

**Department of Otolaryngology Head & Neck Surgery
South Manchester University Hospitals NHS Trust
Patient Advice Sheet on Tracheostomy Patient Information
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What is the trachea?

The windpipe is called the trachea. It carries air to the lungs from the voice-box. The voice box is also called the larynx.

What is a tracheostomy?

A small cut through the neck into the windpipe. It makes a small hole. The hole is called a stoma. A tracheostomy tube keeps the hole open. Air can enter the windpipe. The tube is usually plastic. They come in different sizes. For short we use the word 'trache'. This sounds like 'tracky'.

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Why do I need a tracheostomy?

If your breathing is blocked.

If you need a machine to help you breathe. This machine is called a ventilator.

If you need phlegm sucking out of your lungs.

Is there an alternative treatment?

Not usually. There are different ways of doing a tracheostomy. The percutaneous way uses a guide wire passed through a needle. We push stretching tubes called dilators over the wire. Then the tracheostomy tube is pushed over it. Then the guidewire is taken out. Percutaneous and standard tracheostomy have similar complication rates.

How long will I be in hospital after the operation?

Seven to ten days. Tracheostomies usually heal without complications.

What will I notice after the operation?

Changes in your breathing and voice.

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How will my breathing change after the operation?

You take about three days to get used to breathing through the tube. The air is no longer moistened by the nose. This causes more phlegm in the lungs. You need an humidifier to help. Too much phlegm lungs can cause infections. It can block the airway. You need a suction machine to help.

What is suction?

A catheter is a soft tube. It connects to machine which sucks. We slide it down the tracheostomy tube. We do this as often as you need it. Several times a day and at night too. As time passes you need less help. This is with both suction and humidification.

What else needs to be done?

You need to look after the stoma or hole. You need to be able to clean the tube. You will have to learn to change the tube. The nurses will show you how to do all this. .

How will my voice change?

When you wake up you won't be able to talk. You will need a pencil and paper. We will give you a picture sheet. After a few days you can speak by putting a finger over the tracheostomy tube. We will also give you a special tube. It has a speaking valve. This acts like your finger but is automatic. Most trache patients learn to speak naturally. You can have voice problems when a temporary trache tube's taken out.

When will the tracheostomy tube be changed?

Between 2 and 7 days after the operation.

Are there problems changing the tube?

Not usually. Rarely, changing the tube can be difficult. The hole may collapse when the tube is removed. This is more likely early on. It's more likely if the tube is removed and not replaced straightaway. The new tube may not go into the windpipe. It may slide alongside it. We take it out and put it back in again.

How will my life change?

You can live normally. Most activities can be continued. No vigorous exercise for six weeks after the operation. Outside wear a loose lint-free cover over the stoma. Special ones can be bought. They look like a polo neck. They stop you breathing in dust. They help moisten the air you breathe. Don't let water, sprays, powders or food in your trache. You can't swim safely with a trache. Special tubes have been used by some people.

What must I do when I go home?

Take thorough and regular care of your trache and trache tubes. Call the doctor if you have bad headaches or muscle aches. Or if you have pain, swelling, redness or bleeding in the stoma.

Will I have a scar?

The trache may just be short term. We call this temporary. You will have a small scar. It is about 5 cm or 2 inches). If the trache is long-term the hole may stay open. We may need to stitch it up for you.

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What can go wrong at the time of the operation?

Bleeding. There are large blood vessels near your windpipe. Bleeding may need a second operation. It may need a blood transfusion.

Air under the skin. This is called subcutaneous emphysema. It can cause obstruction or press on your airway. It usually doesn't need treatment. It gets better on its own.

Air between the lungs and ribs. This is called a pneumothorax. It causes problems breathing. It may need draining. We put a tube between your ribs to let the air out. (Ings and the ribs causing breathing difficulties). This is very rare.

Damage to the nerves to the voice-box. This is rare.

Complications are usually rare. They are more common with emergency operations.

What can go wrong after the operation?

Tube blocking. It can usually be cleared by suction. It may need changing and cleaning.

A misplaced tube needs changing.

Wound infection. This causes the wound to smell. You may need antibiotics.

A hole between the trachea and the gullet. This is called a tracheoesophageal fistula.. It may heal on its own. It may need an operation.

What can go wrong weeks/months after the operation?

Narrowing of the windpipe. This is called tracheal stenosis. The trache tube can't be removed. You may need another operation.

Some people scar badly. You may have had other scars that have healed badly. This is more common in people of African descent.