Wherever possible these risks and the implications of not having a tracheostomy will be discussed with you and your relatives prior to the procedure being carried out.

The alternative treatment to tracheostomy is to continue with a tube in the patient's mouth, which is more uncomfortable and makes communication more difficult. It also means that it will take longer to become independent of the ventilator.

Why is it necessary to remove phlegm by suctioning?

Intensive care patients' ability to cough and clear the lungs naturally is often reduced because of general muscle weakness and the length of time they have to spend in bed in hospital. Suctioning helps to treat and prevent patients getting chest infections, by clearing the phlegm from the lungs.

This process can be a little unpleasant, but it is important for the lungs to work efficiently and patients to breathe comfortably. Please be assured that suctioning will only be carried out if the intensive care staff think it is in a patient's best interests.

What is the risk of developing an infection at the site of the tracheostomy, as the tracheostomy tube bypasses the body's upper airway natural defences (nasal hair and mucus membranes) that filter out dust and bacteria. An infection may require treatment with antibiotics.

Pressure from the tracheostomy may lead to some bleeding in the surrounding tissues and, in a small percentage of cases, this can result in excessive bleeding. In cases such as these, the patient may need an operation to seal off the blood vessel. There is also a very small risk of death, however, the risk of death is greater if a tracheostomy is not carried out.
What about speaking?
When the cuff of the tracheostomy tube is inflated, air cannot pass over the voice box and therefore the patient will be unable to speak. During this time, the staff will help you or your relative to communicate using aids such as picture and letter boards.
As care progresses, the nurses, physiotherapists or speech & language therapists may assess the patient’s speech by deflating the cuff and using a speaking valve. The patient’s voice should return to full strength once the tracheostomy tube is removed.

What about swallowing?
Patients are unable to eat and drink while attached to the ventilator. During this time, you or your relative will receive all the nutrients that are needed by a feeding tube, usually inserted through the nose.
The tracheostomy tube may make swallowing more difficult, but the nurses will monitor and help with this. When your condition allows and the tracheostomy is removed, you or your relative’s swallow will be assessed to make sure that it is safe to return to eating and drinking normally.

When will the tracheostomy be removed?
The team responsible for you or your relative’s care will decide on the best time to remove the tracheostomy tube. The assistance that patients receive with their breathing from the tracheostomy tube needs to be reduced gradually. This is called weaning. The usual process for weaning is shown in the following diagram:

- Tracheostomy balloon is deflated
- A speaking valve is placed over the opening
- A cap is placed over the tracheostomy opening
- The tracheostomy is removed.

The amount of time that the balloon is deflated will be increased gradually.
This will allow the patient to speak.

How is the tracheostomy tube removed?
When the tracheostomy tube is no longer needed, it will be simply removed and covered with an airtight dressing. Within a short time (usually one to two weeks), the hole closes and heals over, leaving a tiny scar.

For more information
If you or your relative have any questions or would like more information about the tracheostomy, please speak to one of the nurses in the Intensive Care Unit or contact them on telephone 020 7886 6040.