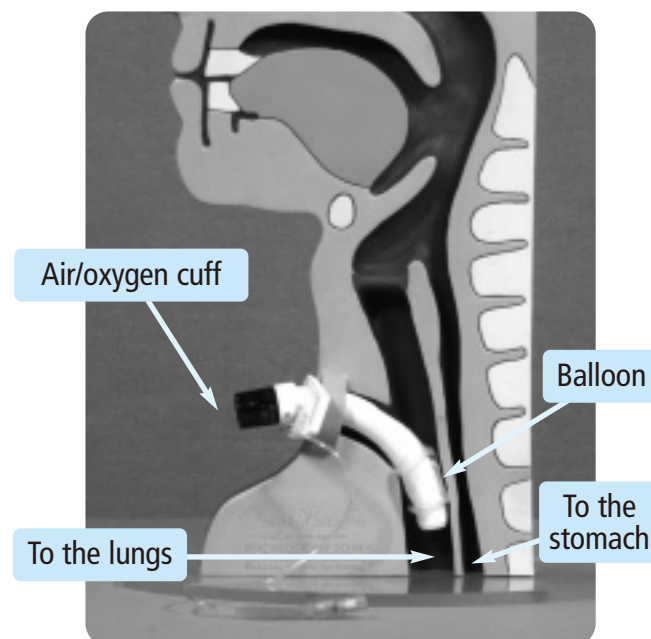


This leaflet has been written for patients and their relatives to explain a tracheostomy and how the procedure is performed by nursing staff from the Milne Intensive Care Unit (ICU), St Mary's Hospital, 4th Floor Queen Elizabeth The Queen Mother Wing, South Wharf Road, London W2 1NY.

What is a tracheostomy?

A tracheostomy is a small tube, which fits into the windpipe to help patients breathe. A tracheostomy is done under general anaesthetic, when a doctor makes a small incision in the patient's neck, and then inserts the tube through this incision. The tube is held in place by securing tapes around the neck and a small inflatable balloon.

The nurse caring for you or your relative will make sure that the tube is kept secure and the area where it is inserted is kept clean.



Why is a tracheostomy tube needed?

Most patients in the Intensive Care Unit (ICU) have difficulty breathing for themselves and need help from an artificial breathing machine (a ventilator). To begin with the patient is usually connected to the ventilator by a tube in their mouth. For those patients needing support with breathing for several days or more, a tracheostomy is advised. This is because it is more comfortable and can make it easier to become independent of the ventilator.

The tracheostomy tube helps patients to breathe by providing a direct and easy route for air into the lungs. It also provides nurses access to the lungs for 'suctioning', when secretions like phlegm need to be removed.

What are the risks ?

The formation of a tracheostomy is done under general anaesthetic and is usually free of complications but, as with any surgical procedure, there are risks associated with having a tracheostomy.

There is a 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.

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 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

The amount of time that the balloon is deflated will be increased gradually

A speaking valve is placed over the opening

This will allow the patient to speak

A cap is placed over the tracheostomy opening

The tracheostomy is removed.

This process can take several days or weeks, depending on you or your relative's condition.

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.

St Mary's NHS Trust is

St Mary's Hospital, Praed Street,
London W2 1NY

The Western Eye Hospital,
171 Marylebone Road, London NW1 5YE

And some services at: St Charles Hospital,
Exmoor Street, London W10 8DZ.

Having a tracheostomy

