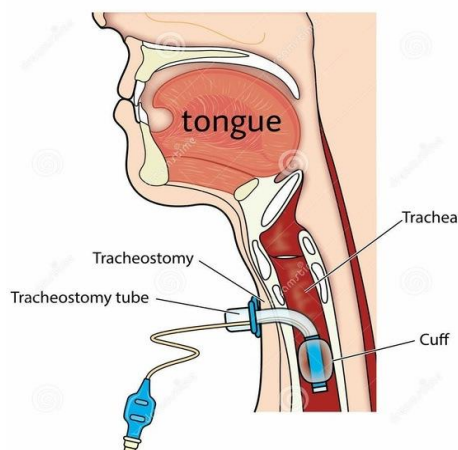


Tracheostomy

What is a tracheostomy?

A tracheostomy is a small hole (stoma) made at the front of the neck, which goes into the trachea (windpipe). A tube called a 'tracheostomy tube' can be inserted through this hole, into the trachea, and held in place with tape around the neck. This creates an artificial airway, which allows you to breathe through your neck rather than your nose and mouth



Why do I need a tracheostomy?

There are number of reasons for needing a tracheostomy. These include:

- if you need to be connected to a machine called a ventilator, to help with your breathing, a tracheostomy tube is more comfortable than a tube through your mouth.
- helping you to breathe if there is a blockage at the top of your throat
- following head and neck surgery
- following damage to the nerves involved with swallowing (paresis)

If you have a tracheostomy you will need little or no sedation if you are on a ventilator. This means you can be more awake, which may allow you to breathe for yourself at an earlier stage. This can actually reduce the time you are attached to a ventilator.

A tube in your mouth can cause damage to your mouth and throat, including the larynx (voice box). These can lead to problems with speaking and swallowing.

A tracheostomy also makes it easier for staff to help you clear secretions (sputum). This is done by passing a thin tube briefly into the tracheostomy tube and suctioning out any secretions. This helps to keep your lungs clean. When the suctioning takes place it is likely that you will cough.

Potential risks and side effects

As with any surgical procedure, there are risks. The risks of having a tracheostomy are:

- bleeding from in or around the tracheostomy site
- damage to the trachea or surrounding tissues pneumothorax (collapsed lung)
- wound infection
- tube dislodgment (tube moving out of place)
- blockage by mucus, blood clots or sputum
- complications with the stoma following removal of the tracheostomy tube.
- narrowing of the windpipe (tracheostomy stenosis)

We will explain these complications to you in more detail prior to the procedure, before we ask for your consent for the procedure to go ahead.

What if I am unable to give consent?

If you are sedated or too unwell to give consent for the tracheostomy to take place, the procedure will be discussed with your family.

Medical staff who are caring for you and providing your treatment are also able to make decisions about your care, when it is thought to be in your best interests. These decisions will always be discussed with your next of kin first before a final decision is made.

Will the tracheostomy affect my speech?

Most tracheostomy tubes have an air filled cuff near the end of the tube. When the cuff is inflated you will not be able to speak. This is because air cannot pass through your vocal cords.

As you recover, the specialist team will decide if you still need the cuff to be inflated. When the cuff can be deflated, air will be able to pass through your vocal cords, which will allow you to start speaking. You may need a device called a 'speaking valve' to make your voice stronger.

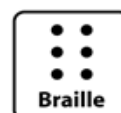
Being unable to speak can be frustrating and sometimes frightening. We are used to taking care of people with a tracheostomy tube and will encourage you to use gestures, writing, lip reading, and alphabet and communication charts.

Will I be able to eat and drink?

When you are on a ventilator you are not able to eat and drink. It is important that you get enough food, to give you the energy to help you recover. A thin tube will be placed into your stomach through which we can feed you.

When you get off the ventilator we will assess your swallow. This will happen when you tolerate periods of cuff down and you are able to cough strongly enough to clear your own secretions.

If we have any concerns about your swallowing, you will be referred to the Speech and Language Team for further assessment.



If you require a special edition of this leaflet

This leaflet is available in large print, Braille, on audio tape or disk and in other languages on request. Please contact:

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Email: interpretationandtranslation@liverpoolft.nhs.uk