

Tracheostomy/Stoma Care at Home

This handout will explain how to take care of your tracheostomy (trach) tube or laryngectomy stoma after you leave the hospital. These cares are an important part of your daily life. You need to clean crusting and mucus from your airway to prevent breathing problems.

Tracheostomy/Laryngectomy Stoma Care supplies will be provided by your insurance preferred medical supplier and/or pharmacy. You will be doing your cares with what we call "Clean" technique. This means it is not a sterile process. You will clean and reuse some supplies. Supplies should be cleaned with hot soapy water and rinsed.

Saline Irrigation

Saline irrigations must be done at least 2-3 times a day. You should also do an irrigation whenever you feel that your airway is partly blocked or full of mucus. These steps are the same for all types of trach tubes (Shiley, Jackson, Moore, Bivona or Laryngectomy [Lary] tube).

1. Wash your hands before starting.
2. In one section of your trach care kit or other container, mix a small amount of mild soap with saline, distilled, or fresh tap water (**Do not** use well water). Put in enough saline or water to cover the inner cannula or Lary tube. We will call this the soapy water.
3. In the other section of your trach care kit or other container add only saline, distilled, or fresh tap water (**do not** use well water). Put in enough saline or water to cover the

inner cannula or Lary tube. We will call this the rinse water.

4. Take out your inner cannula tube or Lary tube and put it in the soapy water to soak while you irrigate your stoma. If you have a 2-piece trach, **do not** remove the outer tube that is attached by your neck ties. The outer tube keeps the airway open. You must remove the inner cannula before you irrigate to prevent mucus being pushed back into your lungs.
5. Pull up 3-5 ml of saline into a syringe and place on a clean surface.
6. To irrigate your stoma, place your saline filled syringe at the stoma or outer cannula trach opening. Have some gauze, soft paper towel or a washcloth nearby. *Avoid using thin facial tissue, cotton balls or materials that can shred easily or have loose lint fibers. You could accidentally breath pieces of thin tissue into your lungs. Take 2 slow deep breaths in and out. On your third breath in push the saline into the opening, this will make you cough and get mucus out. Have your towel or washcloth ready to wipe away mucus you cough out. Do this step at least 2 times or more. Do it until you feel like your airway or stoma is clear.

When you irrigate, you may get loose mucus or hard mucus (called a plug). In the winter when it is dry, the mucus may be slightly blood-tinged. **All** are normal.

Irrigate more often if you get a cold to keep mucus thin enough and easy to cough up.

Cleaning an Inner Cannula or Lary Tube

The most useful item for cleaning your inner cannula tube or Lary tube is the small bristle brush found inside your trach care kit. This brush helps clean the inside of the tube by loosening stuck on mucous so it can be rinsed out. You can use this brush many times you just need to clean it well after each use.

1. Take the inner trach or Lary tube out of the soapy water mix and scrub the inside with the brush.
2. Put the tube back in the soapy water and move it around or rinse the tube like a washing machine does.
3. Take the tube out and look through the inside. If it looks clean put it in the rinse water. If not, repeat steps 1-3.
4. Move the tube around or rinse it in the rinse water until all the soap is off.
5. Take the tube out of the rinse water and shake the extra water off or dry with pipe cleaner provided.
6. Put the inner tube back in the outer tube and lock it into place.

For quick cleaning you can clean the inner cannula or Lary tube under running tap water (**Do not** use well water). Use the brush to scrub out stuck on mucous. Rinse it clean and shake off excess water.

Change the trach ties as needed when they get dirty. You will need someone's help with this. You should hold your trach tube in place while someone else changes the ties.

Trach/Stoma Site Care

Make site skin care a part of your routine every time you irrigate your trach or Lary tube. This is the best way to prevent skin irritation. Clean around your trach tube or stoma with cotton-tipped swabs using mild soap and water or saline (if you have no soap and water). You can also use a washcloth or a baby wipe. Make sure your washcloth is clean and that you can reach under the faceplate of the trach tube, if you have one. If your nurse told you to use a gauze dressing around your trach tube, change it when you do site care or when it is soiled. **Do not** use over the counter petroleum-based creams or ointments such as Vaseline[®], zinc oxide, and Neosporin[®] in or around the stoma. You can use water soluble lubricants such as K-Y Jelly[®] or Surgilube[®].

Saline Recipe

- Boil 1 quart of water for 5 minutes, allow to cool to room temperature.
- Add 1 ½ level teaspoons of **non-iodized** salt per quart of water.
- Because germs may grow in the solution, discard unused homemade saline mix after 24 hours.

After you open bottled saline, you may keep it in the fridge for 1 week. Date your bottle and discard it after 1 week.

Wash syringes, trach brush, cleaning trays, and containers with hot soapy water and rinse well after use. Use new items as needed.

Protect your stoma or trach with trach bibs to keep harmful material from being breathed into your lungs. This is very important when you are outside or taking a shower. Avoid use of powders, aerosol sprays and lint from facial tissues. Also try to avoid dusty or smoky environments.

Obturator

If you have a 2-piece trach and the outer trach tube comes out, know where your obturator is at all times. We send the obturator home with you when you leave the hospital. You need to use it to get the outer trach tube back in your stoma.

If your outer trach tube comes out, do not be alarmed, your airway or stoma will not close right away. You will still be able to breathe, but the outer tube needs to be replaced right away.

If you have a permanent laryngectomy stoma your doctor made it to always stay open even without a tube. The laryngectomy tube is used to keep the stoma from narrowing over a long period of time.

Humidity

The air you breathe through your trach/stoma will no longer pass through the nasal passages which moistens the air. Breathing dry air through your trach/stoma can cause irritation or infection called tracheitis. Humidification can help prevent tracheitis and mucus plugs from forming.

Use the air compressor for continuous humidification via trach mask. You may take short breaks to move about your home. Controlled humidity in the rest of the house also helps. A portable room humidifier/vaporizer can be used. Humidifiers/vaporizers must be cleaned according to the manufacturer's instructions to prevent bacterial growth. Use of humidity is **most** important during the first month after surgery. You may also need to use more humidity during the winter. Review "Preventing Tracheitis Health Facts for You".

When to Call

Call your doctor if you have:

- Any pus-like, or increased drainage
- Bleeding from your trach or stoma site
- Increased redness around the trach site
- Pain that does not get better with medicine
- Yellow, thick, foul-smelling drainage
- A fever of 100.5° F (38.5° C)
- Any sores of skin around the stoma or trach site
- Any breathing problems after putting your trach tube in with the obturator
- Any questions or concerns

Call 911

- If you have trouble breathing.
- If your trach comes out by mistake and you can't replace it.
- If you cannot clear mucus from the trach/stoma.

Who to Call

ENT Clinic

Monday – Friday, 8:00 am – 5:00 pm
(608) 263-6190

After hours, this number will be answered by the paging operator. Ask for the ENT doctor on call. Leave your name and number with area code. The doctor will call you back.

Toll-free number: **1-800-323-8942**.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2023. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5340.