



## **Education**

### **Tracheotomy**

#### **What is a tracheotomy?**

A tracheotomy is a surgical procedure that creates an opening in your neck and windpipe (trachea). A tube is then placed in the opening to keep it open. The procedure makes another way for air to get to your lungs.

The terms tracheotomy, tracheostomy, and trach may be used to refer to both the surgical procedure and to the opening created by the procedure.

#### **When is it used?**

A tracheotomy may be done when you have a problem with your airway and you are not getting enough air to your lungs. If the upper airway is blocked, a tracheotomy can bypass the blockage to provide airflow to your lungs. It is also used to provide oxygen to the lungs more efficiently and to clear secretions from the airway.

Examples of when you might need a tracheotomy are:

- Your upper airway is blocked by swelling, an injury, a tumor, a foreign body, vocal cord problems, or a severe narrowing of the trachea.
- You will be on a breathing machine (ventilator) for a long time.
- You have lots of secretions that you cannot get rid of and so you need frequent suctioning of your airway. For example, you may not be able to swallow saliva because your throat muscles are paralyzed and some of the saliva may go into your lungs.

#### **What happens during the procedure?**

A tracheotomy is usually done in an operating room or in an intensive care unit. Your heart rate and oxygen levels are monitored during the procedure.

First you are given an anesthetic. The anesthetic should keep you from feeling pain during the procedure. Then the surgeon makes a cut (incision) in your neck and trachea in the area of the neck below the larynx (Adam's apple or voice box). A tube is placed in the opening. (The opening is called a stoma, or tracheostomy.) The tube is held in place with a band or laces around the neck.

#### **What happens after the procedure?**

The tracheotomy site will begin to heal and your surgeon will monitor you for a few days. The original tube is usually kept in place for 5 to 10 days. After that a new tube may be used.

If you are on a ventilator, the tube will have a balloon around it that prevents air from leaking. In this case you will not be able to talk. If you do not need a ventilator, a smaller tube may be used that allows air to pass around it. In this case you may be able to talk.

A tracheostomy may be temporary or permanent. If you no longer need it, your surgeon will remove the tube and allow the opening to close on its own. If it does not close in 4 to 6 months, it may be closed with surgery.

#### **What are the benefits?**

You will be able to get oxygen to your lungs. The procedure may save your life.

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## What are the risks?

Problems that a tracheotomy may cause are:

- bleeding
- infection
- damage to the voice box (larynx)
- trouble swallowing
- scarring.

## How do I care for a tracheotomy?

If you still have the tracheotomy when you go home from the hospital, you or your family will be taught how to care for the tracheotomy. This will include cleaning the trach site, suctioning, and changing the tube.

You may have an inner cannula (tube) that fits into the outer tube of the tracheotomy. This inner tube helps keep secretions such as mucus out of the tracheotomy so your breathing isn't blocked. You need to clean this tube at least once a day. The basic steps for cleaning the tube are:

1. Wash your hands with soap and warm water.
2. Remove the inner cannula from the trach tube.
3. Use hydrogen peroxide and a trach brush or soft pipe cleaner to clean the inner cannula and remove secretions. You may need to soak the cannula first in hydrogen peroxide for a few minutes if it is very dirty.
4. Rinse the inner cannula thoroughly with distilled water or a saline solution.
5. Shake excess water from the cannula.
6. Put the clean inner cannula back in place as soon as you are done cleaning it. Lock it in place.

## When should I call my health care provider?

Call 911 or your provider right away if:

- You cannot replace the trach tube.
- You cannot breathe easily after suctioning and changing the trach tube or inner cannula.
- You have bleeding that does not stop.

Call during office hours if:

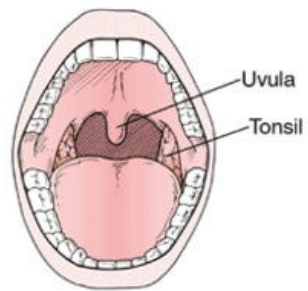
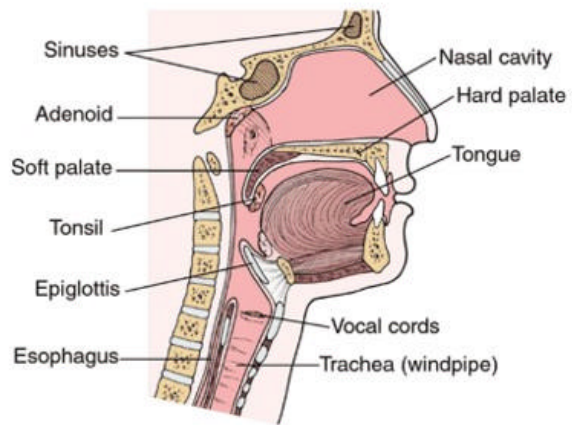
- Secretions have changed in color, consistency, or odor.
- You have changes in your ease of swallowing.
- You have non-life-threatening changes in your breathing pattern.
- You have sounds from the trach tube or coughing not relieved by suctioning.

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## Head and Throat



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