

## What happens when it is removed?

You will always be in hospital to have removal of your tracheostomy (decannulation).

The health care professionals that are looking after you will perform some tests to ensure it is safe to remove your tracheostomy tube.

The tube is easily removed on the ward and a dressing applied over the hole. The hole will usually close fairly quickly and require dressings for 7-10 days, once closed there will be a small scar. Occasionally some people will require the hole to be closed with stitches.

## Discharge with a tracheostomy

Patients that are discharged home with a tracheostomy have to be able to care for the tube themselves. The nurses on the ward will show you how to do this, usually over a week to ten days.

This includes:

- Being able to remove the inner tube
- Clean it
- Replace it
- Clean the surrounding area (stoma)
- Know how to clear phlegm (secretions)
- Know the importance of keeping the airway moist (humidification)
- Know how to shower/bathe safely
- Know how to effectively communicate
- Know what to do in case of emergency

Patients that are unable to care for the tube themselves will require 24 hour nursing care.

For patients that require longer term tracheostomies the entire tube needs to be replaced every four weeks. This is usually done in the outpatients department. It is usually a short and painless procedure.

## Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

## Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf. This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.

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# I'm having a tracheostomy

## What does this mean?

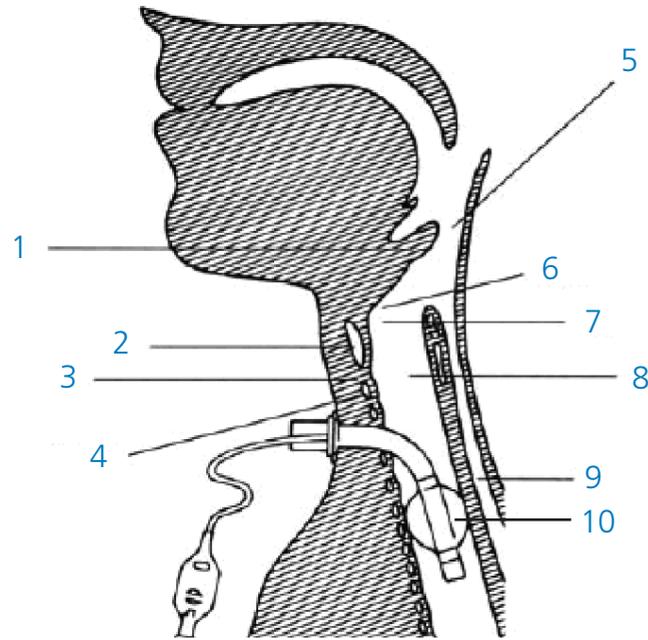
Patient information

Macmillan  
Cancer Support

## What is a tracheostomy?

A tracheostomy is a short procedure to create hole in the front of the neck into the windpipe. This allows a tube (a tracheostomy tube, sometimes shortened to "a trache") to be inserted for breathing, to protect the lungs on swallowing or to help the patient clear the phlegm from the chest.

### Diagram: throat anatomy



- |                          |                 |
|--------------------------|-----------------|
| 1. Epiglottis            | 5. Oral pharynx |
| 2. Thyroid cartilage     | 6. Larynx       |
| 3. Cricothyroid membrane | 7. Vocal cords  |
| 4. Cricoid cartilage     | 8. Trachea      |
|                          | 9. Oesophagus   |
|                          | 10. Cuff        |

## Why do I need a tracheostomy?

There are lots of reasons why you may need a tracheostomy:

1. Patients that have a blockage in their airway from a head and neck cancer may require a tracheostomy tube insertion to bypass this for safe breathing.
2. Some infections or the side effects of treatments (e.g. radiotherapy) can cause swelling of the airway, and a tracheostomy tube is inserted to ensure safe breathing
3. Some surgeries, infections or other conditions can affect how the vocal cords function or how wide the airway is and a tracheostomy may be needed if the airway is too narrow to breathe through. This may either be temporary or permanent, depending on the cause.
4. Some medical conditions require a tracheostomy to be placed to ensure a safe airway.
5. A tracheostomy tube may be inserted for patients in the intensive care unit instead of having a breathing tube through the mouth, as a tracheostomy is much more comfortable and can allow patients to be awake.

## Is it safe?

Generally speaking, a tracheostomy is safe, but, like any procedure, there are some risks and these will be explained to you by your doctor. It is important that only those with the correct training manage the tracheostomy tube.

Every effort will be made to minimise the risks of these problems occurring.

## Where will my tracheostomy operation be performed?

Most tracheostomies are performed in the operating theatre.

For patients in Intensive Care the tracheostomy may be performed there.

## Is it painful?

There may be some mild discomfort after the procedure and painkillers will be given as required.

## Can I speak with a tracheostomy?

Initially, when the tracheostomy is performed, a very safe tube is inserted, which does not allow any air to get up to the voice box for speech.

There is a balloon (cuff) on the tube that is inflated to ensure fluids don't go onto

the lungs; whilst this balloon is inflated you will not be able to talk as you will not be able to get any air over the voice box.

For most patients, after a few days, the tracheostomy tube is changed for one that will allow air to get to the voice box and allow some speech. Your doctor will be able to explain what they expect for you.

The health care professionals will teach you the techniques of how to speak with a tracheostomy.

## How long will my tracheostomy tube be in?

This can vary depending on why it was inserted.

For most patients in intensive care or after major surgery – these are temporary and are removed when no longer required, whilst in the hospital.

For patients that need a tracheostomy for head and neck cancer treatment, your doctor will arrange for removal of the tracheostomy when you have recovered and your airway is deemed safe.

There are some patients who will require their tracheostomy longer term including those patients who have had it inserted to bypass a blockage in the airway or for a medical condition.