Adult Tracheostomy Care



Patient Information

Ear, Nose and Throat (ENT) Service

A tracheostomy is a surgical opening in the front of the neck into the trachea (wind / breathing pipe). A tracheostomy tube is an artificial airway, passed through the opening (stoma) into your trachea allowing you to breathe.

Air enters via this tube, bypassing the normal filtering, moistening and warming functions performed by the nose. An adult tracheostomy tube set is made up of an outer tube, an inner tube and an introducer. Keep all the different tube parts together to avoid any loss.

The air you breathe in via the tracheostomy tube is not moistened the same way your nose and mouth previously did. Your windpipe must not feel dry. Having adequate hydration by drinking enough fluid e.g. water and performing the following tracheostomy cares will help prevent your windpipe from becoming dry and help keep your tube clean, making it easier to breathe.

Initially a District Nurse will visit you at home to help you with tracheostomy tube cleaning or changes, until you feel confident enough to do this yourself. It may be helpful to have the assistance of a family member or caregiver when tube cares are performed.

Never leave your tracheostomy tube out. Your stoma (neck opening) will close over and breathing will not be possible. Remember in an emergency when there is difficulty breathing and/or reinsertion of the tracheostomy tube is not possible, call 111 for an ambulance.

Cleaning your tracheostomy tube;

1) Outer Tube

When the outer tracheostomy tube that is in place is removed and changed it is immediately replaced with a clean one. All outer tracheostomy tubes must have frequent and routine changes. The frequency varies between people.

A plan for how often your tube needs to be changed will be made with you. This may be once a week or every 4 weeks. Your tube must be changed within 29 days and must not exceed usage of 29 days.

A Silver tube is re-useable. After inserting a clean tube into your stoma, clean the dirty silver tube thoroughly. Then boil it in water for at least 2 to 3 minutes. Ensure the silver tube is cooled prior to re-inserting.

2) Inner Tube

Keeping the inner tube clean will make it easier to breathe. The inner tube needs to be removed and cleaned at least 3 times per day and as necessary.

Remove the inner tube and clean it using warm water and the brush supplied. Rinse and dry the inner tube then reinsert it back into the outer tube.

If you have a Shiley tracheostomy tube, make sure the inner is turned and it clicks and locks into place with the two dots matching on the outer and inner tubes.

Portex and silver tracheostomy inner tubes click into place with the outer tube.

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While removing and reinserting the inner tube make sure the tracheostomy tube is anchored by holding the outer tube flange, this will help to avoid unnecessary irritation to your windpipe.

If you have an increase in secretions from the tracheostomy tube the inner tube will need cleaning more often.

An increase in secretions is often an indicator of a cold/flu. If your secretions are green and thick you could have a chest infection and you should visit your family doctor (GP).

If you do have a chest infection your outer tracheostomy tube will need changing every week until the infection has cleared.

3) Tapes

Change the tracheostomy securing tapes daily and check they are firmly secured. There should only be a gap that allows a fingertip space between your neck and the tape. If the tracheostomy tape is loose your tracheostomy tube may fall out if you cough or sneeze.

When changing your tapes, it is best to change one band/tape at a time to avoid coughing your tube out. Anchor your tube by holding the flange during tape changes. The tapes can be gently hand washed in warm soapy water.

Stoma Cares

Ensure the area around the stoma is clean and free from any crusty build up. Use cotton buds/tips to get in behind the tracheostomy tube flange. Clean the area under the flange with a damp soft flannel and dry.

See your family doctor (GP) if there is any redness, pain or skin breakdown of the stoma and/or the area below the stoma.

Tracheostomy protector

The protector is worn over the tracheostomy tube to protect it. It can be sprayed lightly with a few drops of water before putting it on to wear to provide moistened humidified air. The protector can be gently hand washed with warm soapy water.

Remember swimming and putting your head under water is no longer possible with a tracheostomy. When having a shower the stream of water needs to be directed away from your tracheostomy.

Additional (comments
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