Caring for Your Tracheostomy

This information will help you care for your tracheostomy while you’re in the hospital and at home.

Your Trachea

Your trachea (windpipe) is part of your respiratory system. It’s about 4 ½ inches (11 centimeters) long and is at the front of your neck (see Figure 1). It runs from your larynx (voice box) to your lungs.

The air you breathe passes from your nose or mouth into your larynx, then into your trachea, then into your lungs. This path is called your airway.
Tracheostomy

A tracheostomy is a surgical opening made in your trachea to make breathing easier and to protect your airway.

You may need a tracheostomy if:

- A tumor is blocking or narrowing your airway.
- Mucus or secretions are blocking or narrowing your airway.
- You’re having a head and neck surgery that will probably cause swelling.

After the tracheostomy is made, you will have a tracheostomy tube inserted in the tracheostomy site to keep it from closing.

The tracheostomy may be temporary or permanent. Your
doctor will talk with you about how long you will need to have the tracheostomy.

Communicating with a tracheostomy
While the tracheostomy tube is in place, you won’t be able to speak normally. You will be given a pen and paper to help you communicate. Many people can speak by covering the opening in the tube with a finger. Your nurse will teach you how to do this.

Tracheostomy tube
A tracheostomy tube has 2 pieces (see Figure 2):

Figure 2. Inner and outer cannulas

- The outer cannula, which always stays in place. This keeps your tracheostomy site open. **Do not remove the outer cannula. Only your doctor or nurse should remove it.**
- The inner cannula, which slides in and out for cleaning. **Do not leave the inner cannula out for more than a few minutes.** It should always remain in place when not being cleaned.
You will also have a tracheostomy tie that goes around your neck and connects to the outer cannula. This will keep the tracheostomy tube in place.

**Tracheostomy Surgery**

Your doctor or nurse will talk with you about what to expect during your surgery. They will give you a resource, *Getting Ready for Surgery*, which has instructions about how to prepare for your surgery. Be sure to follow all of the instructions that your doctor or nurse gives you. Call your doctor’s office if you have any questions.

You will be given anesthesia (medication to make you sleep) before the surgery to create your tracheostomy. Once you’re asleep, your doctor will make an opening into your neck. They will insert a tracheostomy tube through the opening and into your trachea. This will help you breathe easier.

**After your surgery**

After your surgery, you will wake up in the Post Anesthesia Recovery Unit (PACU). You will have your tracheostomy tube in place. You will also have a humidity collar in front of your tracheostomy that will give you moisturized air that’s high in oxygen.

You will stay in the PACU until you’re completely awake and your pain is managed with pain medications.
Once you have a tracheostomy, it’s important to protect your airway at all times.

Don’t submerge yourself in water. You can’t go swimming while your tracheostomy tube is in place, or after the tube is removed until the site is completely closed.

When showering, avoid having water spray or splash directly into the tracheostomy.

While you have a tracheostomy, it’s important to use a humidifier, especially at night. It will help to keep your secretions loose and prevent clogging.

**Your recovery and daily activities**

Stay active after your surgery. This will help:

- Prevent blood clots by keeping your blood flowing.
- Prevent pneumonia by expanding your lungs.
- Keep your muscles strong.

Your nurse will help you sit in a chair, bathe, and dress during the first day or so after surgery. As you feel stronger, you will be able to do more on your own, such as getting out of bed, bathing, and dressing yourself. You should walk in the hallways with assistance, if needed. Doing activities will help you regain your strength more quickly.
Caring for Your Tracheostomy

Your nurse will teach you how to care for your tracheostomy while you’re in the hospital. If you leave the hospital with the tracheostomy in place, you will continue to care for it at home. You will learn how to:

- Suction the tracheostomy tube
- Clean the suction catheter
- Clean the inner cannula
- Clean your skin around the tracheostomy site
- Moisturize the air you breathe

**Suctioning the tracheostomy tube**

Suctioning the tracheostomy tube will keep your airway free of secretions (mucus) and allow you to breathe without difficulty. Your nurse will teach you how and tell you how often to do this.

**Instructions**

1. Gather your equipment.
   - 1 suction machine with plastic tubing
   - 1 suction catheter
   - 1 bowl or large cup filled with water
   - 1 mirror
   - 2 to 4 dry gauze pads
2. Wash your hands thoroughly with soap and water or use an
alcohol-based hand sanitizer.

3. Open the package with the suction catheter. Connect the catheter to the plastic tubing of the suction machine.

4. Position the mirror so you can see the opening of your tracheostomy tube.

5. Turn on the suction machine. (If you’re in the hospital, you must open the clamp on the suction tubing instead).

6. Pinch the suction catheter between your thumb and forefinger to block the suction.

7. Cough deeply to bring up any secretions.

8. Keep the suction catheter pinched. Insert it about 3 to 5 inches (8 to 13 centimeters) into your tracheostomy tube.

9. Un-pinch the suction catheter to begin suctioning. **Do not keep the suction catheter in your trachea for longer than 10 seconds, or you may have shortness of breath.**

10. Using a rotating motion, slowly pull the suction catheter out of your tracheostomy. Rotating the catheter allows secretions on all sides of your trachea and the tube to be suctioned.

11. Wipe off the secretions from the suction catheter with dry gauze.

12. Rinse the secretions from the suction catheter by suctioning the water through it.

13. Repeat the steps above if you feel that you have more
secretions that need to be cleared out.

14. If you need to repeat the suctioning more than 2 or 3 times, rest for a few minutes before doing it again.

**Cleaning the suction catheter**

Each time you finish suctioning your tracheostomy tube, you must clean the suction catheter.

**Instructions while you’re in the hospital**

1. Gather your equipment:
   - 1 jar of Dakin’s® solution or another antiseptic
   - 1 bowl or large cup filled with water
2. Rinse the suction catheter with water and then suction more water through it.
3. Close the clamp.
4. Put the suction catheter into a jar of Dakin’s solution or another antiseptic fluid.

While you’re in the hospital, a patient care technician will give you a new suction catheter each day.

**Instructions when you’re at home**

1. Gather your equipment:
   - 1 clean, dry cloth or paper towel
   - 1 bowl or large cup filled with water
2. Rinse the suction catheter with water and then suction
more water through it.

3. Dry the suction catheter with the dry cloth or paper towel.

4. Disconnect the suction catheter from the plastic tubing on the suction machine.

5. Place the suction catheter on the dry cloth or paper towel.

While you’re at home, change the suction catheter once a week, or more often if it becomes dirty or clogged.

Empty the secretions from the inside of the suction machine into the toilet. Don’t empty them into the sink or the drain could become clogged.

Clean the canister of the suction machine as needed with soap and water.

**Cleaning the inner cannula and your skin around the tracheostomy site**

Clean the inner cannula every 2 to 4 hours, or more often as needed, to keep it free of secretions. This will make it easier for you to breathe.

Don’t start changing the tracheostomy tube ties that hold the tracheostomy tube in place until your doctor tells you it’s safe to do so.

**Instructions**

1. Gather your equipment:
   - 4 to 6 cotton swabs, or as many as needed
1. A mirror
2. A nylon brush

2. Wash your hands thoroughly with soap and water or use an alcohol-based hand sanitizer.
3. Stand or sit in front of a sink with a mirror.
4. With the fingers of one hand, hold the outer cannula in place. With the fingers of your other hand, unlock the inner cannula by twisting it, then slide it out (see Figure 3). **Do not keep the inner cannula out for more than a few minutes.**

![Figure 3. Unlocking the inner cannula](image)

5. Hold the inner cannula under warm running water. Clean it with the nylon brush (see Figure 4). Once the cannula is clean, shake out the excess water.
6. Slide the inner cannula back into the outer cannula right after you clean it. This will prevent the outer cannula from becoming blocked with secretions.
7. Gently clean the skin around your tracheostomy tube with moistened cotton swabs.

If you will have a tracheostomy for an extended period of time, your doctor or nurse will change the entire tracheostomy tube during office visits. This includes the inner and outer cannulas and the tracheostomy tube ties that keep your tracheostomy tube in place. **Do not do this on your own since you may not be able to reinsert it into your trachea.**

**Moisturizing the air you breathe**

Placing a moist piece of gauze in front of your tracheostomy tube will help filter, moisturize, and warm the air you breathe in. Try to do this as often as possible. This will keep your secretions fluid and will make it easier to suction them and clean your trachea.

**Instructions**

1. Gather your equipment.
   - One 4 inch x 4 inch piece of gauze
   - Neck string
Scissors

2. Wash your hands thoroughly with soap and water or use an alcohol-based hand sanitizer.

3. Stand or sit in front of a sink with a mirror.

4. Moisten the 4 x 4 piece of gauze with water. Cut a piece of neck string that’s long enough to fit comfortably around your neck.

5. Open the gauze and drape it over the neck string. Put the gauze in front of the tracheostomy tube opening (see Figure 5). Tie the neck string in a bow at the back of your neck to keep it in place.

6. Keep the gauze in place until it becomes dry. Once the gauze is dry, throw it away. Repeat the steps above to replace it.

Removal of the Tracheostomy Tube
Your doctor will remove your tracheostomy tube when you no longer need it. You won’t need to have surgery to do this. The opening will close on its own and you won’t need sutures (stitches).

Before the tube is removed, a closed inner cannula will be inserted in your tracheostomy tube. You will have the closed inner cannula in place for at least 24 hours. If you’re able to breathe normally with the closed inner cannula in place, your tube will be removed. You won’t feel any pain when the tube is taken out.

After the tube is removed, your doctor will put a dressing (bandage) over the tracheostomy site. Keep the dressing on the site until the opening is completely closed. This usually takes about 1 to 2 weeks.

When you cough or speak, put your finger over the tracheostomy site dressing. This will help the site to close.

Change the dressing over the tracheostomy site twice a day, or more often if it gets dirty. Each time you change the dressing, clean the skin at the site with moistened pieces of 4 x 4 gauze. Once the tracheostomy site is closed, you won’t need to wear a dressing.

**Important Points**

- **If you have trouble breathing, remove the inner cannula right away.** If your breathing improves, the
inner cannula was most likely clogged. Clean the inner cannula well and reinsert it. **If your breathing does not get better, call 911 or go to the nearest emergency room immediately.**

- If the entire tracheostomy tube is removed by accident, do not panic. The tract will stay open for hours to days. **Call 911 or go to the nearest emergency room immediately to have it put back in.**

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 AM to 5:00 PM at __________________________. After 5:00 PM, during the weekend, and on holidays, please call________________________. If there’s no number listed, or you’re not sure, call 212-639-2000.

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