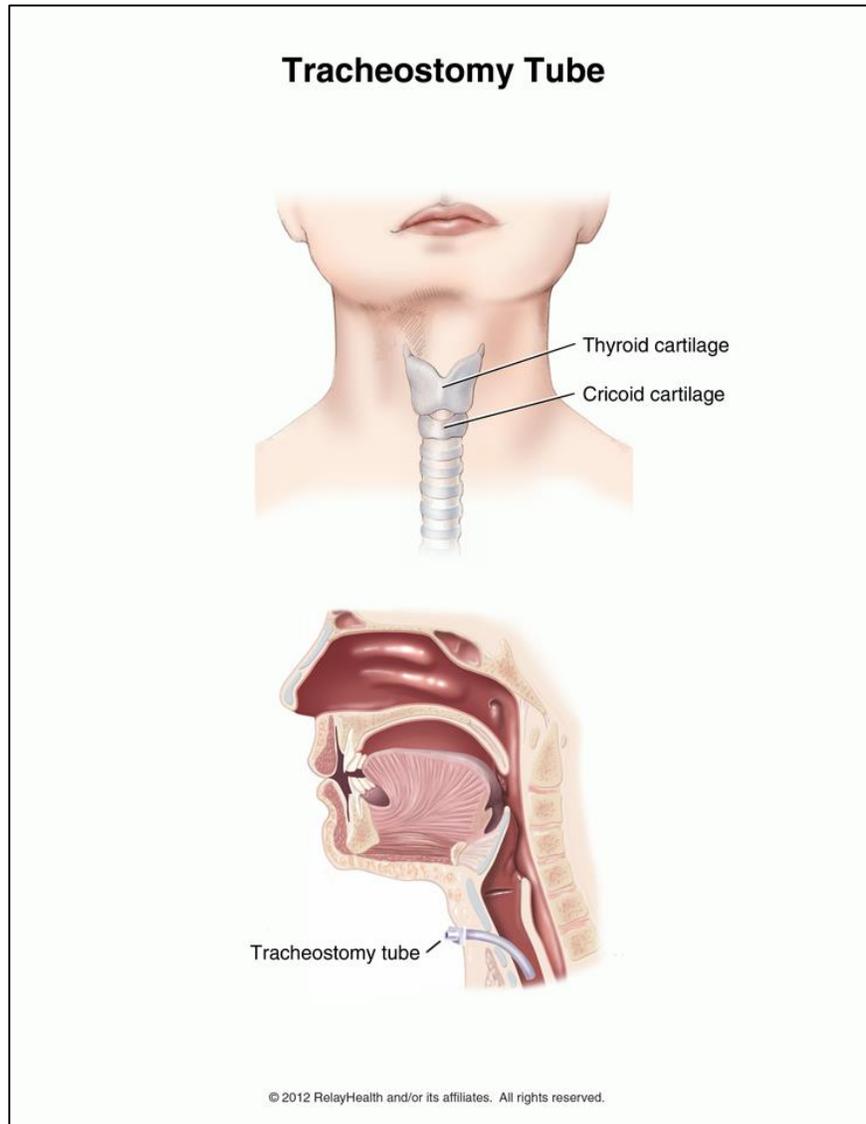


# Tracheostomy

## What is a tracheostomy?

A tracheostomy is a surgical procedure that creates an opening in your neck and windpipe (trachea). A tube is then placed in the opening to keep it open. The procedure makes another way for air to get to your lungs.

The terms tracheostomy, tracheotomy, and trach may be used to refer to both the surgical procedure and to the opening created by the procedure.



## When is it used?

A tracheostomy may be done when you have a problem with your airway. For example, it may be done to:

- Get air into the lungs when the airway is blocked.
- Get oxygen to the lungs more easily.
- Clear secretions from the airway.

Examples of when a trach may be needed are:

- Your upper airway is blocked by swelling, an injury, a tumor, a foreign body, vocal cord problems, or a severe narrowing of the trachea.
- You have an injury to the neck, head, or spinal cord that affects your brain or nerves and ability to control your breathing.
- You need frequent suctioning of fluid from your airway.
- You will be on a breathing machine (ventilator) for a long time because of an illness or injury.

## **What happens during the procedure?**

This procedure is usually done in an operating room or in an intensive care unit.

You will be given general anesthesia to keep you from feeling pain during the procedure. General anesthesia relaxes your muscles and you will be asleep. Then your healthcare provider will make a cut in your neck and windpipe. A tube will be put into the opening. The tube will be held in place with a band or laces around your neck.

## **What happens after the procedure?**

The skin around the trach tube will start to heal and your healthcare provider will monitor you for a few days. The tube will usually be kept in place for 5 to 10 days. After that a new tube may be used.

If you are on a ventilator, the tube will have a balloon around it that keeps air from leaking. In this case you will not be able to talk. If you do not need a ventilator, a smaller tube may be used that allows air to pass around it. Then you may be able to talk.

If you still have the trach when you go home from the hospital, your provider will teach you or your family how to care for it. This will include cleaning the trach site, suctioning, and changing the tube. This training will take some time. You may need to stay at the hospital until it is complete.

A tracheostomy may be temporary or permanent. If you no longer need it, your provider will remove the tube and cover the stoma with a dressing. Your provider will tell you what type of dressing or bandage to use and how often to change it. If the opening hasn't closed by itself by 4 to 6 months after the tube is removed, your provider may close it with minor surgery.

## **What are the risks of this procedure?**

Your healthcare provider will explain the procedure and any risks. Some possible risks include:

- bleeding
- infection
- damage to the voice box (larynx)
- problems with swallowing

## **When should I call my healthcare provider?**

**Call 911 or your provider right away if:**

- You cannot put a new trach tube in the opening after removing the old one. (While you wait for medical care, put a suction catheter 2 to 4 inches, or 5 to 10 cm, into the stoma and tape it to the skin. This will keep the stoma from shrinking too much and will allow medical staff to pass a tube over the catheter.)
- You cannot breathe easily after suctioning and changing the trach tube. For example, you have shortness of breath, uncontrollable coughing, or trouble getting air in or out.
- You have bleeding that does not stop. (There may be a small amount of bleeding with a trach tube change but it should stop within a few minutes.)

Call during office hours if:

- The secretions are yellow or green, are thicker than usual, or have an unusual or bad smell. (The first 1 or 2 hours in the morning, the secretions may be yellowish, but they should soon become a clear or white color.)
- You have changes in swallowing or breathing, sounds from the trach tube, or coughing that is not relieved by suctioning.

Written by Pierre Rouzier, MD.

Adult Advisor 2012.1 published by [RelayHealth](#).

Last modified: 2012-01-27

Last reviewed: 2011-12-13

This content is reviewed periodically and is subject to change as new health information becomes available. The information is intended to inform and educate and is not a replacement for medical evaluation, advice, diagnosis or treatment by a healthcare professional.

[References](#)

[Adult Advisor 2012.1 Index](#)

© 2012 RelayHealth and/or its affiliates. All rights reserved.