



Care of your Tracheostomy at Home

Patient Information Leaflet

Stoma Care

The stoma is the opening in the neck in which the tracheostomy tube is placed. The stoma should be kept clean and dry at all times to prevent infection. The frequency of cleaning will depend on the amount of secretions around the stoma site and from the tracheostomy tube. It is recommended that the stoma site is cleaned at least twice daily.

- Always wash your hands before cleaning the stoma. Clean around the stoma using normal saline or boiled cooled water, using gauze squares to gently wipe any secretions from around the tube. Gauze squares should only be used once and then discarded. Cotton wool should not be used to cleanse the stoma due to the risk of inhaling the fibres.
- A tracheostomy dressing may be placed underneath the flange of the tube to absorb any secretions and prevent the skin from irritation. This dressing must be changed regularly to prevent infection. If the secretions are minimal, a dressing may not be required.
- Check for signs of infection such as increased redness, yellow/green discharge around the stoma and pain around the stoma. If this occurs you may

contact the hospital or contact the liaison nurse on the contact numbers supplied for advice.

Tube Management

- Velcro tracheostomy ties are used to secure the tube in place. These are attached through the slots in the flange of the tube and secured around the neck. To ensure the ties are not too loose or too tight, you should be able to insert two fingers between the tie and your neck. These should be changed daily and when soiled. Care should be taken not to displace tube when changing the ties. You must have help when attempting to carry out this procedure.
- The frequency when changing the inner tube will depend on volume and thickness of the secretions. The tube will need to be checked and perhaps changed every 4 hours. The inner tube is released by pinching the sides of the snap – lock connection and following a curved action down the chest. When replacing tube, reinsert tube following above guidelines and ensure snap lock connection is secure
- Your tube will be changed every 2-3 months by the doctor at your outpatients appointment in the hospital.

Humidification

- You will need to provide moist air for your tracheostomy, especially if you feel dry and the secretions are thick. You should use the 'swedish nose' or a stoma protector at all times. A saline nebuliser may be used every 6 hours or more if your secretions are thick and the tracheostomy tube becomes blocked. A nebuliser unit is supplied to you on discharge.
- A stoma Protector which resembles a breathable cravat may be worn to aid humidification.

Suctioning

- It is unlikely that you will require suctioning at home. However, if you feel you are unable to clear secretions with coughing, suction may be used. A suction machine will be supplied on discharge home. The suction pressure on the machine should not exceed 100-120mmHg. The suction catheter is passed down the inner tube and should not exceed the length of a pen or until there is resistance or it triggers a cough. The catheter is then withdrawn slowly as suction is applied, by covering the vent on the catheter. This procedure should not exceed 10-

15 seconds. Discard the suction catheter after each use. The suction tubing should be flushed with sterile water after each use and changed every 24 hours when in use. The procedure will be explained thoroughly prior to discharge from hospital.

- If you have a fenestrated (holes in inner tube) tracheostomy tube, it is advisable to change to a non-fenestrated inner tube when suctioning during the day and it is strongly recommended to leave in a non-fenestrated inner tube during the night.

Nutrition

- It is important to maintain good nutrition when at home. If you have a loss of appetite, it is advised that you contact the ENT liaison nurse in the hospital who will be able to offer you advice.
- If you have pain, ensure you always take your pain medication prior to eating.
- Always eat sitting up, to prevent complications.
- If you feel you are coughing during eating or drinking, you should refrain from eating and drinking and contact the liaison nurse or inform the hospital doctor.

- You will have had a swallow assessment when in hospital. This procedure may be repeated during follow up appointments in the hospital.

Communication

- You may experience loss of voice following insertion of the tracheostomy. The speech and language therapist in the hospital will have assessed you during your hospital stay and may have given you a valve to aid speech, which is placed on the inner cannula. This valve must be removed when coughing and at night. A speaking valve does not provide humidification, so it is advisable to wear a Swedish nose when not speaking.
- The speech and language therapist will assess your speech during follow-up appointments in the hospital.

Seeking Help in an Emergency

- Don't panic
- You will need to attend your nearest accident and emergency department if your tracheostomy tube becomes displaced or blocked, as your breathing will be affected. Make sure you are accompanied by a relative or friend.

- Do not hesitate to call the Hospital Emergency Department on **01 7088535** at any time

We hope that this information is helpful to you. If anything is unclear or you have any other questions you would like to ask, then please do ask the nurse/doctor before discharge

If you have any queries or are worried about the care of your tracheostomy contact the nursing staff at:

Royal Victoria Eye and Ear Hospital

Inpatient Wards
01 6644600

Or ask to speak to the ENT Liaison Nurse

Revision History

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PIL 033	1	February 2014	New Information Leaflet	all	Hospital Management Group