National Hospital for Neurology and Neurosurgery

About artificial breathing tubes (tracheostomy tubes)
Tracheostomy Team
If you would like this document in another language or format, or require the services of an interpreter, contact us on 020 3448 3043. We will do our best to meet your needs.

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1 Introduction

This booklet has been written by tracheostomy team at The National Hospital for Neurology and Neurosurgery. It is intended to provide information for patients (or their families and carers) about artificial breathing tubes (tracheostomy tubes). It is not intended to replace discussion with your consultant or therapist.

If you have any further questions please contact a member of our team they will be happy to answer them for you.

2 What is a tracheostomy tube?

A tracheostomy tube is a small hollow tube that fits into the windpipe. A tracheostomy tube is inserted through a small cut (about one to two centimetres) made in the front of the neck just below the neckline. The tube is held in place with soft ties which loop around the neck.

A small inflatable balloon (cuff) sits around the tube. When it is inflated with air the cuff helps prevent the tube from moving.

The picture on page four shows the position of the tracheostomy tube and the cuff.
3 How can a tracheostomy tube help?

A tracheostomy tube is used to help breathing by providing a direct and easy route for air to enter the lungs. It also provides access for the removal of phlegm (secretions) from the lungs. Secretions are removed using a long, thin plastic tube (catheter). The catheter is connected to low pressure suction which draws the secretions out of the lungs. This process is called ‘suction’.

4 Why is suction important?

Normally, secretions are removed by coughing. Muscle weakness, illness or injury can reduce the ability to cough effectively. This increases the risk of developing chest infections. Suction helps to prevent and treat chest infection.

Suctioning can stimulate a cough and although this can be unpleasant, it is vital to help breathing and allow the lungs to work efficiently. Suctioning is only used when necessary.

5 What about speaking?

When the cuff of the tracheostomy tube is inflated, air cannot pass over the voice box, so it is not possible to speak. A speech and language therapist can assess speech by deflating the cuff and using a speaking valve.

6 What is a speaking valve?

The speaking valve helps direct air into the voice box. Speaking valves can be used for periods of time each day. This will be monitored by the clinical staff.
7 What about swallowing?

The tracheostomy tube can make swallowing difficult. The speech and language therapist will assess swallowing to ensure food and drink can be swallowed safely.

If the patient cannot swallow safely a special feeding tube (naso-gastro tube) may be used. If the ability to swallow is not impaired patients may be given very small amounts of food to eat. This will only be done after a careful and thorough assessment.

8 What are the different stages of tracheostomy tube removal?

Before a tracheostomy is removed, several stages are usually undertaken.

First stage: Assisted breathing through a T-piece.

Large clear tubing is connected to oxygen and a humidifier to deliver warm moist air. A T shaped adapter is used to connect the tubing to the tracheostomy.

Second stage: ‘Swedish nose’ or a tracheostomy mask

A ‘Swedish nose’ is a small filter which is placed on the end of the tracheostomy tube. It can be connected to oxygen if necessary. A tracheostomy mask is similar to an oxygen mask and sits over the tracheostomy.

Third stage: ‘Capped off’ (normal breathing)
Prior to removing the tracheostomy tube, the cuff will be deflated and a small cap applied to the end of the tracheostomy tube. Air can pass around the tracheostomy tube and up through the mouth and nose.

Each stage is carefully monitored by the clinical staff. The length of time it takes to progress from one stage to another will depend on different factors and can vary from patient to patient.

9 When can a tracheostomy tube be removed?

When the clinical team are confident that:

- the lungs are working efficiently
- the cough is strong and efficient
- the swallow is safe
- there is no health risk if the tube is not in place

10 Any questions?

If you have any question about this booklet or your tracheostomy tube, please speak to one of the clinical team caring for you.
11 How to contact us

Tracheostomy team

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