

Tracheostomy

A guide for patients
and relatives

Patients in Critical Care may require a tracheostomy tube placed in their neck to help with breathing. If you or your relative requires this procedure, this leaflet provides you with information you may find useful.

What is a tracheostomy?

A tracheostomy is a short procedure to create an opening in the front of the trachea (windpipe), through the skin of the neck. A small plastic tube is inserted through the opening and sits in the trachea. This is held in place with a dressing which ties around the neck. The procedure may be performed in the operating theatre or in Critical Care.

A tracheostomy may be performed 'percutaneously' or 'surgically'. Whichever method is used, the patient will be given a general anaesthetic. The percutaneous (meaning 'through the skin') techniques involves making a small opening in the skin on the front of the neck. This is normally performed in the Intensive Care Unit.

The open surgical technique involves making an incision into the neck, which is usually performed in the operating theatre.

Why might you need a tracheostomy?

A number of patients may need help with their breathing through a tube in the mouth, into the windpipe. This is attached to a breathing machine (ventilator) which aids breathing.

If this is required for several days or more, these patients may benefit from the tube in their mouth being changed to a tracheostomy tube.

Advantages of tracheostomy

- Tracheostomies are more comfortable than a tube in the mouth and patients are able to be awake, sit out in a chair and even walk around.
- A tracheostomy makes it easier to keep the lungs clean. It enables staff to clear secretions (sputum) by passing a thin tube briefly into the tracheostomy tube and sucking out any secretions. This may cause some coughing.
- Tracheostomies can make it easier to reduce the level of support provided by the ventilator.

These factors can all lead to a speedier recovery.

Most tracheostomy tubes have a cuff located near the end of the tube. When the cuff is inflated it prevents secretions leaking into the lungs (going down the wrong way).

When the cuff is inflated you will not be able to talk. However, once you are able to breathe without the ventilator, the cuff can be deflated and a device called a speaking valve can be attached which will enable you to speak.

During your hospital stay you will be able to communicate with the staff and your family using pen/paper, picture boards, gestures and lip reading. This process can be slow and many patients find it frustrating initially.

When the cuff is inflated it is also difficult to swallow, however once you are breathing independently you will also be able to start eating and drinking.

Prior to this most patients are fed through a tube from the nose into the stomach (NG feeding).

Associated risks of tracheostomy

As with any procedure there are potential complications with a tracheostomy. These include:

- Tube displacement/blockage
- Bleeding in the neck area
- Damage to the windpipe and surrounding structures
- Infection

These complications are uncommon but, if any occur, steps can be taken to treat them.

The decision to perform a tracheostomy is only taken if the benefit to the patient is greater than the potential risks.

How long will you have your tracheostomy?

This depends on the individual and the speed of recovery; however most are short term. The tracheostomy will be removed once you are able to breathe independently and cough up your secretions.

The tracheostomy hole is covered with a dressing and normally heals quickly (one to two weeks) leaving just a small scar.

If you would like more information or have any questions please ask the staff on Critical Care who will be pleased to help.

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