



**St. James's Hospital  
Tracheostomy Care Working Group.**

**Tracheostomy Flange and Stay Suture Care: Standard Operating Procedure  
SJH:N069.4 version 5.**

This Standard Operating Procedure (SOP) is effective from September 2020 onwards and is due for renewal in September 2023. It will be reviewed during this time as necessary to reflect any changes in best practice, law, and substantial organisational, professional or academic change. This SOP is supplementary to the [Tracheostomy Care and Management Guideline \(SJH:N069\)](#) and describes standards on Flange and Stay Suture care for patients with Tracheostomy.

### **1.0 Flange & Stay Suture Care**

- 1.1** Most surgically inserted tracheostomy tubes and percutaneous tubes are secured in position with silk sutures.
- 1.2** Flange sutures should be removed after 7 days or in some cases at the time of the first tube change approximately 5 days post insertion. There are some exceptions to this timeline. Refer to section 1.4, point 1.4.4 of the [Inner Cannula, Stoma and Tie Care SOP \(SJH:N069.3\)](#) in the case of a neck flap.
- 1.3** The nurse must continue to observe suture sites for signs of infection and manage accordingly.
- 1.4** **Stay sutures or 'rescue' sutures** are left in position usually for 10 days post insertion. Removal may be permitted before this if the patient is electively decannulated (**Only surgical tracheostomies will have a stay suture**).
- 1.5** These sutures can be used to 'lift' the trachea nearer to the surface and to keep the stoma open if accidental tube dislodgement occurs.

#### **Links to related PPPGs:**

- [Tracheostomy Care and Management Guideline \(SJH:N069\)](#)
- [Tracheostomy Care and Management Guideline: Associated Documents](#)