

Patient information factsheet

Tracheostomy

We have written this factsheet to give you information about having a tracheostomy. It explains what a tracheostomy is, what the procedure involves and what the possible risks are. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of our team.

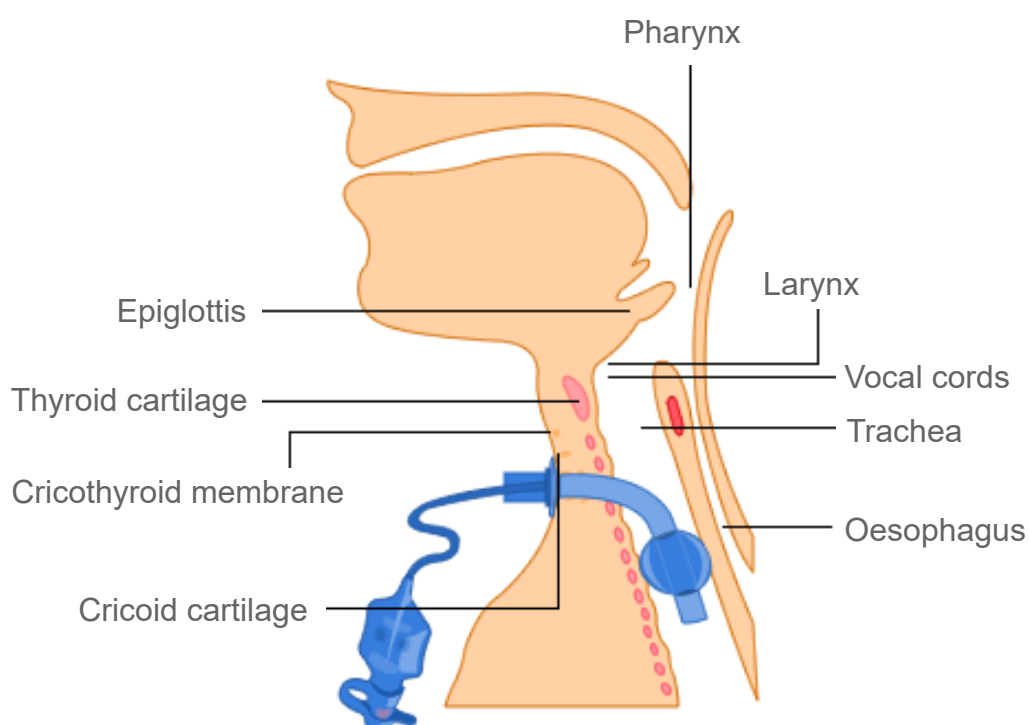
What is a tracheostomy?

A tracheostomy is an opening (stoma) created at the front of the neck to allow a tube (called a tracheostomy tube) to be inserted into the windpipe (trachea) to help with breathing. This tube creates an artificial airway, which allows you to breathe through the tube (rather than through your nose or mouth). If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator.

Why do I need a tracheostomy?

You may need a tracheostomy to:

- allow you to breathe if:
 - the top of your throat is blocked (for example, by something stuck in your throat or a tumour)
 - you have recently had a surgical procedure involving your head or neck
 - the nerves you use for swallowing are damaged
- deliver oxygen from a ventilator to your lungs (a tracheostomy tube is far more comfortable than a tube in the mouth and you will not need sedation (medication that makes you feel sleepy and relaxes you))
- remove fluid and mucus that has built up in your lungs



What will happen during the procedure?

A tracheostomy tube can be inserted using two different methods:

- percutaneous tracheostomy (we will perform this on our intensive care ward)
- surgical tracheostomy (we will perform this in an operating theatre)

For both methods, we will give you a general anaesthetic (medicines used to send you to sleep, so you're unaware of surgery and do not move or feel pain while it's carried out).

However, in an emergency, we will carry out the tracheostomy as soon as possible using a local anaesthetic (a type of medication that numbs an area of the body) if there's not enough time to give you a general anaesthetic.

Percutaneous tracheostomy

A doctor or surgeon will make a small cut in the skin at the base of the front of your neck.

They will then insert a needle through this into your windpipe. They will then pass a guide-wire through the needle and stretch the hole around it until it is large enough for them to insert a tracheostomy tube into your windpipe.

Surgical tracheostomy

A doctor or surgeon will make a larger incision through the skin at the base of the front of your neck. They will then make a cut into your windpipe to create a tracheostomy hole, which will allow them to insert a tracheostomy tube.

What will happen after the procedure?

After the procedure, you will need to stay in hospital to allow your body time to heal. The length of time you will need to stay in hospital for will depend on your recovery.

If you will be going home with the tracheostomy, we will teach you how to clean and look after it before you leave hospital. It's possible to enjoy a good quality of life with a tracheostomy tube. However, some people may find it takes time to adapt to speaking, eating and drinking.

Speaking

Most tracheostomy tubes have an air-filled cuff around the tube. When the cuff is inflated, you will not be able to speak. This is because the air cannot pass through your vocal cords.

We are aware that being unable to speak can be frightening and frustrating. To help with this, we may ask you to try and write things down or use gestures to let us know what you want.

As your condition improves, we will gradually remove the air from the cuff to allow air to pass through your vocal cords, so you can begin to speak. We may also try a 'speaking valve' (a device used to help more air pass through your voice box to make your voice louder).

Eating and drinking

You may be able to eat and drink with the tracheostomy tube in. However, this will be dependent on your reason for having the tracheostomy. If we are worried about your swallowing ability, we may refer you to a speech and language therapist to be assessed.

If you find it difficult to eat and drink enough, we may insert a nasogastric feeding tube (a thin, plastic tube) into one of your nostrils, down the back of your throat and into your stomach. The tube can be used to give fluids, medications and liquid food with added nutrients directly into your stomach if you're unable to eat or drink normally.

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Are there any risks?

As with any surgical procedure, there are some risks, including:

- bleeding (from the windpipe or around the tracheostomy site)
- a collapsed lung
- infection
- damage to the windpipe or voice box (larynx)
- the tracheostomy tube moving out of place
- the tracheostomy tube becoming blocked with blood or mucus
- complications with the hole (stoma) once the tube is removed

We will explain these risks and complications to you in more detail before you consent to having a tracheostomy.

What if I am unable to give consent?

If you are sedated or too unwell to agree to the tracheostomy, we will discuss the procedure with your family. We can also make decisions about your care when we feel it is in your best interest. If this is the case, we will speak with your next of kin before making a final decision.

Who will I be cared for by?

You will be cared for by multiple teams, including doctors, nurses, physiotherapists, speech and language therapists, dietitians, critical care nurses and anaesthetists.

How long will I need to have the tracheostomy tube for?

This will depend on your reason for having a tracheostomy tube put in. Some people may only need the tube for a few days, whereas other people may need the tube for much longer. We will discuss this with you.

If your tracheostomy tube is permanent

We will show you and your family or carers how to look after the tube, and what to do if it moves or becomes blocked before you leave hospital.

We will also give you an appointment date to have the tube changed as an outpatient.

What if I need to have the tracheostomy tube changed?

We may need to change your tracheostomy tube if:

- it has been in for 28 days
- a different tube may help with your breathing and talking as you get stronger

You will not need sedation to have the tube changed. It is a quick procedure and will usually be performed by a doctor on the ward.

What should I expect when the tracheostomy tube is removed?

You should not experience any pain when the tracheostomy tube is removed. We will place a dressing over the hole (stoma) to protect it while it heals (this usually takes seven to ten days). As it heals, air will leak through the hole (this is normal). To help the hole close, we will show you how to support the dressing when you talk or cough.

Occasionally, you may experience some pain or discomfort in the area where the tube was. This should improve as you recover. If your symptoms do not improve or the hole does not close on its own, you may need to see a specialist.

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Who should I contact if I experience any complications?

After you leave hospital, seek advice from your GP if you experience any of the symptoms below:

- difficulty swallowing
- shortness of breath (more than usual)
- coughing during or shortly after eating and/or drinking
- noisier breathing during the day and/or night (this includes snoring if you didn't snore before you had the tracheostomy)
- a tracheostomy scar that is raised or uncomfortable (it may take several months for the scar to settle after the tube is removed)
- new pain or discomfort around the tracheostomy (particularly when swallowing)
- a hoarse, weak or whispering quality to your voice that lasts more than a week

If you start finding it very hard to breathe, call **999** immediately for an ambulance.

Contact us

If you have any questions or concerns, please contact us.

Tracheostomy practitioners

Telephone: **07733 784399** (Monday to Friday, 8am to 4pm)

F5 ENT ward

Telephone: **023 8120 6511** (out of hours)

Useful links

www.nhs.uk/conditions/tracheostomy

www.tracheostomy.org.uk

bl.lthtr.nhs.uk/yourtracheostomy

Information adapted from Oxford University Hospitals NHS Foundation Trust with kind permission: www.ouh.nhs.uk/patient-guide/leaflets/files/35914Ptracheostomy.pdf

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit www.uhs.nhs.uk/additionalsupport