

**Patient
Information**

Temporary tracheostomy

Introduction

The doctors looking after you are considering performing a tracheostomy to help with your overall treatment on the Department of Critical Care (DCC). This leaflet will explain the benefits and risks of the procedure and the continuing care of the tracheostomy.

What is a tracheostomy?

A tracheostomy is a surgical opening (hole) in the neck where a tube is passed into the wind pipe to help you breath. This is intended as a temporary measure and will replace the current tube in your mouth. When the tracheostomy is removed the wound will heal leaving a small scar. This is a common procedure and is performed in most patients who we expect will be ventilated (breathing supported on a machine) for more than 5 days.

A tracheostomy is a small operation is usually performed on DCC by one of the senior intensive care doctors. You will be given an anaesthetic so that you are asleep and unaware of the procedure. In some cases this procedure is performed in theatre.

Benefits

- A tracheostomy can be a lot more comfortable than a tube in your mouth and makes it easier for you to breath while on the ventilator.
- The tracheostomy will allow sedation to be reduced. This means you are more likely to be aware and therefore reduces the risk of the complications associated with the sedative medications such as delirium (an acute onset of confusion).
- A tracheostomy allows easier removal of chest secretions while you are ill and also helps with the recovery of your lungs.
- A tracheostomy can help with communication as you are often awake.

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- Bleeding either at the site of the tracheostomy or into the windpipe.
- Infection.
- Blockage of the tube. We minimise this risk by having an inner tube which is removed and cleaned regularly.
- Displacement of the tracheostomy tube, the highest risk is during the first 48 hours. This has to be balanced against the accidental displacement of the oral tube already assisting with your breathing.
- There may be some narrowing of the trachea. In extreme cases this could cause long term problems with your breathing and make it hard for you to breath without a tracheostomy. Surgery may be needed to widen the airways and may involve implanting a small tube called a stent to keep the airways open.

Rarely, the complications listed above may be very serious and even result in death.

The consultants looking after you believe this risk is small in comparison to the benefits you will receive.

Care of a patient with a tracheostomy**Oxygen and humidification**

Oxygen or support with your breathing via a ventilator (breathing machine) will be given via the tracheostomy tube rather than via a face mask.

The flow of oxygen can be quite drying to your lungs and airways so the oxygen will be humidified (water vapour) and warmed via our equipment. This will improve your comfort and loosen any phlegm that you have on your chest making it easier to cough or suction off. You may also have regular nebulisers to help with this.

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Coughing and suctioning

You are encouraged to breathe deeply and cough regularly. You should also perform the breathing exercises you have been shown by the physiotherapist. This will help prevent further chest complications and work towards the removal of your tracheostomy. The physiotherapist will continue to see you while you have the tracheostomy in place to help in gradually increasing the amount of time off the ventilator until you are able to manage without the ventilator

Communication

Your tracheostomy tube will sit below your vocal cords (voice box) which means you will be unable to talk.

This is a temporary situation and you will regain your voice once the tube is removed. In some situations we may be able to help you vocalise with the use of a speaking valve, but this is dependent on your individual situation.

We have whiteboards and communication boards available for you to use. Patients have found these useful for communication.

Eating and drinking

While the tracheostomy tube is in place it may affect your ability to swallow; therefore initial attempts at drinking will be supervised by nursing or physiotherapy staff. If you have problems swallowing you will be referred for a swallowing assessment. If your swallow has been affected you may be asked to wet your mouth with water rather than drinking.

It may be necessary to supplement your diet. A small feeding tube will be passed up your nose and into your stomach. This is normally a short term measure and will not cause any long term complications.

Your sense of taste and smell may be altered. This usually returns to normal once the tracheostomy tube is removed.

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Removing the tracheostomy tube

Most tracheostomies are temporary. Usually, the tube is removed when the reason for its insertion has resolved and you have regained sufficient strength to be able to breathe deeply and to cough effectively. The decision of when to remove the tube will be made by your physician, the Intensive Care Team/Outreach Team and your physiotherapist.

Removal of the tracheostomy tube can be done on the ward, sedation or anaesthetic will not be needed. Removing the tube takes less than 5 seconds but will leave a small hole in your neck. A dressing will be placed over this hole until it has healed

After the tracheostomy has been removed you will find that air and phlegm continue to come out through the hole. This is completely normal and not a sign that something has gone wrong. Within a few days the hole will start to heal over and any phlegm should stop leaking.

In the meantime when coughing or talking, try to support the dressing by covering the hole with your fingers to prevent air leakage. The wound (hole) will be re-dressed as necessary.

You may still need oxygen and physiotherapy after the tube is removed.

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