

Greenwich Hospital

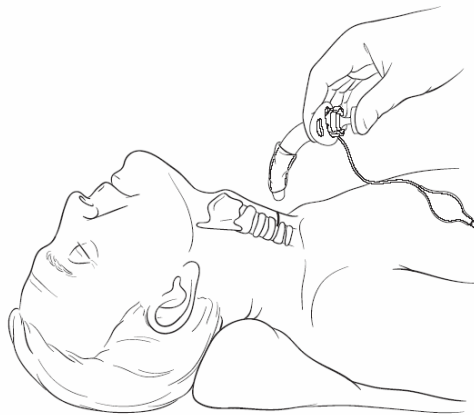
What is a Tracheostomy

PATIENT/FAMILY INFORMATION SHEET

What is a tracheostomy?

A tracheostomy is an opening (stoma) from the trachea, or windpipe, to the outside of the body. A surgical incision is made into the trachea for the purpose of creating an airway to breathe. This procedure is called a "tracheotomy." A tube (tracheostomy tube) is placed in the trachea during this surgery, just below the voice box. Because the tube lies below your voice box, you will not be able to speak unless you have a tracheostomy tube inserted that has a small hole in it to allow air to pass by the voice box.

Creation of a tracheostomy may be an emergency, temporary, or permanent procedure depending upon your individual needs. The most common reasons for performing a tracheotomy are to bypass an upper airway obstruction or an injury.



Source: Mallinckrodt Inc. Retrieved 4/05 from www.mallinckrodt.com

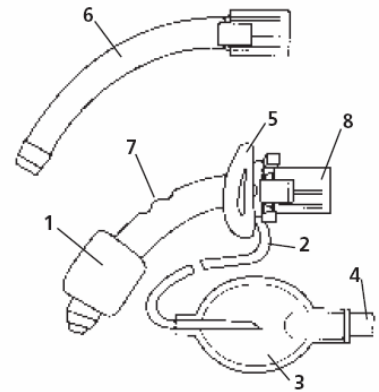
What does the tracheostomy tube look like?

There are different types of tracheostomy tubes, and your doctor will order the tube that best meets your individual needs.

Every tracheostomy tube has an inner tube, or cannula, and an outer cannula. The inner cannula can be removed for cleaning purposes.

- Some tubes have small, plastic cuffs at the end that form a seal against the wall of the windpipe. When inflated, this cuff stops the air from flowing through the mouth and nose. This is called a "cuffed" tracheostomy tube. The cuff is inflated by attaching a special syringe called a Luer Valve syringe to the end of the inflation line.
- A tracheostomy tube without a cuff is called "cuffless" and it allows air to travel through the nose and mouth.
- Some tubes have small holes in them to allow air to pass through the tube and voice box to allow speech. These tracheostomy tubes are called "Fenestrated." The inner cannula must be removed when speaking to allow the air movement.

1. **Cuff**
2. **Inflation Line**
3. **Pilot Balloon**—When inflated, it lets you know that there is air in the cuff.
4. **Luer Valve**—Where the syringe is attached to inflate the cuff.
5. **Neck Flange**—This is the plate that is used to position and fastened the tube in place. Ties are used for fastening.
6. **Inner Cannula**
7. **Fenestration**—holes in the outer cannula to allow air passage. A regular tracheostomy tube would have a solid outer cannula.
8. **Connector**—This is part of the tube that is used to connect other breathing equipment when needed.



Are there complications after the tracheotomy?

You will be taught by your health care providers how to care for your tracheostomy, including how to remove the inner cannula. Call your doctor if:

- You are unable to remove the inner cannula when you go home; **do not force it.**
- Your outer cannula becomes dislodged out of your neck stoma. If you are having difficulty breathing, dial 9-1-1 immediately.
- You develop signs of infection at the stoma site. These symptoms include:
 - Swelling at the stoma site
 - Foul-smelling mucus
 - Bright red blood in the mucus
 - Fever over 100 degrees F.
 - Large amounts of mucus production

What lifestyle changes will I need to make?

It is important to maintain as normal of a lifestyle as possible. Your doctor will advise you as to when you can return to normal activities. Some tips to incorporate into your lifestyle in the care of your tracheostomy are listed below.

- Normally, the air you breathe is warmed and moistened by your nose and mouth. With a tracheostomy tube, air must be moistened other ways. It is important to drink fluids and to use a humidifier, unless contraindicated by your doctor.
- It is important to prevent illness. Avoid contact with others who are ill. The influenza and pneumonia vaccine are also an important part of illness prevention.
- Eat a healthy diet and to get plenty of rest.
- Wear clothing that will not block the tracheostomy opening. Also avoid clothes that shed fibers or lint. It is best to wear v-neck or open-collar shirts.
- If you go outside in the cold weather, it is important to loosely cover the tracheostomy tube with gauze or a lint-free kerchief to warm the air you breathe and to prevent cold air from irritating your windpipe.
- When taking a shower, wear a protective cover or shower shield over the tracheostomy and direct the water spray at your chest, not your face and neck. Be careful to keep soap, water, powders, and sprays away from your stoma.
- You will need to clean your tracheostomy tube at least daily, and you may require periodic suctioning. See the patient education handouts for the procedures to clean your tracheostomy and to perform suctioning.

For more Patient Fact Sheets, see the Greenwich Hospital web site at www.greenhosp.org and Click on Patients & Visitors, then Patient Education 4/05