



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Caring for your Tracheostomy at home

Information for patients, relatives and carers

① For more information, please contact:

Head and Neck Ward

The York Hospital, Wigginton Road, York, YO31 8HE

Tel: 01904 631313

Please scan the QR code below if you would like to view this information online:



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What is this leaflet about?

As a person with a tracheostomy, a carer or a relative, you are likely to have questions and concerns once discharge planning has begun. This leaflet will help to answer questions about how to care for your tracheostomy upon discharge from hospital.

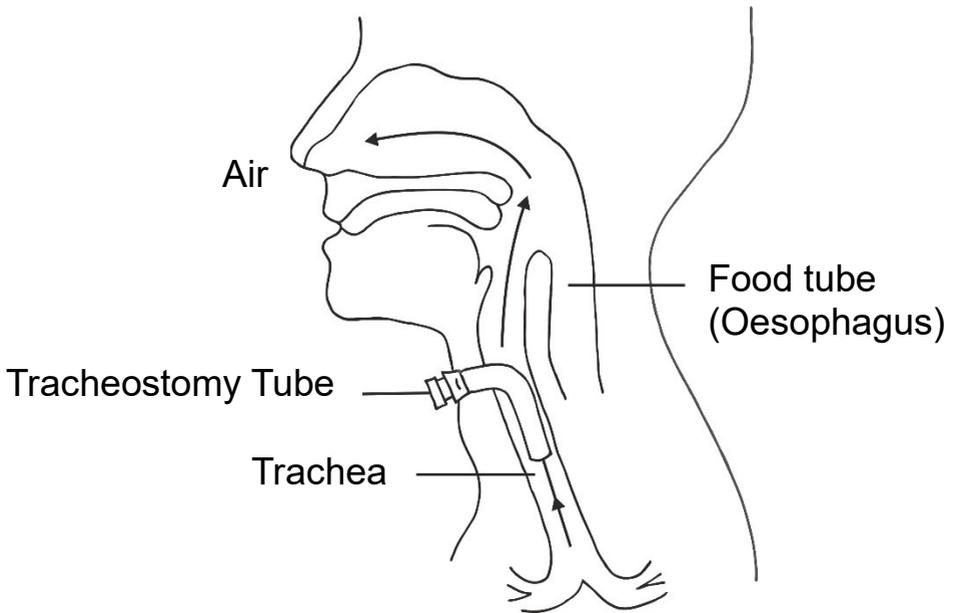
This leaflet will provide you with guidance for the following:

- What is a tracheostomy?
- Why there can be a need for one
- How to care for a tracheostomy
- What to do in an emergency
- Equipment you will need

Your team can answer any questions you might still have which are not covered in this leaflet.

What is a tracheostomy?

A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea). A tube is then placed in the hole (stoma), known as the tracheostomy tube. By doing this it creates an artificial airway for you to breathe through rather than your nose or mouth (upper airways). This tube will be held in place with Velcro ties to keep it securely in place.



How do I care for a tracheostomy?

You will be given supplies and equipment for the tracheostomy cares at home. We suggest finding a place in the home easy to access these and ensure everyone who will be completing the tracheostomy cares is aware where this is.

Good practices to keep are –

- Having a designated area so you can access all your supplies and wash your hands
- Checking your supply levels often
- Ensure your equipment is fully charged and easily accessible (nebuliser)

There are tasks to learn to be able to effectively care for a tracheostomy these are –

- Inner tube cleaning and changing
- Stoma care and Dressing change
- Neck ties changing
- Humidification
- Nebulisers
- What to do in an emergency

Remember: Before doing any task, you should wash your hands and have the necessary equipment ready.

Safety tips and advice –

- Wear loose clothing around your neck to allow easy access to your tracheostomy.
- Take care when you are in the shower, use a water guard to prevent water entering your tracheostomy tube.
- Avoid swimming for this reason.
- Avoid smoky or air polluted areas
- Avoid aerosols and powders such as talcs, as all of these can irritate the airways and cause and infection.
- Avoid contact sports as these can dislodge the tracheostomy tube.

Changing and cleaning the inner tube

It is important to keep the inner tube free of secretions and clean to prevent a blockage and risk of chest infections.

Good practices with inner tubes are –

- Remove and check the inner tube every 4 hours and potentially changing for a clean one, increasing this if your secretions are thicker or of higher volume.
- Always have a clean inner tube close to hand when removing a dirty one.
- If your breathing becomes harder, you should immediately remove and check your inner tube first.

Equipment needed for this procedure –

- Spare inner tube
- Cleaning swabs
- Fresh tap water
- Mirror
- Clean, dry, lidded tub

Procedure of changing and cleaning

1. Wash your hands.
2. Have all your equipment ready.
3. Remove all external tracheostomy aids (buchanan bib, Swedish tip, speaking valve).
4. With one hand support the tracheostomy, with the other remove the inner tube in a downwards curved motion.
5. Continue to support your tracheostomy, then insert the clean inner tube in an upwards curved motion, making sure it has clicked at the end.
6. Reapply external tracheostomy aids.
7. Clean the dirty inner tube with clean water.
8. Shake off the excess water on/in the tube and store in a clean, dry lidded tube.

Cleaning stoma and dressing change

The stoma should always be kept dry and clean, as this will reduce the risk of infection. The stoma site should be checked to ensure there is no skin damage being caused by the tube, dressing or neck ties.

The stoma site and skin around should be cleaned at least once a day. The frequency can vary if your secretion load is higher and/or your dressing is becoming wet or soiled often.

When checking your stoma, you are looking for-

- Redness around the stoma site
- Yellow/green discharge around the stoma
- Pain around the stoma
- Any bleeding around the stoma

If any of these occur, it would be best to contact your district nurses or the GP to seek further advice.

When cleaning your stoma, use only the equipment you have been given. Do not use cotton wool as a substitute.

Equipment needed for this procedure –

- Gauze or Cleaning swabs
- 0.9% saline sachets/cooled boiled water
- Mirror
- Clean surface
- Spare dressing
- Barrier cream (if required)

Procedure for stoma cleaning and dressing change

1. Wash your hands.
2. Get all the equipment ready as listed above.
3. With one hand supporting the tracheostomy firmly, remove the old dressing, maintain your supportive hold of the tracheostomy throughout.
4. Clean around the stoma site with saline water and gauze or tracheostomy swabs. Use a fresh piece of gauze or swab to clean each side of the stoma.
5. Check the stoma site for any signs of infection or skin damage (as mentioned previously).
6. Apply a barrier cream around the stoma if required.
7. Apply the clean dressing, and ensure tracheostomy is secure, then you can let go of the tracheostomy.
8. Dispose of the old dressing and used equipment.

Changing neck ties

This is a two person job – do not attempt alone.

The neck ties keep your tracheostomy in place, so it is extremely important that they are secured properly. Two people need to be present when neck ties are changed, to prevent your tracheostomy from falling out.

The ties are attached to your tube via the slot at the side of the tube. They come in two parts – a small piece and a large piece. They should be changed weekly. However, if they have become soiled or wet then they should be changed more often.

Before changing starts, decide which person will do the jobs required. These are:

- A.** Support and keep the tracheostomy in place
- B.** Change the neck ties

Equipment needed for this procedure –

- New neck ties
- Scissors (if required)
- Clean surface

Procedure for changing neck ties

(For the procedure we will use person A and person B)

1. Wash your hands.
2. Ensure all the equipment is ready on a clean surface.
3. **Person A:** will hold the tracheostomy in place throughout the whole procedure.
4. **Person B from now on –**
 - Begin to undo and remove the old neck ties.
 - Check the skin where the ties have been to check for redness or soreness.
 - Apply the new neck ties and ensure they are not too tight. Allow for at least two fingers to fit comfortably between the ties and the neck.
5. Once the tapes are secure **Person A** can let go of the tracheostomy.
6. The old ties should be discarded.

Humidification

Normally air enters the lungs through the nose and mouth. The nose filters, warms and moistens the air that is inhaled (breathed in) which prevents unwanted particles from entering the lungs, and keeps secretions thin so they are easier to cough up, which helps to prevent infection.

A tracheostomy bypasses this natural function so inhaled air must be artificially filtered, warmed and moistened to prevent secretions from becoming thick and sticky and difficult to cough up and/or remove with suctioning. This can be done using a Heat and Moisture Exchanger (HME) device and/or nebulisers; always use the device that has been recommended.

If your secretions thicken, turn green or become smelly then these can be signs of infection and will need medical advice via your GP or community team.

Types of humidification aids –

1. HME (Swedish tip // TrachPhone)- to be changed daily unless clogged with secretions then change more frequently and dispose of after usage.
2. Buchanan Bib- to be need changed daily. Washed by hand in warm water with detergent and left to dry before reusing.

Saline Nebulisers

Nebulisers can be prescribed for you to go home with to aid loosening phlegm. If you notice your secretions are getting thick and sticky, contact your GP or community team.

Equipment needed –

- Prescribed amount of 0.9% sodium chloride
- Nebuliser machine
- Nebuliser chamber

Procedure –

1. Wash and dry your hands.
2. Assemble the nebuliser machine.
3. Dispense the prescribed amount of 0.9% sodium chloride into the nebuliser chamber.
4. Attach the nebuliser chamber to the tracheostomy mask, as demonstrated by staff when you received the machine.
5. Carefully remove any HME or device from the end of the tracheostomy tube and secure the tracheostomy mask over the tracheostomy tube.
6. Turn on the machine. It will take approximately 10 to 15 minutes to administer the nebuliser.
7. When finished, turn the machine off and remove the mask.
8. Dispose of the used nebuliser chamber as these are single use only and you should use a new one each time to prevent infection.

Frequently asked questions (FAQs)

When can I start driving again?

Seek advice from your surgeon and clinical nurse specialists at your follow-up clinic. When/if you do begin driving again you will have to make sure your insurance company are aware of changes to your medical health.

Other useful resources/websites

Macmillan Cancer Care

macmillan.org.uk

Telephone 0800 808 0000

Head and Neck Cancer Foundation

hncf.org.uk

Telephone 0330 133 0724

Cancer Care Centre, York Hospital

(Monday-Friday)

Telephone 01904 721166

Let's Face it!

lets-face-it.org.uk

Telephone 01843 491291

Mouth Cancer Foundation

mouthcancerfoundation.org

Telephone 01924 950950

Throat Cancer Foundation

throatcancerfoundation.org

Telephone 0203 4754 065

Changing Faces

changingfaces.org.uk

Telephone 0300 012 0275

Butterfly Thyroid Cancer Trust

butterfly.org.uk

Telephone 01207 545469

The Swallows

theswallows.org.uk

Telephone 01253 428940

[websites accessed November 2023]

Useful telephone numbers at York

Consultant Surgeons – contacts for secretarial staff

Mr. A. Coatesworth	01904 726598
Mr. R. Taylor	01904 721161
Mr. R. Wortherspoon	01723 342081
Restorative Dentists Secretary	01904 725614
Clinical Nurse Specialists	01904 726063 01904 725726
Research Nurses	01904 721278
Dieticians	01904 725269
Speech and Language Therapists	01904 725768
Physiotherapists	01904 725383
Outpatient Clinic	01904 726501
Head and Neck Ward	01904 726026
Ward 16/NEU	01904 726016
ICU	01904 726040

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

Physiotherapy Department, telephone 01904 723860.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website:

www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

Owner	Tracheostomy Steering Group
Date first issued	November 2023
Review Date	November 2026
Version	1 (issued November 2023)
Approved by	Tracheostomy Steering Group
Document Reference	PIL1593 v1

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