

Patient information

Tracheostomy Information for Patients and Relatives

Anaesthesia and Theatres

If a patient is likely to be on a ventilator (breathing machine) for more than seven to ten days, then the breathing tube that is in their mouth (or occasionally their nose) is sometimes replaced with a tracheostomy tube.

This means that instead of the tube going in their mouth and down their windpipe to the lungs, it misses out the mouth and goes directly through the front of the neck. In this case, a procedure is carried out to put a tube into a hole that is made in the patient's neck.

The tracheostomy can either be placed while the patient is in the critical care unit, or more rarely, in the operating theatre. This will be decided by the intensive care doctors. The procedure usually takes between one to two hours.



Patient and relatives will be kept fully informed of any plans for a tracheostomy and will be asked beforehand if you are happy and in agreement with these plans.

What are the risks of having a tracheostomy?

Bleeding

When the skin and tissues of the body are cut, it is normal for there to be a small amount of bleeding. For a number of reasons, sometimes there may be more bleeding than expected or may take longer to stop.

Lung collapse

As the tracheostomy, which is the tube that goes down into the lungs, is put into the windpipe (trachea), there is a risk that during or after the tracheostomy the lung/lungs may collapse. Sometimes, the lungs of a patient on a ventilator are not in the best condition and they may require extra help and support from the ventilator. Any change in this help and support may also cause the lung to collapse.

Tube in wrong place

The trachea (windpipe) is actually quite small so there is a risk that during the tracheostomy, the tube is put in the wrong place, for example into the tissues around the neck or further down the windpipe.

Patients in the Critical Care Unit are monitored at all times and the nurses and doctors looking after the patient are aware of these risks and are ready to deal with them.

What are the benefits of having a tracheostomy?

- Tracheostomy tube is more comfortable than the tube in the mouth or nose.
- The patient may be able to drink and eat with the tracheostomy tube in place when they are well enough and following a successful swallow assessment.
- A valve can be attached when the patient is well enough, which may allow them to speak.
- It can help the patient get “off” the ventilator.

Once the patient is “off” the ventilator and no longer needing support with their breathing, then the doctors and wider team will decide when the tracheostomy can be removed.

When the tracheostomy tube is removed (this happens in the critical care unit), a small dressing is placed over the hole where the tube was. The patient will be told to gently press on the dressing whenever they speak or cough to help the wound heal. This hole should heal over by itself in a matter of days to weeks. The scar is usually very small.

It is unlikely, however sometimes a patient may be discharged from Critical Care to the ward with a tracheostomy in. If this is the case, then they will go to a ward that has nurses that are experienced in looking after patients with tracheostomies.

If you decide not to have a tracheostomy, the tube in your mouth will have to remain in place. This may increase your time on a ventilator, you will be unable to eat and drink and mouth care will be more difficult to maintain.

The nurse at the bedside is always available to answer any questions or worries you might have and if you wish to speak to a doctor at any time that can also be arranged.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Acknowledgements

National Tracheostomy Safety Project (NTSP) (2013) Comprehensive Tracheostomy Care

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