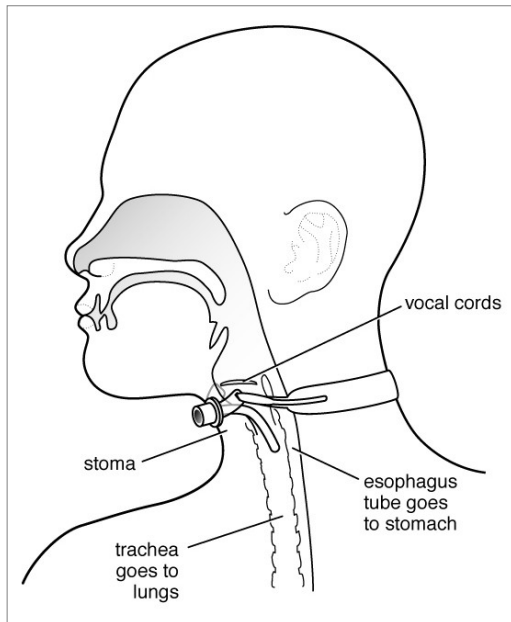


Adult Tracheostomy

A **tracheostomy** is an opening in the lower neck that goes into the trachea. The trachea or “windpipe” is the tube that leads into your lungs. A doctor will make this opening during a brief surgery. The doctor places a small plastic hollow tube called a tracheostomy tube or “trach” tube in the opening (stoma). When a person breathes through a trach tube, the air then moves into the trachea and lungs, instead of the nose and mouth.



Reasons for Procedure

A trach is usually done for one of five reasons.

- If the airway above the trachea is blocked or damaged
- If there are frequent or large amounts of mucous that need to be removed from your lungs
- If your lungs need a safer and easier way to get oxygen
- If there has been long-term use of a breathing tube in the mouth

- To make it easier to get off the breathing machine

If there has been a mouth breathing tube in for a long time, a trach can provide you with more comfort. The head and neck can move more freely. It will be easier to keep your mouth clean and moist. It will also be easier to talk with a trach tube than with a mouth tube. It is easier to keep in place than a mouth tube, which makes your breathing and airway more secure.

Taking Care of Trach Tube

The trach tube put in during surgery will be changed to a new tube 4-10 days later. After that the tube will be changed when needed.

The nurses will clean around the opening (stoma) 2-3 times a day to prevent infection.

People who have a trach need extra moisture in their lungs to keep the mucous in the lungs moist and thin. If the mucous becomes too thick it can block off the trach tube and cause breathing problems. A small mask placed over the trach can give mist to help with this. The nurses will also suction through the trach tube to remove extra mucous when needed.

Speaking with Trach Tube

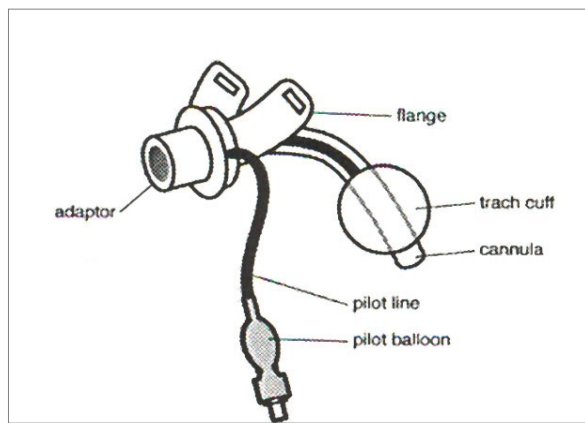
If you have a cuffed trach tube (see picture on next page), you may not be able to speak at all. This is because the cuff allows very little air to flow around the trach to the vocal cords. We will work with you to learn other ways to communicate such as picture boards or writing boards. Your care team and family also become very good at lip reading.

The tube will remain in as long as you need it to help you breathe. Once the doctors are able to put in a smaller tube, you may be able to speak. If the trach is no longer needed, it can be removed and the hole will heal into a very small scar. When the trach is removed, your voice will return if your vocal cords are working normally.

Please talk with your doctor before surgery for more information about tracheostomies including any risks and complications.

Cuffed Trach Tube

“Cuffed” tubes have a small balloon-like band (cuff) attached to the cannula or tube. The cuff is inflated so that it has a snug fit in the airway which helps to prevent food or fluid from entering the lungs. It can also help the breathing machine (ventilator) give stronger breaths since air can’t leak around the trach tube.



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 © 11/2024 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5970