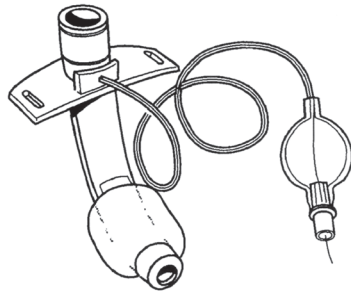


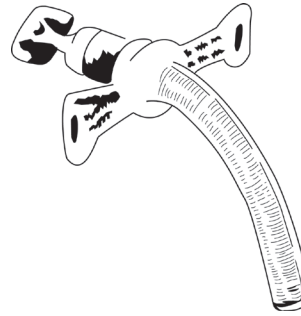
# Tracheostomy Care

You have a:

\_\_\_\_\_ **Cuffed Tracheostomy**



\_\_\_\_\_ **Cuffless Tracheostomy**



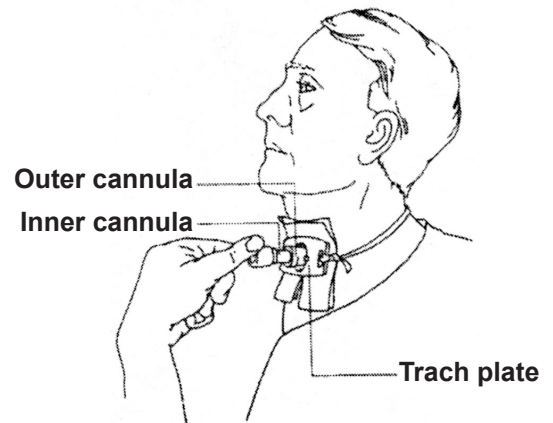
## What is a tracheostomy?

A tracheostomy (sometimes called a trach – rhymes with “cake”) is a small opening, or stoma, in your throat. The stoma is created with surgery. Inserting a tube into the tracheostomy makes breathing easier because the tube keeps your windpipe open. A nurse, doctor, or other patient educator will teach you how to care for your tracheostomy. This booklet will serve as a tool to help you remember what you learned in the hospital.

## Types of Tracheostomies

**Cuffed:** A cuffed tracheostomy has a small, plastic cuff at the end that forms a seal against the wall of the windpipe. When this cuff is inflated, it stops the air from flowing through the mouth and nose. As a result, you will not be able to speak.

**Cuffless:** A cuffless tracheostomy allows air to travel through the nose and mouth.



## Definitions

To take care of your tracheostomy, there are several words you should know.

- Trachea – the windpipe
- Tracheostomy tube – a small tube inserted into the trachea. It keeps the hole in the skin of the neck open that is connected to the trachea. This allows air to move in and out from the lungs.
- Stoma – the connection from the skin to the trachea. It may be used to describe the neck hole of a tracheostomy.
- Mucus – the liquid secretions that are made by your lungs.

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## What does a tracheostomy tube look like?

There are several different kinds of tracheostomy tubes. Your doctor will give you the type of tube that best meets your needs. Most tubes have 4 parts:

- Inner Cannula – a tube that fits inside the outer cannula. It can be removed for cleaning.
- Outer Cannula – a tube that holds the inner cannula and into the stoma to keep it open.
- Obturator (trach guide) – a plastic rod that guides the outer cannula into the stoma during the placement of the cannula. It is removed after the cannula is in place.
- Tracheostomy Plate - Plastic plate which lies against the skin and holds the cannula in place.

## Taking Care of the Tracheostomy

You need to take care of your tracheostomy tube, your stoma, and the skin around your stoma. The instructions below can help you. Be sure you understand how to take care of your tracheostomy before leaving the hospital. Ask your nurse for more help if you need it.

### Hand washing

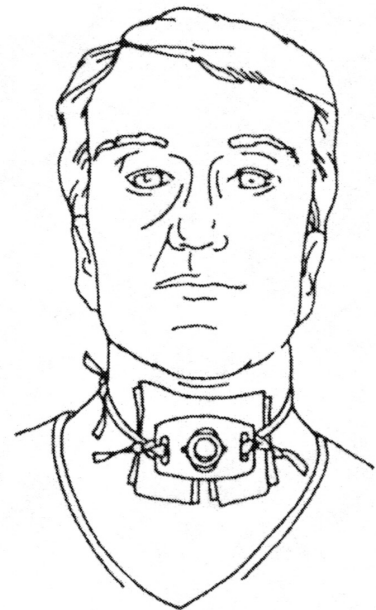
Good hand washing habits are very important. This helps prevent infection. With a tracheostomy, you are at higher risk for infection. You **MUST** wash your hands before and after you do any part of your tracheostomy care. If someone else is helping with your care, they **MUST** wash their hands before and after too. Wash your hands with warm water and soap for at least twenty seconds. Dry your hands with a clean, dry paper towel. Then, use the paper towel to turn off the faucet.

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## Cleaning the Stoma

You should clean your stoma before changing the strap to avoid it getting wet.

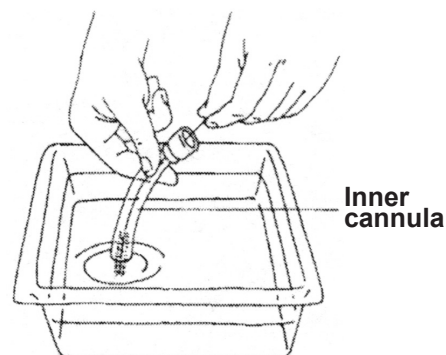
1. If the stoma is covered with dried mucous crusts, remove them with a cotton swab that has been soaked in equal amounts of hydrogen peroxide and water. Hold your breath while removing the crusts so that you do not inhale them. Rinse the area with clean water.
2. If you have frequent problems with dried crusts, you can put a **small amount** of water-based lubricant or antibiotic ointment around the stoma. Use these only when you need them. Do not allow the lubricant or ointment to go down into the trach tube.
3. If you do not have a problem with mucus getting around your stoma, you do not need to place a dressing around the stoma. Follow your doctor's instructions.
4. If you need a dressing, you can buy them pre-cut or make them from a 4x4 dressing.
5. Place a 4x4 gauze bib behind the tube to protect your neck.
6. Wash your hands.



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## How to Clean the Inner Cannula

To prevent infection, remove and clean the inner cannula regularly, as your doctor ordered. This is usually done 2 or 3 times each day. You may need to clean it more often if you have thick or sticky mucus.



1. Wash your hands.
2. Gather these supplies near a sink:
  - Small bowl
  - Small brush or pipe cleaners
  - Gauze pads
  - Pair of scissors
  - Hydrogen peroxide
  - Water (Clean tap water can be used. For those with well water, bottled water should be used.)
  - Clean strap if the old one is dirty. You can use the Velcro straps, bias tape, or any other clean, comfortable, soft material.

You may have access to a “trach kit.” Check with your pharmacy about purchasing these. Kits usually contain many of the items you will need for cleaning your trach.

3. Set up your bowl for cleaning. In the bowl, mix together equal parts of hydrogen peroxide and water.
4. Unlock the inner cannula and remove it by pulling steadily outward and down. Get ready to clean the soiled cannula right away and put it back in. (Or put this soiled cannula aside and slip a clean inner cannula inside the outer cannula). If you start to cough, cover your stoma with a tissue, bend forward, and relax until the coughing stops.
5. Next, put the soiled inner cannula in the bowl of hydrogen peroxide and water. Let it soak for at least one minute. Then clean it with a small brush. If your cannula is heavily soiled, try soaking it in a bowl of hydrogen peroxide solution. You will see foaming as the solution reacts with the secretions coating the cannula. When the foaming stops, clean the cannula with the brush or pipe cleaner. Scrub until all of the mucus is removed.
6. Rinse the inner cannula under running water. Make sure you have removed all of the cleaning solution. Shake off the excess water and put in the clean, moist cannula right away. Don't dry it; the water drops will help lubricate the cannula, making it easier to put back in.
7. After you lock the clean inner cannula in place, secure the straps to the tracheostomy plate. Replace with new straps if old ones are dirty.

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## Changing the Strap

The strap needs to be changed when it becomes dirty. ***You will need someone to help you.*** That person will hold the tracheostomy tube in place so it does not accidentally come out while you are changing the strap.

1. Gather the following supplies:

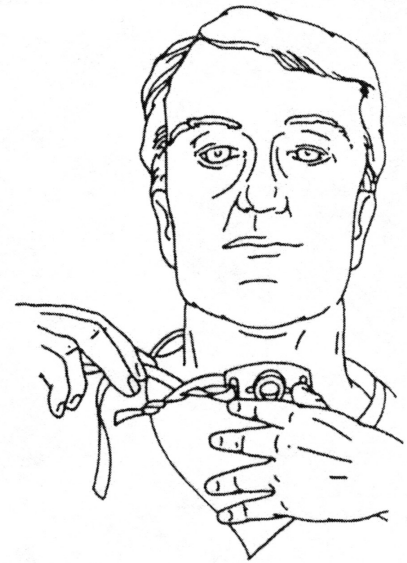
- New strap
- Scissors

2. Cut and remove the old strap while your caregiver holds the tracheostomy in place.

3. Thread the strap through the opening in the trach plate and fasten it.

4. Take the strap carefully around the back of your neck. Then, feed the other end through the tracheostomy plate opening on the other side. Gently pull the strap tight. Leave enough room so you can breathe comfortably. You should be able to slip two fingers between the side of your neck and the Velcro strap.

5. To wash the strap, you can use hand or dish soap and water. Be sure to allow the strap to air dry before using again.



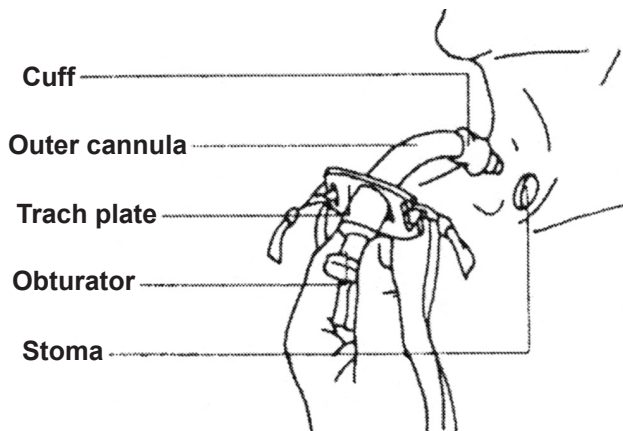
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## If the Outer Cannula Comes Out

Never take the outer cannula out unless your doctor tells you to. If it does come out, you need to know how to put it back in. ***It is important that you stay calm.*** If you get the tube back in yourself, have your doctor check it as soon as possible. If you can't get your outer cannula back in, or you have trouble breathing, call 911. Follow the steps below to put your outer cannula back in based on the type of trach you have:

### **Cuffed Tracheostomy**

1. Remove the inner cannula from the outer cannula.  
Put the obturator into the outer cannula.
2. To re-insert your outer cannula, first, deflate your cuff completely by attaching an empty syringe (without the needle) to the pillow port (the small tube attached to the tracheostomy). Pull back on the syringe until the cuff is completely deflated.



3. Lean your head back. Use your fingers to spread your stoma open. Using the obturator, slide the outer cannula back into your stoma. You will need to stay as relaxed as possible to do this.
4. While holding the neck plate firmly, remove the obturator as soon as the tube is in place. Refasten your ties using the steps mentioned previously. Do not let go of the neck plate until the strap is securely fastened.
5. Put the inner cannula back into the outer cannula. Lock the inner cannula into place.
6. Insert the tip of a syringe into the tube's pillow port. Inflate the cuff, to the soft pillow stage. The inflated cuff will help prevent the tube from coming out again. After inflating the cuff, secure the strap and tuck a gauze pad under the tracheostomy plate if you use one.
7. If you are using a dressing around your tracheostomy, follow the directions given previously on changing the dressing.
8. Wash your hands and have your doctor check the tube as soon as possible.

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## **Cuffless Tracheostomy**

1. Remove the inner cannula from the outer cannula. Put the obturator into the outer cannula.
2. Lean your head back. Use your fingers to spread your stoma open. Using the obturator, slide the outer cannula back into your stoma. You will need to stay as relaxed as possible to do this.
3. While holding the neck plate firmly, remove the obturator as soon as the tube is in place. Refasten your ties using the steps mentioned previously. Do not let go of the neck plate until the strap is securely fastened.
4. Put the inner cannula back into the outer cannula. Turn the inner cannula to lock it.
5. If you are using a dressing around your tracheostomy, follow the directions mentioned earlier on changing the dressing.
6. Wash your hands and have your doctor check the tube as soon as possible.

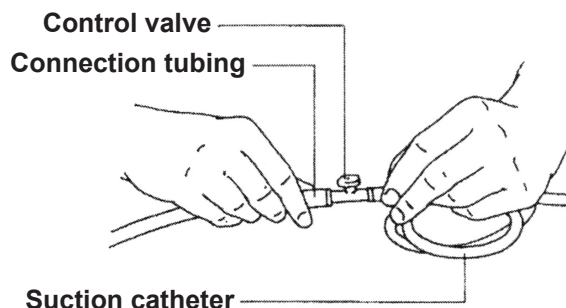
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## Suctioning a Tracheostomy

For a while, you will probably need a suction machine to help clear the sputum from your airway. Before suctioning, check your inner cannula to be sure it isn't blocked with mucus. If it is blocked, follow the steps above for cleaning the inner cannula. If you still have trouble coughing up your mucus, you will need to suction.

1. Gather these supplies:

- Suction machine
- Connection tubing
- Clean bowl
- Water (Clean tap water can be used. For those with well water, bottled water should be used.)
- Suction catheter
- Bulb syringe



2. Wash your hands well and fill the bowl with water and set it aside.

3. Turn on the suction machine, and adjust the regulator dial to the right setting. The setting should be between -80 and -120 mm Hg, but no higher than -120 mm Hg.

4. Remove the suction catheter from its wrapper or airtight container. Attach the suction catheter to the control valve on the suction tubing.

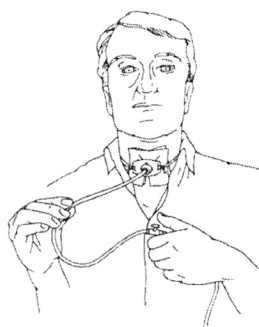
5. Dip the loose tip of the catheter into the water. This will help the catheter glide more easily. Put your thumb on the port and suck up some of the water to make sure the suction is working. Then release your thumb from the port and empty the water.



6. Take a few deep breaths and gently insert the moist catheter between 4 and 6 inches into the trachea through your tracheostomy tube or stoma until you feel resistance.

**Caution: Take care not to injure yourself. Be careful not to cover the catheter's suction port during insertion. The suction pressure that results will damage the tissues that line your trachea.**

7. With your thumb, cover and uncover the catheter's suction port to start and stop the suction. As you do this, slowly take the catheter out of the trachea, rolling it between your thumb and finger as you go. This should take no more than 10 seconds. (Longer than that steals oxygen from your lungs.)



8. Repeat if needed for a lot of secretions.

9. You may see a small amount of blood. This is normal and not a cause for concern.

10. Put the catheter tip in the water to clean the suction catheter and the connection tube. Then turn off the suction machine and disconnect tubing. Throw the disposable catheter away in a plastic-lined wastebasket. If you're using a reusable catheter, sterilize it according to the manufacture's instructions.

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## **Cleaning the Suction Machine**

1. Empty the mucus from the suction bottle into the toilet.
2. Wash the suction bottle with hot soapy water.

## **Common Questions**

### **1. What changes do I need to make to my lifestyle?**

It is best to maintain as normal a lifestyle as possible. Your doctor will tell you when you can return to your normal activities.

### **2. How do I keep my tracheostomy humidified?**

Usually, the air you breathe is moistened and warmed by your mouth and nose. When you have a tracheostomy, the air must be moistened in other ways.

- Drink plenty of fluids.
- You will probably also need to use a cool mist humidifier (check with your doctor).
- Keep the humidifier going throughout the day and sleep with it by your bedside.
- Be sure to clean the humidifier according to the manufacturer's directions. **DO NOT USE** bleach to clean the humidifier.

### **3. Where do I get my supplies to care for my trach?**

Supplies needed to care for your tracheostomy should have been arranged before you leave the hospital. Your social worker and nurse will help you with this.

### **4. How can I prevent any problems?**

It is important that you prevent problems when possible.

- You should avoid contact with people who are ill.
- Wash your hands regularly, eat a healthy diet and get plenty of rest.
- Avoid dust, smoke, powders (even face powder), hair spray, etc.
- Wear clothing that will not block the tracheostomy opening.
- If you go outside into cold weather, you should loosely cover the tracheostomy tube with gauze or with a lint-free handkerchief. This will help warm the air you breathe and prevent cold air from irritating your windpipe.
- Cover the area with a plastic baby bib when taking a shower. Do not let the water hit the area directly.
- Do not go swimming with your trach and avoid water sports and boating. Protect your stoma from the sun.

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## 4. How can I prevent any problems? *continued...*

- Carry your obturator and an extra tracheostomy tube with you at all times in case your tube comes out and you have to reinsert it.
- Never smoke through your tube.
- If possible, avoid sleeping under a ceiling fan and sleep with the head of your bed elevated 30 degrees.
- Consider wearing a medical ID bracelet so emergency personnel will know you breathe through a trach.

## 5. When do I need to call the doctor?

Call your doctor if:

- You are unable to remove the inner cannula when you go home. **DO NOT** force it.
- You are unable to reinsert the inner cannula after removing it to clean.
- You have pain while suctioning.
- Your outer cannula comes out of your neck stoma. **IF YOU ARE HAVING PROBLEMS BREATHING, CALL 911 IMMEDIATELY.**
- You develop signs of infection near the stoma. These signs include:
  - Swelling at the stoma site
  - Red, painful, or bleeding stoma
  - Foul-smelling or bloody mucus
  - Bright red blood in the mucus
  - Fever over 100 degrees
  - More than your usual amount of mucus

## 6. When can my trach be removed?

Talk to your doctor about when your trach will be removed. Removal of the trach does not require surgery, but it should be done by a skilled professional.

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