

**Information for patients,
relatives and carers**

Having a tracheostomy

Derriford Hospital
Derriford Road
Plymouth
PL6 8DH

Tel: 0845 155 8155
www.plymouthhospitals.nhs.uk

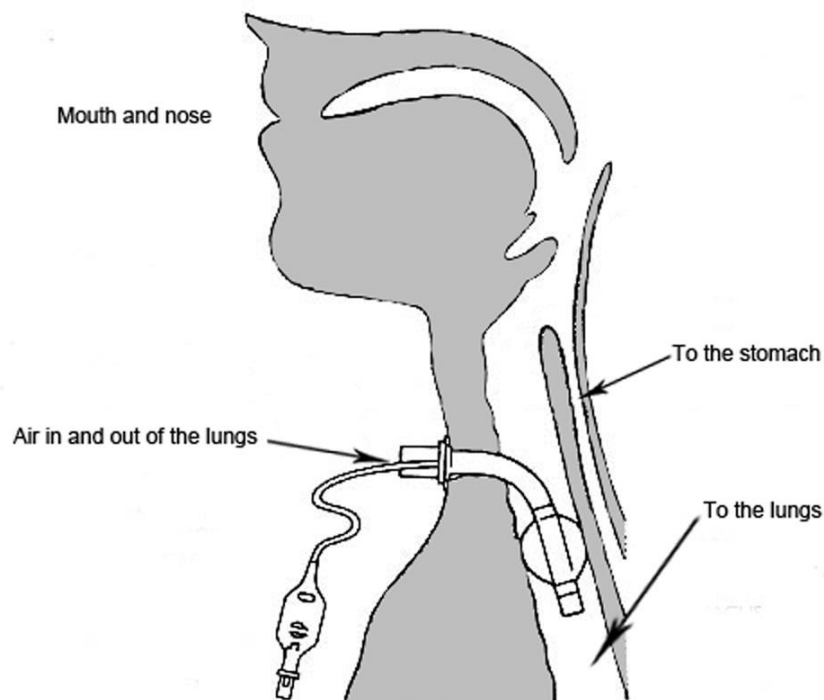
Introduction

This leaflet has been written for patients and their relatives to explain a tracheostomy and how the procedure is performed.

What is a tracheostomy?

A tracheostomy is a small tube, which fits into the windpipe to help patients breathe. A tracheostomy is done under general anaesthetic, when a doctor makes a small incision in the patient's neck, and then inserts the tube through this incision. The tube is held in place externally by securing tapes around the neck and internally by a small inflatable balloon.

The nurse caring for you or your relative will make sure that the tube is kept secure and the area where it is inserted is kept clean.



Why is a tracheostomy tube needed?

Most patients who need a tracheostomy have difficulty breathing for themselves through their nose or mouth or they have problems with their swallow or cough mechanisms. Some patients also need help from an artificial breathing machine (a ventilator). On intensive care or in the operating theatre the ventilator is usually connected to a patient's windpipe via a tube through their mouth (or occasionally through their nose). For those patients needing support with breathing for several days or more, or who have difficulty with their swallow or coughing up their chest secretions, a tracheostomy is sometimes advised. A tracheostomy is usually more comfortable and for patients on a ventilator it can make the process of becoming independent of the ventilator easier and more gradual.

The tracheostomy tube helps patients to breathe by providing a direct and clear route for air into the lungs. It also provides nurses/physiotherapists with access to the lungs for 'suctioning', when secretions like phlegm need to be removed.

What are the risks?

The formation of a tracheostomy is done under a general anaesthetic and is usually free of complications but as with any surgical procedure, there are risks associated with having a tracheostomy.

There is a risk of developing an infection at the site of the tracheostomy, as the tracheostomy tube bypasses the body's upper airway natural defences (nasal hair and mucus membranes) that filter out dust and bacteria.

An infection may require the use of antibiotics. Pressure from the tracheostomy may lead to some bleeding in the surrounding tissues and, in a small percentage of **cases**; this can result in excessive bleeding which requires the patient to have an operation to seal off the blood vessel. There is also a very small risk of **death**; however, the team will have carefully assessed the balance of risks and benefits for a patient before the tracheostomy is recommended. Wherever possible these risks and the implications of not having a tracheostomy will be discussed with you and your relatives prior to the procedure being carried out.

The alternative treatment to tracheostomy is to continue with a tube in the patient's mouth, which is more uncomfortable and makes communication more difficult. It also means that the patient will remain sedated for longer and it may take longer to become independent of the ventilator.

Why is it necessary to remove phlegm by suctioning?

A patients' ability to cough and clear the lungs naturally is often reduced because of general muscle weakness

and the length of time they have to spend in bed in hospital. Suctioning helps to treat and prevent patients getting chest infections, by clearing the phlegm from the lungs.

This process can be a little unpleasant, but it is important for the lungs to work efficiently and patients to breathe comfortably. Please be assured it will only be carried out if the staff caring for you or your relative think it necessary.

What about speaking?

When the cuff of the tracheostomy tube is inflated air cannot pass through the voice box. During this time the staff will help with communication. This may be by using writing, mouthing words or aids such as picture and letter boards.

As care progresses the nurses, physiotherapists or speech & language therapists may assess speech by deflating the cuff and using a speaking valve. The voice should return to full strength once the tracheostomy tube is removed.

What about swallowing?

A patient will be unable to eat and drink if they are attached to the ventilator. During this time they will receive all the nutrients that they need by a feeding tube, usually inserted through the nose.

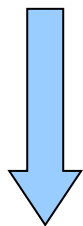
If a patient is not on a ventilator it may be possible to eat and drink with the tracheostomy tube in place. However,

sometimes the tube can make swallowing difficult. If the nurses think that there is a swallowing problem they will make a referral to a speech and language therapist who will assess swallowing and make appropriate recommendations.

When will the tracheostomy be removed?

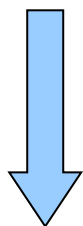
The team responsible for you or your relative's care will decide on the best time to remove the tracheostomy tube. The assistance received with breathing from the tracheostomy tube needs to be reduced gradually. This is called weaning. The usual process for weaning is shown in the following diagram:

Tracheostomy balloon is deflated



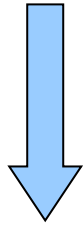
The amount of time that the balloon is deflated will be gradually increased

A speaking valve is placed over the opening



This will allow you to use your voice

The size of the tracheostomy tube may be reduced and further assessment will take place



The tracheostomy is removed.

This process can take several days or weeks, depending on your or your relative's condition

How is the tracheostomy tube removed?

When the tracheostomy tube is no longer needed it will be simply removed and covered with an airtight dressing. Within a short time (usually one to two weeks) the hole closes and heals over leaving a tiny scar.

For more information

If you have any questions or would like more information about the tracheostomy, please speak to one of the team who are caring for you or your relative.

**This leaflet is available in large print and
other formats and languages.
Contact: Patient Services
Tel. 01752 763031**

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