

Critical Care Services Tracheostomy

Information for Patients,
Relatives and Carers

When will the tube be removed?

As a patient's condition improves he or she will be gradually "weaned" off the ventilator and eventually onto a normal oxygen mask that fits over the tracheostomy.

Providing the patient can breathe well and cough up their phlegm without help, the tube can be removed and the hole sealed tightly with a special dressing.

This process can take a few days and occasionally a patient may transfer to the ward with a tracheostomy. The Critical Care Outreach team will manage their ongoing care.

Will there be any scarring?

In most cases, once the tube is removed the hole heals quite quickly and over a period of time scarring will fade. Most patients have little or no scar at all as the surgical procedure is performed very carefully to ensure the cut is made along natural crease lines on the neck.

For more information please contact

Senior Sister – Critical Care Services
Tel: 01225 825707

Questions

If you have any questions or concerns having read this leaflet, please ask a nurse or doctor.

If this does not resolve your worries then please contact P.A.L.S (Patient Advice & Liaison Service). P.A.L.S is a free, accessible and confidential service for patients, relatives and carers. It aims to:

- advise and support patients, their families and carers
- provide information on NHS services
- listen to concerns, suggestions or queries
- Help sort out problems quickly on your behalf

Email:

ruhtr.PatientAdviceandLiaisonService@nhs.net

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A tracheostomy is an aid to breathing and is, in most cases, temporary. It is a plastic tube that is inserted into a small hole made in a patient's neck. It is secured with soft tape around their neck. The tracheostomy is then connected to a breathing machine called a ventilator.

Why is a tracheostomy used?

When a patient needs help with breathing this is normally done with a tube that goes into the mouth. Occasionally they may need assistance with breathing for longer periods of time and will require a tracheostomy for this. A tracheostomy is more comfortable and better tolerated by patients. This helps staff to be able to reduce or even stop sedative drugs and allow the patient to be more awake.

How is the tracheostomy made?

For most patients a tracheostomy is performed as a surgical procedure under a local anaesthetic on the Critical Care Unit, by the Critical Care doctors.

A few patients may need to go to the operating theatre if it is difficult to position the tracheostomy. This may be because of neck or spinal problems. In this case, the Ear Nose and Throat surgeons will

perform a small operation under a general anaesthetic. The only difference is that a slightly larger hole is made, and the tube may be stitched into position as well as being secured around the patient's neck.

Can someone talk if they have a tracheostomy?

At first patients cannot speak because the tracheostomy tube does not allow air to pass through the voice-box as usual and make sound. However, as the patient does not need to be sedated and does not have a tube in their mouth, they can sometimes mouth words, and can use gestures and facial expressions more effectively. They are also more likely to be able to point to letters on an alphabet board or to write down simple sentences if they are strong enough to write.

What will their voice be like?

As the patient's condition improves they will need less help from the ventilator. A special valve is inserted into a section of the ventilator tubing or directly onto the tracheostomy. This valve allows sounds to be made again so that they can talk.

At first they may be too weak to do this for more than a few minutes but this should improve with time. Their voice may sound a little strange but this is only temporary.

What about eating & drinking?

Many people with a tracheostomy are able to eat and drink. The patient's swallow is assessed to ensure the food or fluid is not causing them to cough or choke which may result in food or fluid entering the patient's lungs'. Sometimes we ask our speech and language colleagues to help us with making this assessment. The nursing staff will advise you if it is OK to bring in food or drink.

Are complications likely?

Most treatments used in the Critical Care unit have some risks. However, a tracheostomy is only performed where the benefits outweigh the risks. The most likely complications are bleeding, infection, damage to the windpipe or gullet or other structures in the neck. Life threatening complications can occur but are uncommon. The doctors and nurses will explain any complications that might occur and are always happy to answer your questions or concerns.