

## INFORMATION FOR PATIENTS, FAMILIES AND CARERS

# Tracheostomy

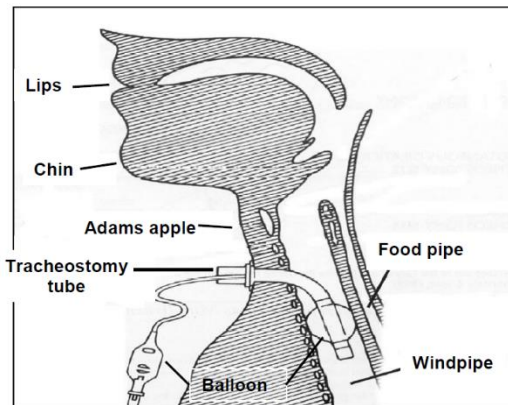
The aim of this leaflet is to provide some information and advice that will help you to understand what it means to have a tracheostomy. Included are some of the common questions and answers that might be helpful to you. The doctors will discuss this procedure, and its benefits and risks, before proceeding.

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

### What is a tracheostomy?

A tracheostomy is an opening created in the front of the neck to insert a breathing tube into the windpipe (trachea), which replaces the breathing tube in the mouth. The patient will then breathe through the tracheostomy instead of their nose or mouth.

The patient with a tracheostomy can either breathe on their own or be connected to a breathing machine (ventilator).



### Why is this needed?

Most patients on the Adult Critical Care Unit have a breathing tube that goes down through their mouth into the windpipe. This can be very uncomfortable and requires them to be asleep to tolerate it. If this is needed for a long time, the patient may benefit from the insertion of a tracheostomy.

A tracheostomy is less irritating to the patient; it will help us to get the patient off the breathing machine and may even lead to a quicker recovery.

There are some occasions where a tracheostomy is inserted if the patient has an obstruction that prevents them from breathing through their nose or throat, or if they have weakness of their breathing muscles.

### **Benefits of a tracheostomy:**

- Sedation is reduced, allowing the patient to wake up more.
- It makes it easier to remove secretions from the lungs.
- It is easier to clean the patient's mouth (as they no longer have a tube in their mouth).
- Allows the patient to communicate, as they can move their mouth and nurses can try to lip read.

### **How will a tracheostomy be inserted?**

In most cases a tracheostomy is not an urgent procedure. It will usually be done in the operating theatres by an ear, nose and throat (ENT) surgeon. There are occasions where critical care doctors will perform this at a patient's bedside. In both cases the procedure is done under a general anaesthetic, so no pain will be felt as you will be asleep.

The tracheostomy is held in place with stitches and/or tape around the neck. It will be cared for by the nurses on the Adult Critical Care Unit.

### **Are there any complications or side effects?**

Inserting a tracheostomy is a safe procedure. However, as with any surgical procedure, though rare, complications can happen. These include:

- Bleeding.
- Damage to the windpipe.
- The tube moving out of place.
- The tube getting blocked by mucus or blood clots.
- A collapsed lung (pneumothorax).
- Infection of the insertion site or chest.
- Narrowing of the windpipe (stenosis).
- Damage to the food pipe (oesophagus).

Longer term complications include infection, scarring, and voice changes. A tracheostomy will only be considered if the benefits of having one outweigh the risks associated with it.

If the patient is not able to give their consent for the procedure, it will be done in their best interest and a special consent form will be completed by the consultant.

### **Is it possible to eat and drink with a tracheostomy?**

While on the Adult Critical Care Unit, nutrition is often provided via a feeding tube passed through the nose 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 a speech and language therapist to assess the safety of eating and drinking.

### **Will my speech be affected?**

At first, yes. When the tube is first inserted you will not be able to speak because breathing through the tracheostomy tube redirects air away from your vocal cords. This is temporary and providing your voice box (larynx) is not affected by your condition, you will be able to speak using the techniques and attachments that will be given to you by the speech and language therapists and nurses.

### **Is the tracheostomy permanent?**

A tracheostomy inserted in the Adult Critical Care Unit is usually temporary. When it is no longer required and has been removed, the hole in the neck will close on its own within one or two weeks, leaving a small scar that's visible to the outside.

The tube may have to stay in permanently if a patient has a long-term medical condition that makes it difficult for them to breathe unaided.

### **How long will the tracheostomy be in place?**

Sometimes patients only require a tracheostomy for a few days, but other patients require it for a period of weeks or months.

Removal of the tracheostomy depends on the patient's medical condition and how strong their breathing is. Assessments happen every day, but sometimes it is difficult to know how long it will be required for. The decision to remove it will be made by a team involving doctors, nurses, physiotherapists and speech and language therapists.

### **When the tracheostomy is removed**

This is a simple and quick procedure. The tube is removed and the hole in the neck is covered with a sticky dressing.

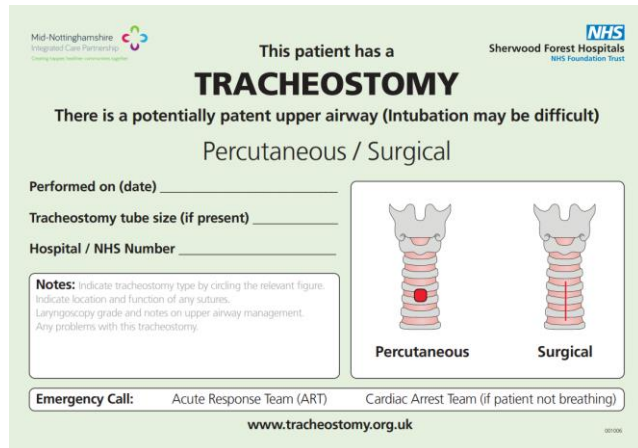
Most patients end up with a small scar once healed, which is often disguised as a skin crease. The voice may be quite husky for some time after removal. If speech problems persist, the speech and language therapists may continue involvement in the patient's care. The critical care follow-up clinic can also assist with any issues.

### **The role of family and friends**

Patients with tracheostomies on the Adult Critical Care Unit are usually weaning from mechanical ventilation (an artificial breathing machine). This requires a considerable amount of effort and motivation and is a tiring process - it is important to recognise that they also need plenty of rest and sleep to help the recovery process. Family and friends are helpful simply by being there and providing positive feedback and encouragement throughout this.

## Tracheostomy bed signs

You should see this sign around the bed space of the patient in the Adult Critical Care Unit and on the ward.



The form is titled 'This patient has a TRACHEOSTOMY' and includes the text 'There is a potentially patent upper airway (Intubation may be difficult)'. It specifies 'Percutaneous / Surgical' and has fields for 'Performed on (date)', 'Tracheostomy tube size (if present)', and 'Hospital / NHS Number'. A 'Notes' section provides instructions on how to use the diagrams. Two diagrams show the trachea with a red dot for 'Percutaneous' and a red line for 'Surgical'. An 'Emergency Call' section lists 'Acute Response Team (ART)' and 'Cardiac Arrest Team (if patient not breathing)'. The website 'www.tracheostomy.org.uk' is at the bottom.

This gives the nurses and doctors information about the type and size of the tracheostomy and how it was inserted - for example if it was inserted during surgery or 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.

## Useful sources of information:

- [www.tracheostomy.org.uk](http://www.tracheostomy.org.uk)
- [www.nhs.uk/conditions/tracheostomy](http://www.nhs.uk/conditions/tracheostomy)

## Further sources of information

NHS Choices: [www.nhs.uk/conditions](http://www.nhs.uk/conditions)

Our website: [www.sfh-tr.nhs.uk](http://www.sfh-tr.nhs.uk)

## Patient Experience Team (PET)

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

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