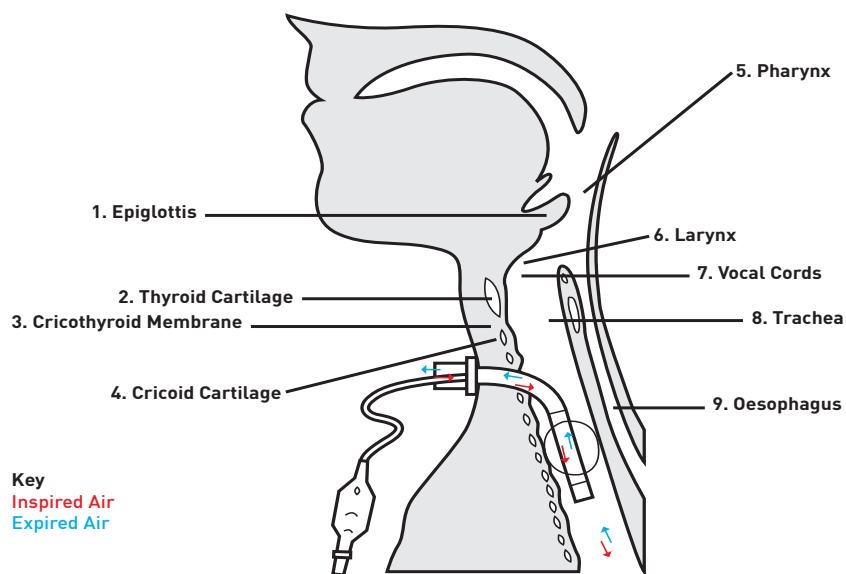


## Introduction

A Tracheostomy is an artificial opening that is created surgically, either electively or as an emergency, on the wall of the trachea (the wind pipe). This is predominately done in order to insert a catheter or tube to facilitate breathing over the short or long term.



## Temporary Tracheostomy

Performed when a patient needs:

- Long term respiratory support
- Unable to protect their own airway
- The tracheostomy tube will be inserted until the patient recovers

## Permanent Tracheostomy

This is created following a total laryngectomy involving:

- Permanent stoma
- This is kept open by a rigidity of the trachea cartilage
- The patient will breathe through this for the rest of their life

## Indicators for tracheostomy

- Prolonged inability to swallow
- Injuries to the head and neck
- Upper airway obstruction
- Motor neuron disease
- Long term mechanical ventilation



## Types of Tracheostomy

- Open procedure (performed by a surgeon)
- Percutaneous tracheostomy
- Translaryngeal tracheostomy
- Minitracheostomy

## Communication

Patients with a tracheostomy will be unable to speak, unless the tube is in the weaning process.

Communication aids such as paper, pens and picture cards will help prevent the patient feeling isolated or frightened.

## Tracheostomy tapes

To ensure the tracheostomy tube remains safely in the airway and also to prevent movement, ribbon tapes or Velcro must be used. Ribbon tapes are useful to prevent accidental removal of the tube. Velcro tapes or collars are also very useful and comfortable for the patient.

## Complications of tracheostomies

Time scale	Possible Complication
Early	<ul style="list-style-type: none"><li>• Bleeding</li><li>• Injury to surrounding structures</li><li>• Tube displacement</li><li>• Blockage due to encrustation</li></ul>
Mid-term	<ul style="list-style-type: none"><li>• Infection</li><li>• Fistula</li></ul>
Late	<ul style="list-style-type: none"><li>• Mucosal ulceration</li></ul>
Other	<ul style="list-style-type: none"><li>• Constipation (mainly children)</li><li>• Dysphagia</li><li>• Altered body image</li></ul>

### Reference

- Surgical Critical Care, Vivas, Kanani M, Cambridge University press pgs 225-227

### Care of tube is top priority

- The tube is secure
- Broad spectrum antibiotics
- Humidified oxygen is given for first few days



- Cuffed tube is changed to an uncuffed tube after a few days
- Tube requires regular cleaning (sometimes up to twice per day, involving the removal of the inner tube and cleaned)
- Emergency equipment should always be ready, such as suction devices, replacement tubes and tracheal dilators