can be attached which will enable you to speak. The time the cuff is inflated / deflated is variable.

During your hospital stay you will be able to communicate with the staff and your family using pen / paper, picture boards, gestures and lip reading. This process can be slow and many patients find it frustrating initially.

When the cuff is inflated it is also difficult to swallow, however once you are breathing independently you will also be able to start eating and drinking, this will be variable.

Prior to this most patients are fed through a tube from the nose into the stomach (nasogastric or NG feeding).



Are there any associated risks of tracheostomy?

As with any procedure there are potential complications with a tracheostomy. These include:

- Tube displacement / blockage
- Bleeding in the neck area
- Injury to the windpipe and surrounding structures
- Infection

These complications are uncommon but, if any occur, steps can be taken to treat them.

The decision to perform a tracheostomy is only taken if the benefit to the patient is greater than the potential risks.

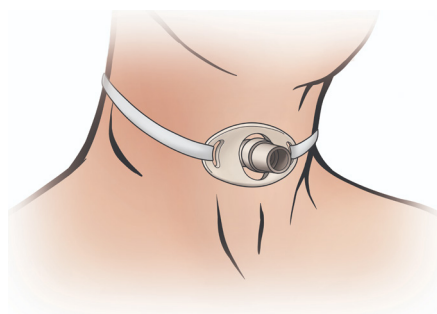
Are there any alternatives to tracheostomy and what would happen if I decided not to have this procedure?

The choice about which treatment / procedure is best for you will be made together with your doctor. This will be based on the risks and benefits of the procedure and your individual circumstances.

The doctor will have explained the different treatment / procedure options to you and what will happen if you decide not to have any procedure at all.

How do I care for the tracheostomy?

After the tracheostomy tube is inserted, it needs looking after to continue working properly.



- **Suctioning:** A thin tube can be passed down the tracheostomy tube to clear the windpipe of secretions (sputum)
- **Humidification:** The tracheostomy tube causes air to bypass the nose which would normally warm, filter and humidify air. An attachment can be placed on the tracheostomy tube to artificially humidify air, or a tracheostomy mask can be used which prevents secretions from drying up and blocking the tube
- **Cleaning:** The inner part of the tracheostomy tube will need cleaning regularly. The skin around the neck also needs to be kept clean and a dressing may be required to prevent the skin becoming sore
- **Tube changes:** The tracheostomy tube will normally be changed one week after it is first inserted. After this, it will often need replacing every four weeks while it is still required

How long will you have your tracheostomy?

This depends on the individual and the speed of recovery; however most are short term. The tracheostomy will be removed once you are able to breathe independently and cough up your secretions.

The tracheostomy hole is covered with a dressing and normally heals quickly (one to two weeks) leaving just a small scar.

If you would like more information or have any questions please ask the staff looking after you or your relative who will be pleased to help.

What if I or your relative have any more questions?

If you have any personal access needs or require wheelchair access please talk to a member of staff using the contact details below.

If you have any more questions or concerns we advise you to contact a health professional.

Zone A

- A25 (ENT Outpatients) Tel: 01902 307999 ext 81632
- B7 (Adult ENT ward) Tel: 01902 307999 ext 85403
01902 307999 ext 84043
- A21 (Children's ward) Tel: 01902 307999 Ext: 85041

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。