What is a tracheostomy

A tracheostomy (or "trachy") is a small plastic tube inserted into the front of the neck to help someone breathe.

What does it do?

A tracheostomy provides an "artificial airway". We normally breathe in and out through our nose and mouth. A tracheostomy is a new, and usually temporary, extra airway which bypasses blockages in the nose/ mouth/ throat. It will be inserted at the time of your surgery to ensure that any subsequent swelling can be bypassed. As this swelling lessens, we work towards removing the tube.

A tracheostomy is an artificial opening at the front of the neck created by a surgical procedure. The opening goes from the skin down into the windpipe (trachea) to create a passage called a 'stoma'. A small plastic tube is inserted into the stoma to keep the hole open and is temporarily stitched to the skin.

Most new tracheostomy tubes have a balloon ("cuff") at the end. Inflating this balloon makes a seal in the windpipe. This stops secretions falling into the lungs from above. It also means that all breathing happens via the tracheostomy tube whereas when the cuff is deflated, some of the air can travel around the tube to pass via the nose and mouth as well.

As the tracheostomy sits below the voicebox (larynx), if the cuff is inflated, no air can pass through the voicebox and therefore it is not possible to speak.

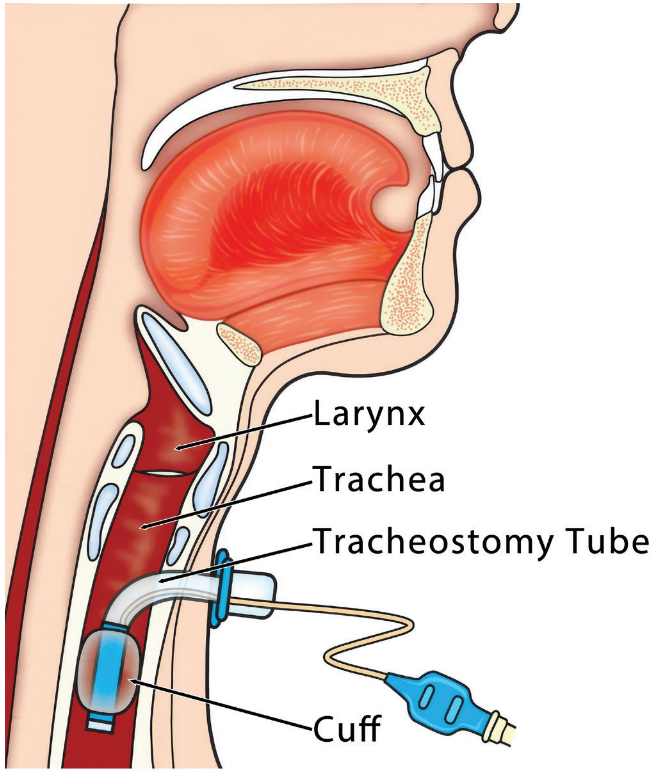


Diagram showing a tracheostomy tube and how it sits in the windpipe (trachea)

Frequently asked questions about tracheostomies:

Will my breathing feel different with a tracheostomy in?

You may have some discomfort at times. You are likely to produce more mucus and need to cough this out of the tracheostomy tube. If it is too difficult to cough it out, the nurses will use small suction catheters to help you clear this away. We also place a humidification end-piece on the tube to warm the air that you are inhaling.

When will I be able to talk?

When the surgeons, medical team and therapists feel that it is safe to deflate the tracheostomy cuff, attempts at voicing will be trialled. This is usually a few days after the operation and will likely be for short periods at a time initially. Prior to this you will write to communicate or perhaps use a phone app which converts your typed message into an audible one.

Why can't I eat and drink with a tracheostomy in?

The tracheostomy tube interferes with swallowing but there are lots of other potential problems that might make eating and drinking risky with a chance of food/ drink entering the lungs and causing infections. Speech and Language Therapists are experts in swallowing and will be involved in decisions around restarting eating and drinking. In the meantime, you will be fed via a tube into your stomach.

What is the wound like?

The stoma is essentially a wound that is not allowed to heal by keeping the trachy tube in place. Once the tube has been removed, the stoma will start to heal and usually closes by itself. A dressing will be placed over the hole whilst it heals.

Will there be a scar?

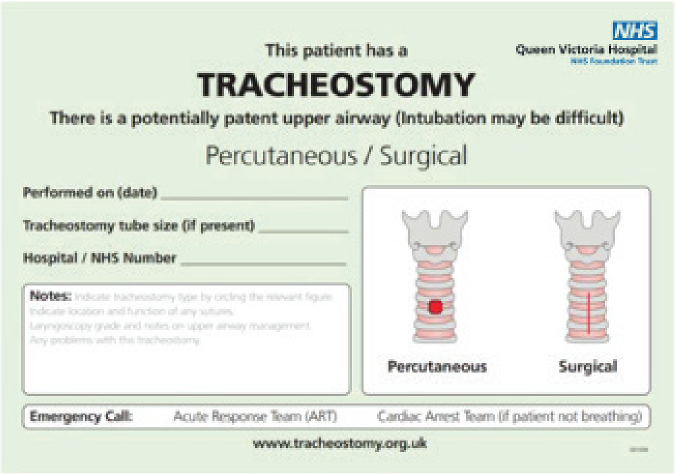
Some scarring is inevitable but often it is hard to see.

Who should I ask if I want to know more about tracheostomy?

Your Clinical Nurse Specialists (CNS), Speech and Language Therapists (SLT) and Physiotherapists (as well as your Doctors) are all specially trained in tracheostomy care and will be very involved with this during your hospital stay.
You can also find information on the National Tracheostomy Safety Project website: www.tracheostomy.org.uk

Tracheostomy bed signs

You should see this sign around the bed space of a patient in the Adult Critical Care Unit



NHS
Queen Victoria Hospital
NHS Foundation Trust

This patient has a

TRACHEOSTOMY

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

Percutaneous / Surgical

Performed on (date) ____________

Tracheostomy tube size (if present) ____________

Hospital / NHS Number ____________

Notes: Indicate tracheostomy type by circling the relevant figure. Indicate location and function of any sutures. Laryngoscopy grade and notes on upper airway management. Any problems with this tracheostomy

Percutaneous **Surgical**

Emergency Call: Acute Response Team (ART) Cardiac Arrest Team (if patient not breathing)

www.tracheostomy.org.uk

This gives the doctors and nurses information about the type and size of the tracheostomy and how it was inserted - for example if it was inserted during surgeryor on Adult critical care unit, and when it needs to be changed.

The change of tube is usually every 28 days unless it is removed sooner.

If you'd like to find out how you can support QVH, please visit www.supportqvh.org

QVH CHARITY

Please ask if you would like this leaflet in larger print or a different format.

SALT
Issue 1 – Ref: no. 0544
Approved by the QVH Patient Information Group
Print Sept 2024 – Review Sept 2027

qvh.nhs.uk

NHS
Queen Victoria Hospital
NHS Foundation Trust

Having a tracheostomy

Information for patients and families