



## **PATIENT INFORMATION**

# Advice for patients having a Tracheostomy

### **What is a tracheostomy?**

A tracheostomy is the making of a hole (stoma) in the front of the neck that goes into the trachea (windpipe.) A tube can then be passed through this hole. This artificial airway allows you to breathe through the tube rather than your nose and mouth. The most common reason for performing a tracheostomy is to bypass a blockage at the top of the throat.

### **What tubes do we use?**

There are different types of tracheostomy tube each specifically designed to meet individual needs. At the time of your operation a cuffed tube is put in place, this will stop any secretions entering your lungs. After a few days this cuff will be deflated, this will enable the addition of a valve to allow you to speak if your airway above the tube is clear and your vocal cords are working normally. This type of tube needs to be changed every 4 weeks, this can be done for you or you can be shown how to do this.

### **What problems can occur?**

#### **Humidification**

When we breathe normally, air is warmed and moistened as it passes through our nose and mouth in its way to the lungs. When a tracheostomy is used this function is lost. Humidification is necessary to prevent secretions becoming thick and sticky, and difficult to remove. You will be shown an assortment of devices to help; specially designed 'bibs' are available on prescription, or a filter that fits over the end of your tube. Sometimes we use a nebuliser machine which can be used at home. Central heating can dry the air in your home and bowls of water placed near radiators may help.

#### **Speech**

Speech is created by air passing through your vocal cords, as you breathe out. As the tracheostomy is situated below your vocal cords, air is breathed out via the tube instead. This prevents the creation of sound in the voice box and it can make communication difficult and sometimes frustrating. There are other ways for you to communicate with the people around you:

- Mouthing slowly and clearly so others may read your lips
- Use of a speaking valve, once the first cuffed tube has been changed. This is fitted to your tube and allows air to be redirected through your vocal cords. The same effect can be obtained through blocking the end of the tube with your finger.
- Writing- use of pen and paper
- Use of gestures e.g. hand squeeze, eye blinks, thumbs up/down etc.
- Use of communication aids e.g. picture/word/alphabet charts

The speech and language therapist will be able to offer further advice and support.

### Swallowing

Some people with a tracheostomy may experience discomfort or difficulty swallowing, or be unable to swallow at first due to the effects of the operation. For some people the presence of a tracheostomy tube may prevent the normal movement of the throat which helps stop things 'going down the wrong way' into the lungs. Not everyone will have these problems. For people who are unable to swallow it may be necessary to be fed artificially for a time. This can be done through a feeding tube via your nose. This type of feeding will be carefully monitored by the dietitian. Speech and language therapists will also be involved in assessing patients with a tracheostomy and can give advice on swallowing.

### Coughing and secretions

Initially the tube will cause irritation in your windpipe, and you may cough a lot. The nurses will remove these secretions by inserting a small tube into the tracheostomy which is connected to a suction machine. Secretion production should gradually decrease and you will be able to remove these yourself by coughing.

### Feelings

For some people having a tracheostomy can be very distressing. Feelings of anger, frustration and depression are normal and it will take time for you to adjust to this change. The support of family and friends is very important so try to be open and honest about how you are feeling. Remember they have to adjust to the change as well.

Only rarely will a tracheostomy need to be permanent, most are used as a temporary measure. Your consultant will be able to discuss with you the length of time your tube may need to be in place.

There are very few restrictions to your life. You must avoid letting water enter your tube, therefore care must be taken when having a bath or shower, and you must **not** attempt swimming. Try to avoid dusty, smoky atmospheres as these may make you cough.

Returning to work should create no problems, unless you work in a very dusty environment where you may find it advisable to wear a cover over your tube.

Sexual relationships can be affected. You may feel you are no longer attractive, or that your partner may be put off by the tube. Sharing your feelings and worries with your partner is important. Wearing a cover over your tube in bed will reduce breathing noises.

**Make of tube**.....

**Size**.....

**Type**.....

**Date inserted**.....

### Contacts:

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