



Oxford University Hospitals
NHS Foundation Trust

Tracheostomy

**Information for patients
and relatives**



What is a tracheostomy?

A tracheostomy is a small hole (stoma) made at the front of the neck, which goes into the trachea (windpipe). A tube called a 'tracheostomy tube' can be inserted through this hole, into the trachea, and held in place with tape around the neck. This creates an artificial airway, which allows you to breathe through your tracheostomy rather than your nose and mouth.

The operation to form the tracheostomy is carried out under a general anaesthetic, which means you will be unconscious throughout the procedure.

Why do I need a tracheostomy?

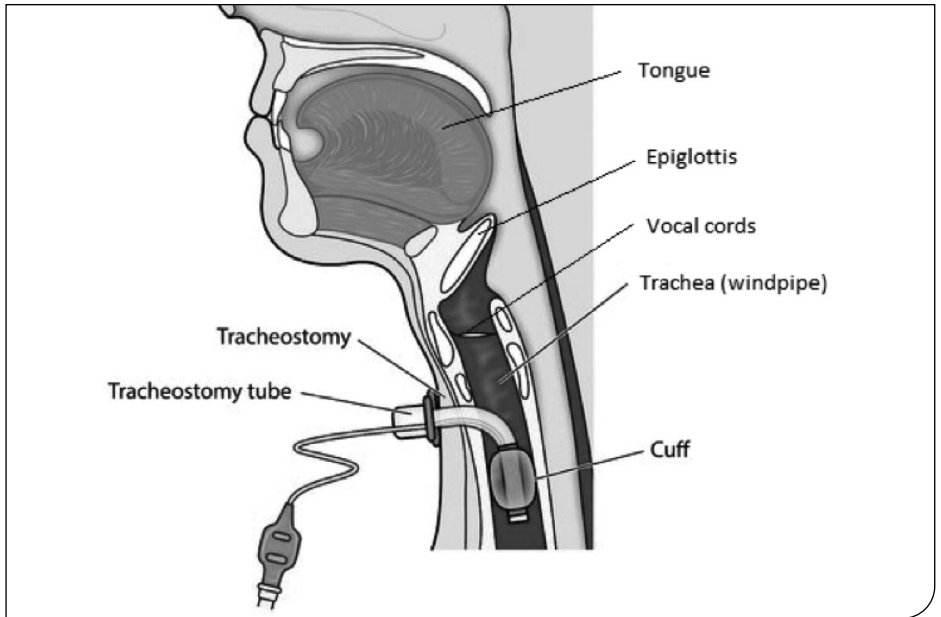
There are number of reasons for needing a tracheostomy. These include:

- Helping you to breathe if there is a blockage at the top of your throat.
- Following head and neck surgery.
- Following damage to the nerves involved with swallowing (paresis).
- If you need to be connected to a machine called a ventilator, to help with your breathing, as a tracheostomy tube is more comfortable than a tube through your mouth.

If you have a tracheostomy you will need little or no sedation if you are on a ventilator. This means you can be more awake, which may allow you to breathe for yourself at an earlier stage. This can actually reduce the time you are attached to a ventilator.

A tube in your mouth can cause damage to your mouth and throat, including the larynx (voice box). These can lead to problems with speaking and swallowing.

A tracheostomy also makes it easier for staff to help you clear secretions (sputum). This is done by passing a thin tube briefly into the tracheostomy tube and suctioning out any secretions. This helps to keep your lungs clean. When the suctioning takes place it is likely that you will cough.



Potential risks and side effects

As with any surgical procedure, there are risks. The risks of having a tracheostomy are:

- Bleeding from in or around the tracheostomy site.
- Pneumothorax (collapsed lung).
- Wound infection.
- Damage to the trachea or surrounding tissues.
- Tube dislodgment (tube moving out of place).
- Blockage by mucus, blood clots or sputum.
- Complications with the stoma following removal of the tracheostomy tube.

We will explain these complications to you in more detail prior to the procedure, before we ask for your consent for the procedure to go ahead.

What if I am unable to give consent?

If you are sedated or too unwell to give consent for the tracheostomy to take place, the Consultant Anaesthetist will discuss the procedure with your family.

Medical staff who are caring for you and providing treatment are also able to make decisions about your care, when it is thought to be in your best interests. These decisions will always be discussed with your next of kin first before a final decision is made.

Tracheostomy bed signs

When your tracheostomy tube has been inserted, a tracheostomy bed sign will be placed by your bedside for as long as you have the tracheostomy in place. This sign gives us important information about your tracheostomy tube, such as the type of tracheostomy you have, its size and when it was inserted. We will need your permission to display this information.

Will the tracheostomy affect my speech?

Most tracheostomy tubes have an air filled cuff near the end of the tube (see diagram on page 5). When the cuff is inflated you will not be able to speak. This is because air cannot pass through your vocal cords.

As you recover, the specialist team will decide if you still need the cuff to be inflated. When the cuff can be deflated, air will be able to pass through your vocal cords, which will allow you to start speaking. You may need a device called a 'speaking valve' to make your voice stronger.

Being unable to speak can be frustrating and sometimes frightening. We are used to taking care of people with a tracheostomy tube and will encourage you to use gestures, writing, lip reading, and alphabet and communication charts.

Will I be able to eat and drink?

You may be able to eat and drink with the tracheostomy tube in place, but this will depend on the reason for your tracheostomy, as your swallowing may be affected. If we are concerned about your swallowing, you will be referred to the Speech and Language Team for further assessment.

Before you are able to eat and drink, the cuff on the tracheostomy tube needs to be deflated and you need to be able to cough strongly enough to clear your own secretions. It is important that you get enough food, to give you the energy to help you recover. If you cannot swallow you will be fed through a thin tube into your stomach.

When will my tracheostomy tube be removed?

This will depend on your medical condition and treatment and can vary from just a few days to several weeks. A small number of people may need to have a tracheostomy for longer than this. The tube is usually removed when you no longer need any help with your breathing.

When the tracheostomy tube is removed, a dressing will be put over the stoma site. This hole will usually heal on its own within 7 to 10 days.

To begin with, you will be aware of air leaking through the hole, but this will stop as the hole starts to heal. To help the hole to close, you or someone caring for you will be taught how to support the dressing on the stoma site when you talk and when you cough.

Who will be involved in caring for my tracheostomy?

We are trained to care for you while you have a tracheostomy and you will be supported with regular visits from specialist teams when you are in hospital. This may include the Critical Care Follow-Up Team, doctors, nurses, speech and language therapists, physiotherapists and anaesthetists. If you are discharged from hospital with the tracheostomy, you will continue to receive support from the Outpatient and Community teams.

What if my tracheostomy tube is permanent?

If you are going to be discharged home with a tracheostomy, we will give you further information on how to care for it. You or the person who will be looking after you will be given training and support before you leave hospital.

Are there any long term problems after a tracheostomy?

You may occasionally experience some pain or discomfort in the area where the tracheostomy tube was. You may notice this more when speaking, swallowing or coughing and occasionally when you move your head (for example, up or down or from left to right). This should get better as you recover.

If any problems continue, please contact your GP. You may need be referred to a specialist for further investigation.

How can I get advice after I leave hospital?

You should seek advice from your GP if you have any of these symptoms:

- Difficulty swallowing.
- Vomiting shortly after eating/drinking.
- Coughing or difficulty breathing during or shortly after eating or drinking.
- Noisy breathing during the day or night (this includes snoring if you didn't snore before you had a tracheostomy tube). This may often be noticed by family or friends.
- A tracheostomy scar which is raised or uncomfortable. It may take several months for the scar to settle after the tube has been removed.
- New pain or discomfort around the stoma site (particularly when swallowing).
- A hoarse, weak, or whispering quality to your voice, that lasts for more than one week.

You should call for an ambulance (dial 999) if your breathing becomes difficult or noisy whilst you are at rest.

If you have any questions about your tracheostomy or the care you (or your relative) are receiving, please discuss these with a member of the team.

How to contact us

If you need to speak to the Ward after you have left hospital, please call the hospital switchboard. They can put you through to the Ward you were staying on.

Telephone: **0300 304 7777**

Your Ward details:

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To help us find your records more quickly, please have your personal information ready. Your personal details are:

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
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