

Tracheostomy Booklet

Introduction

This booklet has been written to help you and your family to understand more about tracheostomies. It is hoped that the information included will answer some of your questions and reassure you about this part of your treatment. Not all information can be included in a booklet of this size. After reading the booklet, you are likely to have further questions about your treatment. The back page has been left blank so that you can document these questions. Your doctor or nurse will be happy to discuss them with you at your next visit.

What is a Tracheostomy?

A tracheostomy is an opening that is made through the skin in the front of the neck into the trachea windpipe). A tracheostomy tube is inserted into this opening to assist your breathing.

There are a number of reasons why a tracheostomy **may** be necessary. These include:

- *After some operations on the head and neck area.
- *Blockage of the windpipe due to swelling, infection or other causes.
- *Some conditions requiring mechanical ventilation (i.e. the use of a breathing machine)



Tracheostomy Tube

How long will the Tracheostomy tube be in place?

This varies from person to person. It depends on your medical condition and the reason a tube is needed. Most tracheostomies are temporary. Your doctor will talk to you about how long the tube will be needed in your situation.

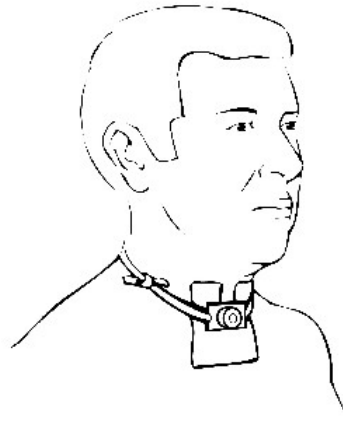
How will a Tracheostomy tube affect me?

Physical Appearance

Since a tracheostomy tube can be seen on the front of your neck, it does alter your appearance. It may take some time to get used to your neck looking different. Cosmetically, some people find it helpful to wear a scarf or cravat around their neck. There are also mock polo-necked T-shirts available from your speech therapist. Psychologically, it will help if you talk to your relatives and nurses about how you feel so that they can give you the support you need.

Will my speech be affected?

Initially yes. When the tube is first inserted you will not be able to speak because breathing through the tracheostomy tube re-directs air away from your vocal cords. This is temporary. If your voice-box (larynx) is not affected by your condition, you will be able to speak using the techniques and attachments that will be given to you by the speech therapist.



Will I be able to eat?

Usually yes. Many people can eat and drink with a tracheostomy tube in place. You may find that certain foods and drinks are easier to swallow than others. Your dietician and speech therapist will work with you to find which foodstuffs are easiest for you.

Other Physical effects

Humidification: Normally the air we breathe in is warmed and moistened as it passes through our nose and mouth on the way to our lungs. This process - humidification - does not happen when air is inhaled through a tracheostomy tube. Therefore some external device needs to be used to add heat and moisture. There are a number of devices available. Your nurse will help you decide which is the most suitable for you.

Clearing secretions: While your tracheostomy tube is in place you may need help to clear secretions (sputum / phlegm) which would normally be swallowed or coughed out. This help - suctioning - involves passing a small suction tube into your tracheostomy to suck out your secretions. It is performed by your nurse or physiotherapist, until such time as you are able to do so yourself.

Tracheostomy At Home

Looking after your Tracheostomy at home

Before you leave hospital, both you and your family will be taught how to look after your tracheostomy at home. Also, your GP and local public health nurse will be available to support you at home.

NOTE - CLEANLINESS IS THE MOST IMPORTANT ELEMENT OF TRACHEOSTOMY CARE. ALWAYS WASH YOUR HANDS BEFORE AND AFTER HANDLING YOUR TRACHEOSTOMY TUBE

Home equipment:

When you go home with a tracheostomy tube in place you may need one or more of the following pieces of equipment. They are usually provided by your local health board.

Suction machine
Suction catheters
Room humidifier

Cleaning your tracheostomy tube:

Using the techniques that you are taught in hospital,

- Clean your inner cannula (inner tube) before settling to sleep at night, when you get up in the morning, and at any other time you feel it might contain secretions.
- Clean your stoma (neck opening) every morning, but more frequently if there are a lot of secretions.
- With the help of a second person change your tracheostomy tapes whenever they get soiled. Tapes are likely to need changing about every 1-2 weeks.

Suctioning:

If you are able to cough out your secretions it may not be necessary to use your suction machine at home.

If you are not able to cough out your secretions it is essential that you or a family member suction them out as instructed. Retained secretions can make it difficult for you to breathe, and increase your risk of getting a chest infection.

The amount of suctioning required usually decreases substantially with time.

Humidification:

Humidification adds heat and moisture to the air you breathe. This helps to prevent your airways from becoming irritated and your secretions from becoming dry and sticky. Good humidification is achieved by:

- using specific heat/moisture devices given while in hospital.
- increasing the humidity in your environment by: using a room humidifier; having a hot bath - or sitting in the steamy bathroom after a family member has had a bath!; boiling water and allowing it to steam up your room. Note: do not inhale steam directly as it may burn your airways!
- taking plenty of fluids - especially water - to ensure you do not become dehydrated. Avoid excessive tea, coffee or alcohol.

Looking after your speaking valve:

If you wear a speaking valve on the front of your tracheostomy tube...

- It can be cleaned by washing it in warm soapy water, rinsing thoroughly with plain water, and allowing it to air dry.
- Remember - do not wear your speaking valve while sleeping.
- If the valve becomes noisy it may need to be changed - contact your speech therapist.

Things to watch out for at home

Report to your public health nurse or doctor if...

- you have any difficulty breathing.
- you find that you are coughing up or suctioning up more sputum (phlegm) than usual.
- your sputum changes colour - becomes yellow, green or brownish.
- the skin around your stoma (opening) becomes irritated or sore.
- if you have any questions about your tracheostomy, or if you have any difficulty managing it at home.

Follow-up care

Before going home with your tracheostomy tube, you will be given an outpatient appointment (often with an ear, nose and throat doctor) to have your tube checked.

If still in place, tracheostomy tubes are changed usually every 2-3 months. This is done by the doctors or nurses during your outpatient visit.

Removal of Your Tracheostomy Tube

When your condition settles and you no longer need your tracheostomy tube, there are a number of steps that prepare you for its removal.

- First, your tube will be "down-sized" i.e. changed to a smaller size.
- The front opening will then be "capped off" so that you get used to breathing through your nose and mouth again as normal.
- Once you can tolerate being "capped", and your doctor is happy with your overall condition, the tracheostomy tube is removed.
- You may be admitted to hospital to have this done.

A dressing is applied over the stoma (opening). The stoma heals in approximately 10-14 days.

Living with a Tracheostomy tube

Even though you need a tracheostomy tube in place right now, it does not mean that you cannot live a very full and active life. The following are some extra tips to help you to remain as active and healthy as possible while your tube is in place.

Protecting your airway from outside irritants.

As well as the care already outlined.....Remember to wear your filter and/or scarf to protect the tracheostomy opening - especially when outdoors.

DO NOT SMOKE.

Ask others not to smoke around you. Avoid smoky environments - e.g. pubs, rooms with open fires.

Water safety

Your tracheostomy opening leads directly to your lungs. Therefore you must make sure that water does not get into your tube. Take a bath instead of shower. (This is good for adding humidification and soothing the airways also!). There are special shower guards available for those who prefer to shower. Swimming is only possible with the use of specialised equipment and instruction.

Work:

A tracheostomy tube will not prevent you from doing most jobs. Do talk to your doctor or nurse if your work involves a lot of dust(e.g. farming or carpentry), heavy lifting, or if you have any questions about your work.

Sport:

Many sports can be continued with a tracheostomy tube in place. However contact sports - e.g. boxing, rugby, gaelic football - are not advised. Again, talk to your doctor or nurse about the sports/ hobbies that interest you.

Pets:

If you have cats, dogs or house pets at home, talk to your doctor or nurse about any special precautions that may be necessary.

Overall health:

Good quality of life with a tracheostomy is not just about looking after your tube. It involves all the other elements that make up a healthy lifestyle e.g. eating well, getting enough sleep, taking exercise, getting out and about and continuing to do the fun things that you enjoy. It is important also that you talk to and include your family, friends and health professionals during this time, so that they can give you the support that you need.

Dealing With Emergencies

If your tube falls out... DON'T PANIC!

Once you've had a tracheostomy in place for about 5 days the tract (hole) is well formed and will not suddenly close. You have enough time to retrieve, wash, dry and replace your tracheostomy tube. Once replaced, tie the tube securely. It is tight enough when you can get just one finger between the tape and your neck.

If you can't catch your breath... it could be because your tracheostomy tube is partially blocked with sputum (phlegm).

TO UNBLOCK YOUR TUBE:

1. **Cough:** A strong cough may be enough to clear your secretions (sputum).
2. **Take out your inner cannula:** If there are secretions stuck in your tube, they will automatically be removed when you take out the inner cannula. The outer tube - which does not have secretions in it - will allow you to breathe freely. When you get your breath back, clean your inner cannula and replace it again.
3. **Suction:** If coughing or removing the inner cannula do not work, it may be that your secretions are lower down your airway. Use your suction machine to remove the secretions.

If these 3 steps do not relieve your breathing difficulty you should call your GP or go to your local hospital casualty department.