

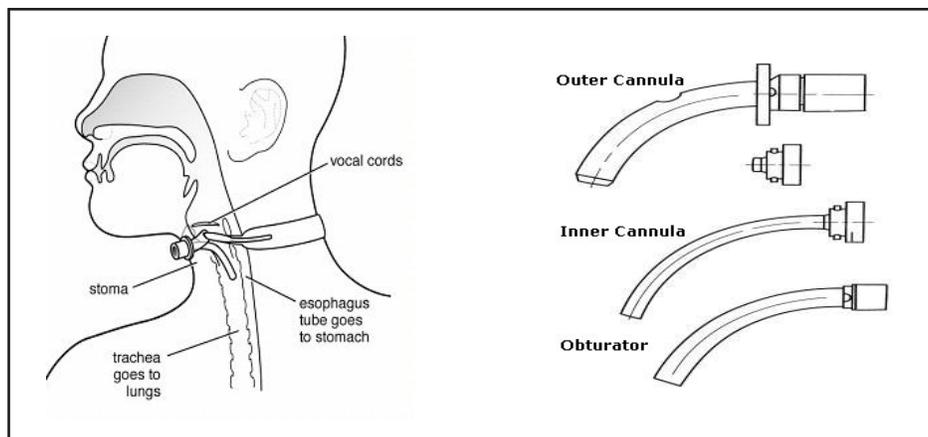
# DHEC Home Care Teaching: Tracheostomy Care

## I. What is a tracheostomy?

A tracheostomy, commonly called a trach, is a surgically created hole that goes from the skin on your neck into your windpipe or trachea. Some people need a tracheostomy to let air get around a blockage in their windpipe. Others need a tracheostomy to help them breath or to suction mucus from their lungs.

## II. What are some words I need to know?

- **Larynx:** An organ in the throat used in breathing, swallowing, and talking. It is made of cartilage and muscle and is lined by a mucous membrane similar to the lining of the mouth. It is also called the voicebox.
- **Trachea:** The tube that connects the larynx to the lungs; the windpipe.
- **Tracheostomy tube:** The tube that goes through the hole in your neck and connects with your windpipe. It is about 2-3 inches long and keeps the hole in your trachea from closing. A tracheostomy tube is usually made of plastic or stainless steel. There are two parts to a tracheostomy tube, an outer and inner cannula.
- **Outer cannula:** The outer part of the tracheostomy tube is called the outer cannula.
- **Inner cannula:** The inner part of the tracheostomy tube is called the inner cannula. The inner cannula is removed for cleaning without removing the outer cannula.
- **Stoma:** The hole in your neck skin where the tracheostomy goes is called the stoma.
- **Obturator:** An obturator is a device with a curved tip that helps guide the trach tube through your stoma into your windpipe. The obturator is removed after your tracheostomy tube is in place and replaced with the inner cannula.
- **Humidifier:** A humidifier is a machine that puts moisture in the air.



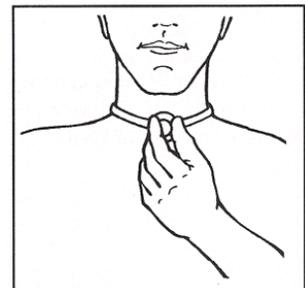
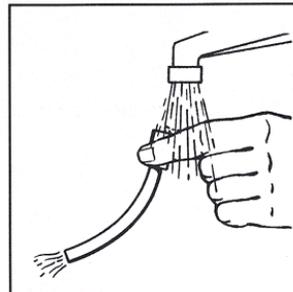
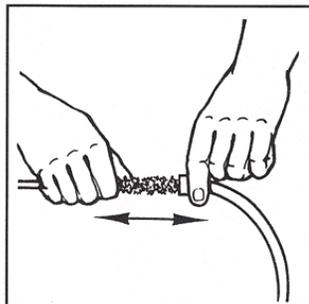
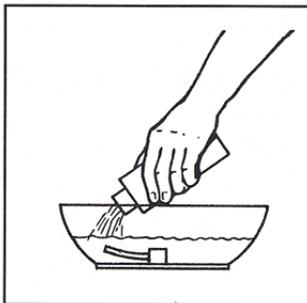
### III. How do I take care of my tracheostomy?

At home most people use a clean technique to care for their tracheostomy. Clean technique still requires special precautions to handwashing and care of equipment. Good handwashing and cleaning of equipment is very important to prevent infection. You must wash your hands before and after you do any part of your tracheostomy care.

#### A. Cleaning the Inner Cannula:

You need to clean your inner cannula at least three times a day. If your mucus is thick or sticky, you may need to clean the inner cannula more often.

1. Wash your hands.
2. Remove the inner cannula.
3. Put the inner cannula in a bowl and cover it with hydrogen peroxide. Let it soak in the peroxide for at least one minute.
4. Pick the inner cannula up and clean the inside and outside with pipe cleaners or cotton-tipped swabs.
5. After you scrub off all the mucus, hold the inner cannula under running tap water.
6. Shake the extra water off the inner cannula.
7. Reinsert the inner cannula into the outer cannula and lock it in place.
8. Wash your hands.

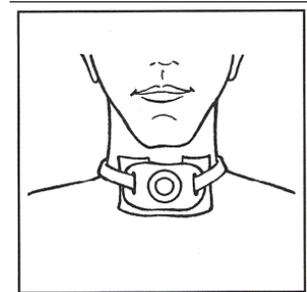
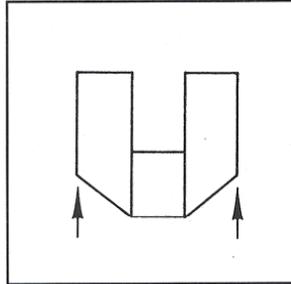
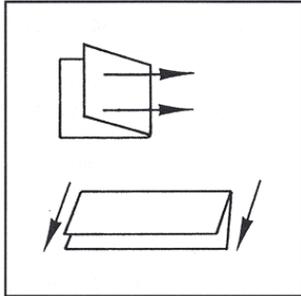


#### B. Cleaning your stoma:

You need to clean the skin around your stoma at least once a day to remove mucus crusts and prevent skin irritation.

1. Wash your hands.
2. Clean around your stoma with a soapy washcloth. Rinse with a wet cloth.
3. If your stoma is covered with dried crusts, remove the crusts with a swab soaked in peroxide. Hold your breath or plug your trach while cleaning so that you don't inhale crusts.
4. If you don't use oxygen and dried crusts are a problem, you can put a light coat of Vaseline around your stoma.

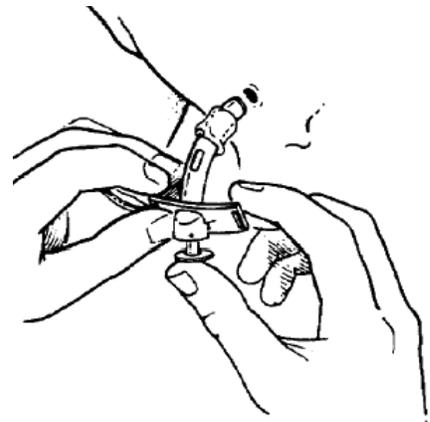
5. If you have a lot of mucus, you may need a dressing around your stoma. You can buy pre-cut dressings or make them from a 4x4 gauze. Do not cut the gauze. Cutting gauze loosens fibers that may get lodged in your stoma.
6. To make a tracheostomy dressing from a 4x4 gauze,
  - a) open a piece of gauze to an 8x4 size, then fold lengthwise.
  - b) fold the gauze ends up.
  - c) slide the folded gauze under your tracheostomy ties.



### C. Changing your outer cannula:

If the outer cannula comes out accidentally or if you think mucus is plugging the end, it should be replaced. Your doctor or nurse will show you how to change the outer cannula. It is best to do this for the first time with a nurse or doctor present.

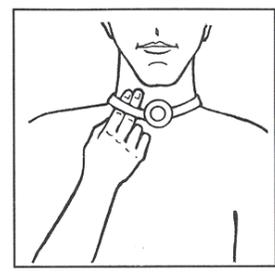
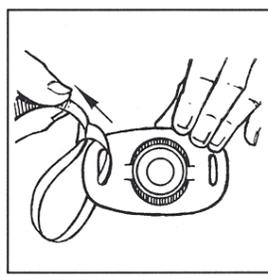
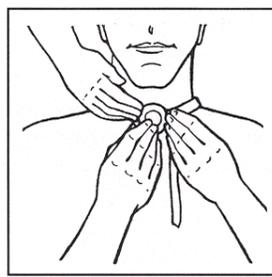
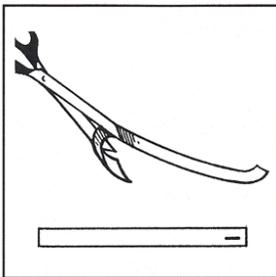
1. Wash your hands.
2. Prepare the clean tracheostomy tube.
  - a. Remove the clean tube's inner cannula.
  - b. Attach the trach ties to the outer cannula.
  - c. Place the obturator in the outer cannula.
  - d. Run clean water over the tracheostomy tube.
  - e. Apply a thick coat of water-soluble lubricant to the outside of the clean tracheostomy tube.
3. Loosen the ties of the tracheostomy tube that is now in place.
4. With a smooth, quick motion, slide the old tracheostomy tube forward and out.
5. Insert the clean tracheostomy tube into your stoma using a gentle, inward motion. If it is hard to get the tube into your stoma, lift up your chin. Doing this may help line up your stoma with the hole in your trachea.
6. Hold the flange of the new outer cannula with one hand and remove the obturator with the other hand.
7. Secure the trach ties to one side in a square knot or with the Velcro closure.
8. Insert the inner cannula and lock it in place.
9. Wash your hands.



## D. Changing your tracheostomy ties:

Your tracheostomy ties only need to be changed when they get dirty. Someone will need to hold the tracheostomy tube to keep it stable while you are changing the ties. Tracheostomy ties, usually called twill tape, can be bought on a roll in a sewing store. Some people even use shoelaces. Velcro ties are available from a medical supplier. If you use a Velcro tie some steps below are omitted.

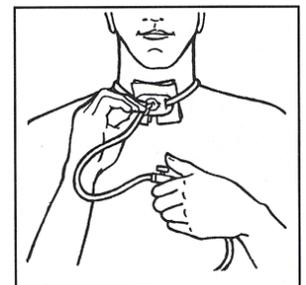
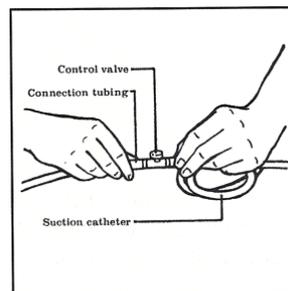
1. Cut two strips of twill tape, each about 8 inches long.
2. Cut a small slit at one end of each strip.
3. Have a friend hold your trach in place, then cut and remove the dirty ties.
4. Pull the slit end of each tie about an inch through the opening in the trach neck plate. Thread the un-slit end through the slit.
5. Tie the ends together in a double knot to one side of your neck. Make the ties loose enough to slip a finger under them.



## E. Suctioning:

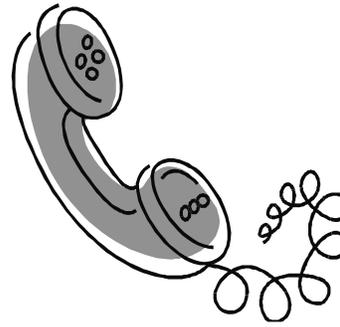
At first, you may need a suction machine to help you clear mucus from your airway. Once your airway adjusts to your tracheostomy tube, the amount of mucus will decrease.

1. Wash your hands.
2. Attach the suction catheter to the suction machine.
3. Turn on the suction machine.
4. Pour about half a cup of saline solution into a clean container.
5. Fill a syringe with 2 cc of saline and squirt the saline into your tracheostomy tube.
6. Wet the end of the suction catheter with the saline.
7. Take three deep breaths.
8. Insert the suction catheter 4-8 inches into your tracheostomy tube. Do not apply suction (do not cover the suction control valve) while you are inserting the catheter.
9. When you feel resistance, pull back the suction catheter slightly.
10. Cover the suction control valve with your thumb and gently twist the catheter while you pull it out. Don't apply suction for more than ten seconds. Do not suction more than three times a session. If you need more suctioning, rest for at least five minutes before repeating.
11. Take three deep breaths after you are finished.
12. Place the catheter in the saline and apply suction to rinse the catheter tubing.
13. Wash your hands.



#### IV. Call your nurse or doctor when:

- the amount of mucus increases
- the mucus changes color
- the mucus becomes much thicker
- you have a fever of 101F or higher
- you have problems breathing
- your secretions become bloody



#### V. Self-care tips

- Carry some form of identification in case of an emergency. Have a Medical Alert Bracelet that states “Neck Breather.”
- Pay attention to the type and amount of mucus through your stoma. Report any changes to your doctor.
- Tell your doctor before you take any medicines. Some drugs can dry out secretions.
- Use a humidifier to moisten the air you breathe. Follow the instructions to keep the humidifier clean.
- Eat a balanced diet and drink enough fluids. You should drink 8 cups of fluids per day, unless your doctor tells you otherwise. Avoid liquor and beer, it will dehydrate your body and make your mucus thick.
- Get plenty of rest and stay away from people that have a cold or the flu.
- Protect your stoma from very hot or cold temperatures. Use a dressing, bib or shield to cover your stoma. Make sure you can breathe through the stoma covering. You can buy stoma coverings at medical supply companies.
- Do not go into areas where there is a lot of dust, fumes, or smoke.
- Aim the showerhead low or wear a shield to keep water from entering your lungs while you are in the shower. It may be easier to take a tub bath. Avoid getting soap lather in your stoma, it will make you cough.
- Protect your tracheostomy. Be careful that nothing enters your new airway. This includes cotton swabs, tissues, shaving cream, hairs, powders, smoke or aerosols. When you are outside, make sure insects and other things don’t enter your tracheostomy tube.
- Shave with an electric razor. Men need to be careful when shaving. It is easy to cut yourself if you have less sensation in your neck.
- Give special attention to your nose and mouth. It is harder for you to detect mouth odor. Good mouth care also helps you have a better appetite