



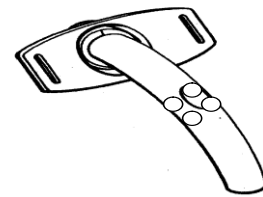
**St. James's Hospital
Tracheostomy Care Working Group.**

**Tracheostomy: Fenestrated Tube Care SOP
SJH:N069.9 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 \(SJH:N069\)](#). This SOP describes standards for providing care to patients with fenestrated Tracheostomy Tube (see picture below). Fenestrated Tube means tube with holes.

1.0 Fenestrated Tracheostomy Tube: Indications for use

- 1.1** To facilitate / improve speech - The fenestration (holes) allows increased volumes of air to be forced up through the larynx during exhalation and enables speech.



2.0 Nursing Considerations

- 2.1** A fenestrated tracheostomy tube can only function as such if both the outer and inner cannula contain fenestrations (holes).
- 2.2** The fenestrations allow secretions as well as air to pass up and down the patient's airway. Therefore, the patient should be provided with a sputum container, tissues and infectious waste bag for secretions as needed.
- 2.3** Not all patients require a fenestrated tube to achieve speech. If the patient has a patent upper airway, i.e. (prolonged ventilated patients) they can achieve good voice with the cuff deflated and speaking valve attached. Patients however with upper airway restrictions (i.e. ENT/Max Fax post-op patients), may require a fenestrated tube to achieve voice.
- 2.4** If the patient requires suctioning, the fenestrated inner cannula should be replaced with a non-fenestrated one. This ensures that the suction catheter has a direct and smooth route into the airway and prevents the catheter from catching in the fenestrations causing possible trauma to the posterior wall of the trachea and inability to retrieve secretions further down.

2.5 Speaking with Fenestrated Tube

- 2.5.1** Speaking may be facilitated by inserting the fenestrated inner cannula, and occluding the tracheostomy tube opening by using one of the following:
- The patient's finger (ensure that the patient cleans their hands first).
 - A speaking valve.
 - A decannulation plug / cap / button.
 - **The cuff must always be deflated.**

Links to related PPPGs:

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