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## Tracheostomy Guide

This guide will help you better understand tracheostomy – what it is, why it's needed, how it affects the throat, and what changes it can bring to a person's life.

- [What Is a Tracheostomy?](#)
- [Caring for a Tracheostomy](#)

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## What Is a Tracheostomy?

A tracheostomy is an opening in the front of the neck that's made during an emergency procedure or a planned surgery. It makes an airway for people who are not breathing on their own, cannot breathe well, or have a blockage that is affecting their breathing. Sometimes people who have a disease, such as cancer, may need a tracheostomy if their disease is expected to soon cause breathing problems.

During a tracheostomy procedure, an opening is made in the trachea (windpipe). A tube is then inserted into the trachea through the opening. The person then breathes through the tube.

A tracheostomy may only be needed for a short time (temporary), but sometimes a tracheostomy may be needed for the rest of a person's life (permanent):

- A **temporary tracheostomy** may be used when there is a blockage or injury to the windpipe. It can also be used when a person needs to be on a breathing machine (ventilator), such as for severe pneumonia, a major heart attack, or stroke.

- A **permanent tracheostomy** might be needed if part of the trachea needs to be removed because of a disease such as cancer.

A tracheostomy is often considered a "percutaneous" procedure, meaning it can be done without the need for open surgery. For patients who are in the emergency room or a critical care unit where they can be watched closely, a tracheostomy is often done as a "bedside procedure" right in the room. It can also be done as part of a planned surgical procedure when other problems are being taken care of, such as during cancer surgery.

When you look at a tracheostomy opening (*stoma*), you may see part of the trachea lining (the *mucosa*), which looks a lot like the inside lining of your cheek. The stoma will look like a hole in the front of your neck, and may look pink or red. It's warm and moist and secretes mucus.

## What does a tracheostomy do?

It's important to know a tracheostomy affects the trachea (windpipe). It's different from a laryngectomy, which affects the larynx (voice box). A tracheostomy is done to help someone breathe while a laryngectomy is done when the larynx needs to be removed and separated from the airway.

Usually, air needed for breathing is inhaled (enters) into the nose or mouth, goes through the trachea, and then into the lungs. Then it is exhaled (exits) from the lungs, back through the trachea, and out the nose or mouth.

With a tracheostomy, if a person's lungs still work well, they breathe through the tube that's directly in the trachea instead of breathing through the nose or mouth. But if a person's lungs are not working well, or if the muscles or nerves that help with breathing are affected by a disease, a breathing machine is used to help push air in and out of the tracheostomy tube.

## Types of tracheostomies

Depending on the problem being treated, a tracheostomy can be either temporary or permanent.

If the plan is for a tracheostomy to be temporary, how long it is left in place depends on why it was done and how long that problem will take to get better. For example, if a tracheostomy is needed because radiation therapy is expected to damage the trachea, the trachea will need to heal before the tracheostomy can be removed. Or if a patient

needs help from a breathing machine, the problem that caused the tracheostomy will need to heal or be fixed before the tracheostomy can be removed. If the tracheostomy was done due to a blockage, injury, or disease, the tube will probably be needed for an extended period of time.

A tracheostomy could possibly be in place for the rest of the patient's life, if part of the trachea needed to be removed or if the problem doesn't get better.

A tracheostomy tube is either *cuffed* or *uncuffed*. The cuff is a seal that inflates inside the trachea to block air from leaking around the tube. It forces all air going in and out of the lungs to go through the tube, and stops saliva and other liquids from accidentally reaching the lungs.

- A cuffed tube is often used when a patient is on a ventilator or needs help from a breathing machine. The cuff pressure is monitored by the health care team and adjustments are made to the breathing machine as needed.
- Uncuffed tubes are used for patients who do not need a ventilator or help from a breathing machine. With an uncuffed tube, some air can still flow around the tube and up through the trachea to the larynx.

A tracheostomy may or may not have an *inner cannula*, depending on the type you have and the reason it's been done. An inner cannula is a liner that can be locked into place and then unlocked so it can be removed and cleaned.

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## Caring for a Tracheostomy

Tracheostomy tubes need to be kept clear and clean. Taking good care of your tracheostomy will help prevent infection, plugs or blockages, and breathing problems. When your tracheostomy is new and you're still getting used to it, your health care team will handle caring for it. If you're going home with a tracheostomy, your health care team will be sure you know how to take care of your tracheostomy, that you have the supplies you need, and that your caregiver knows what to do too. You will probably have help from home health care nurses to get you settled at home.

### Keeping the tube in place

Securing your tracheostomy tube will help prevent the tube from accidentally coming out (dislodging or displacement). A tracheostomy opening will close up if the tube comes out and this can be dangerous. There is a higher chance of this happening in the first week or two while the tissue in the opening is still healing. If the tube does come out, you won't be able to breathe well, and might not be able to breathe at all if the stoma closes off completely.

Your health care team will be sure your tracheostomy is secured using a dressing and tape. Sometimes patients have stitches when their tracheostomy is very new. If your tracheostomy is in place for a long time or is permanent, the dressing and tape might not be needed after a certain amount of time has passed and when certain complications are not expected.

### Suctioning the tracheostomy

Regular suctioning of a tracheostomy is often needed to keep the tube and opening free from extra mucus and drainage (secretions) that come from the lungs and tissue around the stoma. Sometimes these secretions can be cleared by coughing, but sometimes they can cause the tube to become plugged. This is more likely to happen when a tracheostomy is new or if you have other problems that are causing lots of secretions. Your health care team will listen to your lungs and chest area, and will monitor your oxygen level and amount of secretions.

If your tracheostomy needs to be suctioned, a clear tube called a *suction catheter* is put into the tube and hooked up to a machine that sucks out the extra secretions. This can be uncomfortable, but is needed to keep your airway clear.

If your tracheostomy has an inner cannula (a liner), it needs to be cleaned. Some inner cannulas are disposable, and others are reused after being cleaned. The cannula can be replaced with a new cannula if damaged or if a blockage cannot be cleared.

If secretions are very thick, or too thick to suction easily, you may have a humidifier in your room or at your bedside. A humidifier will help warm, moisten, and filter secretions so they are easier to clear and remove. Your health care team may also use small amounts of a solution when they are cleaning and suctioning to help loosen secretions.

How often suctioning is done depends on many factors. Newer tracheostomies may be suctioned frequently. The number of times a tracheostomy is suctioned per day will decrease over time, as long as the secretions are able to be cleared by coughing and no other problems happen. But sometimes the amount of secretions can change, so suctioning needs will vary.

## **Cleaning the tracheostomy**

If your tracheostomy has an inner cannula, the cannula is removed regularly to be cleaned. This is to be sure it doesn't become plugged. You may also have an extra inner cannula to keep at your bedside in case the one being used can't be cleared or comes out.

## **Bathing**

When taking a bath or shower, you should avoid getting water into the tracheostomy. Water that gets in can go into your lungs. It's a good idea to cover the tube with something that still allows air to get in but doesn't let water in, such as a piece of gauze. You can also shower with your back to the water.

## **What to wear when you have a tracheostomy**

You do not need special clothes for everyday wear. But you'll want to avoid clothing that's too snug or that blocks the tube so your airway stays clear.

## **Caring for the skin around your stoma**

Your health care team will clean the area around your stoma regularly. They will use different supplies depending on the type of tracheostomy and any problems you may be having.

If you're going home or caring for your tracheostomy yourself, it's important to let your health care team know of any reddened or swollen areas that you notice around your tracheostomy tube. This can be a sign of infection or other problems.

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