

Tracheostomy

Information for patients
& families



Adult
Critical Care

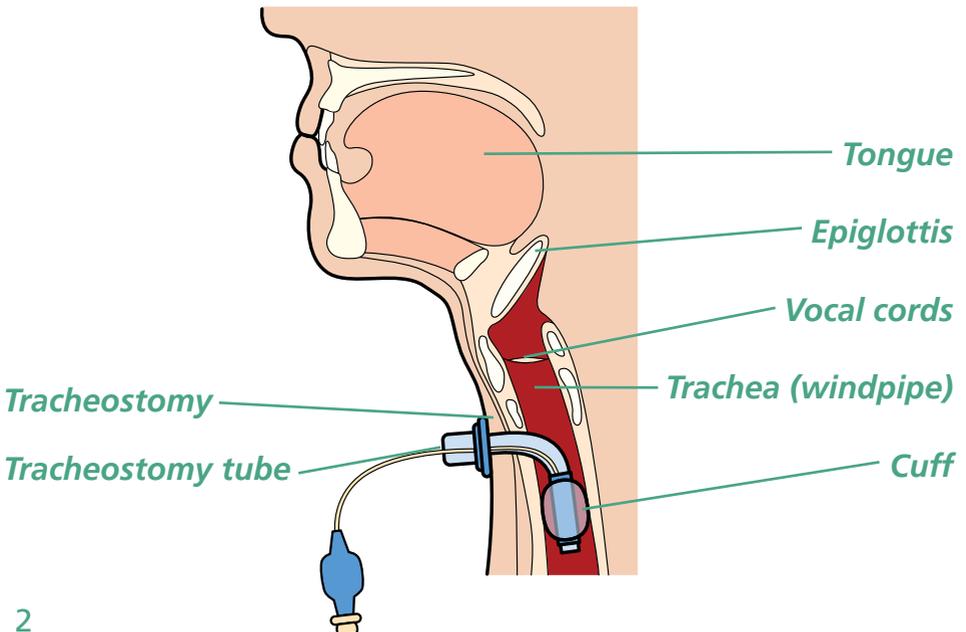
Introduction

The aim of this leaflet is to provide some information and advice that will help you to understand what it means to have a Tracheostomy. Included are common questions and answers that might be of use to you. The doctors will discuss this procedure and its' benefits and risks with you in person before proceeding, or with your family if you are unable to.

Please do not hesitate to ask a member of staff if you have any questions.

What is a Tracheostomy?

A Tracheostomy is a hole made in the front of the neck through the trachea (windpipe), to allow a breathing tube to be put in which replaces the breathing tube in the mouth. A patient can be ventilated via this tube or breathe on their own through this.



Why a tracheostomy might be needed?

Many patients in ICU require help with their breathing. If this help is needed for a long time, they may benefit from the insertion of a Tracheostomy. Most Tracheostomies are only needed for a short period of time, with some people needing them for longer due to specific conditions.

What are the benefits?

- A Tracheostomy is more comfortable than a tube in the mouth so most patients with a Tracheostomy require little or no sedation.
- Sedation can be reduced or stopped allowing patients to start breathing for themselves. This may reduce the amount of time on a ventilator.
- Better oral hygiene can be provided which can reduce the risk of chest infections.
- It is easier to communicate with a person who has a Tracheostomy as they are often able to mouth words. With less sedation, patients can often use a whiteboard and pen to aid with communication.
- When it is appropriate patients can be assessed with the one-way valve to allow them to start vocalising.
- Physiotherapy can be started, allowing patients to join in with rehabilitation and can sit out of bed in a chair.
- Nurses and physiotherapists looking after a patient with a tracheostomy can suction the chest, which may reduce the incidence of a chest infection.

Are there any complications or side effects?

- As with any surgical procedure complications can happen but these are rare. During the procedure there may be a risk of bleeding, lung collapse or misplacement of the tube.
- The Nurses and Doctors are aware of these risks and are ready to deal with them if they should occur.
- Longer term complications include infection, scarring, and voice changes.
- In most people, the benefits of having a Tracheostomy are much greater than the risks.

Where do we do it?

Tracheostomies are most commonly carried out on the ward at the bedside by two Anaesthetists or an Anaesthetist and an Advanced Critical Care Practitioner. The procedure will occur under a general anaesthesia so no pain will be felt.

Occasionally, some people need to go to the operating theatre for their Tracheostomy. If this is the case we will tell you why and when in advance and an Ear, Nose and Throat (ENT) surgeon will perform the Tracheostomy.

Is it possible to eat and drink with a Tracheostomy?

Nutrition is often provided via a feeding tube that is passed through the nose and down into the stomach. When a patient has a Tracheostomy, there can be difficulties with swallowing. Eating and drinking can be unsafe, meaning that food and drink may pass into the airway and cause a chest infection. Patients with Tracheostomies are referred to the Speech and Language Therapists (SLT) to assess the safety of eating and drinking.

Sometimes the swallow assessment involves a thin camera which is passed through the nose to the top of the airway. This is called a Fibreoptic Endoscopic Evaluation of Swallow (FEES).

If it is safe, therapists will make recommendations for eating and drinking. There may also be some therapy techniques recommended to help improve the swallow if there is a difficulty.

Can patients with tracheostomies speak normally?

When a patient has a breathing tube, normal speech is not possible as air does not pass through the vocal cords. We find other ways to communicate such as writing, word and picture boards.

If it is appropriate the tracheostomy cuff can be deflated and we can insert a small piece of equipment into the breathing tubing called a one way valve or Passe-Muir Valve (PMV). This allows the air to pass their vocal cords and make sounds. When this happens, their voice may sound deep and croaky because air has not passed through their vocal cords in some time. This can aid speech but it is also quite tiring as it requires a different way of breathing to what your relative/friend has been used to. Sometimes people can only tolerate the valve for a few minutes before it needs to be removed again.

When will the tracheostomy be removed?

The decision to remove a Tracheostomy will be a joint decision by the Doctors, Nurses, Physiotherapists and sometimes the Speech and Language Therapists.

Sometimes people only require a Tracheostomy for a few days.

Other people require the Tracheostomy for a period of weeks or months. Removal is dependent on the condition of the person, including factors such as how awake and alert they are, their swallowing ability and how strong their breathing is. Assessments of this happen every day, but sometimes it is difficult to know how long the tube is required for.

When the decision has been made that the tube can be safely removed the Nurse/Doctor/Physio will proceed. It is a simple and quick procedure where the tube is removed and the hole in their neck is covered with a sticky dressing. They may require oxygen through their nose or mouth as they are now breathing through their nose and mouth again. Their voice may be quite husky for some time after removal.

Once the tube is removed healing of the Tracheostomy hole can begin. Individuals vary in their rates of healing. There is rarely any need for stitches as the trachea closes tightly once the tube is removed. Most patients end up with a small scar once healed which is often disguised as a skin crease. If speech problems persist, the specialist Speech and Language Team may continue involvement in their care. The ICU follow-up clinic can also assist with these issues.

Role of friends and family

People with Tracheostomies on Intensive Care can vary with the amount of breathing support that is needed, and are often weaning from support. This requires a considerable amount of effort and motivation. Family and friends are helpful simply by being there and can provide positive feedback and encouragement through this process.

However, this is a tiring process and it is important to recognise that they also need plenty of rest and sleep to help the recovery process.

It can sometimes be alarming and overwhelming to see a patient with a breathing tube in the neck. If you require any additional information or reassurance please do not hesitate to speak to a member of staff.

Tracheostomy bed signs

You should see this sign around the bed space of your relative/ friend.

This gives the Nurses, Doctors and therapists information about the type and size of the Tracheostomy and how the Tracheostomy was inserted, for example, if it was inserted in surgery or on the unit.

This patient has a -


The Leeds
Teaching Hospitals
NHS Trust

Tracheostomy

There is a potentially patent upper airway (Intubation may be difficult)

Performed on (date):

Tracheostomy tube size:

Transfer date:

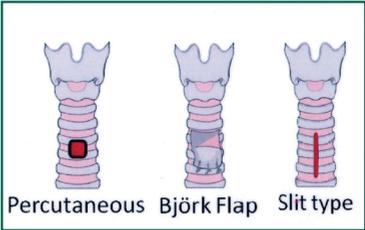
Tube in-situ (type):

Cuff inflated: Yes No

Review date:

Last seen by SALT:

Patient ID label



Percutaneous Björk Flap Slit type



See reverse for emergency management

Useful websites:

www.nhs.uk/conditions/tracheostomy

www.tracheostomy.org.uk

If you require an Easy Read Tracheostomy information leaflet please ask a member of staff.



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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