NHS
Sandwell and West Birmingham
NHS Trust

Tracheostomy Care, Advice and Guidance

Information and advice for patients

ENT

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?
- How to care for a tracheostomy
- What to do in an emergency
- Equipment you will need
- Where to obtain equipment once discharged
- Support once discharged

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 a 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.

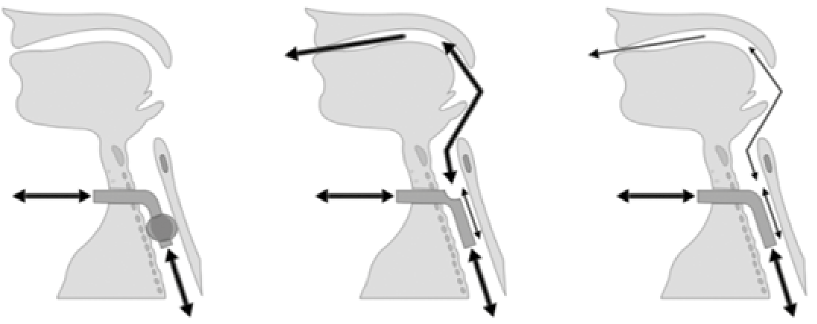

Image from National Tracheostomy Safety Project **https://tracheostomy.org.uk/#**

How do I care for a tracheostomy?

You will be given supplies and equipment to care for your tracheostomy at home. We suggest finding a place in the home easy to access these and ensure everyone who will be completing the tracheostomy care 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 and suction machine)

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
- Suctioning
- What to do in an emergency

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 a minimum of every 4 hours and change for a clean one, increasing this if your secretions are thicker or of a 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 twist and 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, then twist 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 a clean dressing and ensure tracheostomy is secure, then you can let go of the tracheostomy. Ensure dressing is fully under the tracheostomy flange so no plastic is touching the skin directly.
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 needmedical advice via your GP or community team.

Types of humidification aids:

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

Saline Nebulisers

Nebulisers will 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 district nurses.

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.

Suctioning your tracheostomy

Suctioning removes secretions or mucus from the tracheostomy tube and keeps the airway open. Use suction only when it is necessary. You may not need to suction yourself at home. You and your family/carers should know how to suction if you can't cough mucus out.

When to suction

- when you feel a build up of secretions that you can't clear by coughing if you are having trouble getting your breath.

Equipment required

- suction machine and tubing set up according to manufacturer's instructions
- suction catheters that are no greater than half the diameter of the tracheostomy tube

How to suction

1. Wash your hands thoroughly. If you are going to wear gloves, put them on.
2. Attach the suction catheter to the connecting tubing of the suction machine.
3. Turn on the suction machine as instructed.
4. Make sure your head and shoulders are slightly elevated.
5. Cough and wipe mucus from your tube and mouth using paper facial tissues.
6. Insert the catheter with NO suction applied. Gently insert the catheter so that it reaches just below the end of the tracheostomy tube. This varies slightly dependant on the type of tracheostomy tube. Use a spare inner tube as guide to how far to insert the suction catheter. Let the natural curve of the catheter follow the curve of the tube.
7. Apply suction by covering the hole (vent) with your thumb. At the same time, slowly take out the catheter by twisting and rotating it. DO NOT leave the suction catheter in for longer than you can hold your breath. This is no more than 10 seconds.
8. Discard used suction catheter. If secretions not cleared and you feel like you require repeat suctioning use a new suction catheter and repeat procedure.

Suction machine maintenance

- Clean the machine, container, bowl, and tubing every day.
- Empty and rinse the suction container with cool water.
- Wash the suction container with water containing clear, moisturizer free dish detergent.
- Rinse with hot water and dry with a clean cloth

Do not allow your suction chamber to get too full or it may stop your machine working by blocking the filter

If your tracheostomy tube comes out

By the time you have been discharged from the hospital, your stoma is well-formed and will not suddenly close. You can breathe through the stoma itself and have time to try to replace the tracheostomy tube if it falls out.

You will be given emergency equipment when you are discharged that you should have with you at all times. This will include a spare same size tracheostomy tube that you normally wear to use if your tracheostomy tube falls out, a size smaller tracheostomy tube if you cannot replace your tube with your normal size, lubricating gel and tracheal dilators.

If your tracheostomy tube does come out, stay calm and follow these steps to replace it:

1. Tilt your head back slightly to make stoma hole larger
2. Place obturator inside of trach tube
3. Apply a small amount lubricant. Guide the tracheostomy tube back inside the stoma, using the same motion that you use to insert the inner cannula.
4. Hold the tube in place
5. Pull out the obturator, replace inner cannula
6. Attach new trach ties

If tracheostomy tube will not go back in, try the smaller size tracheostomy tube. Call 999 right away if you cannot get the tube back into place or if you are still having difficulty breathing. You can also use tracheal dilators to keep your stoma open whilst awaiting help.

When to call your doctor

Call your doctor if you have any of the following:

- Fever with chills
- Reddened or swollen skin around your stoma
- More mucus than usual and changes in color; especially from clear to yellow, green or brown
- Mucus has a bad smell
- Difficulty breathing or noisy breathing that sounds obstructed
- Persistent mucous plugs
- Blood tinged secretions from your tracheostomy
- Chest discomfort
- Difficulty swallowing or eating

You can also call your district nursing team for help and advice if you are unsure.

Equipment

When you are discharged equipment of a suction and nebuliser machine will be given to you. This will depend upon the area you live in.

Sandwell GP – equipment will be supplied by the hospital discharging you.

Birmingham GP – equipment will be sourced for you from a community service called Mediquip. These will be requested by the hospital discharging you by referral to Mediquip via GP or district nurses.

Medequip
Unit B1-3 Matrix Point
Mainstream Way
Nechells
Birmingham
B7 4SN

birmingham@medequip-uk.com

Tel: 0121 503 8850

Opening Hours: 8.30am to 5.00pm Monday – Friday

Any issues or problems with the machinery should be directed to who supplied them.

Supplies that are used with this equipment can be sourced through district nurses or via GP. This includes:

- Suction Catheters
- Suction Tubing
- Tracheostomy Masks
- Nebuliser Chambers and Tubing

If you are having trouble getting supplies of these please speak to the nurse or department that arranges your tracheostomy tube changes

Tracheostomy Supplies

Tracheostomy supplies (dressings, HME's, cleaning equipment etc) can be obtained via a company called ATOS. Your hospital will refer you to them when discharged. They will contact you to arrange for your products to be delivered to your home on prescription. You will be given a supply when discharged to allow time for this.

ATOS also run a community nursing service and this can be helpful when first discharged with a tracheostomy for support and advice. Please ask your discharging hospital for a referral to them when discharged if required.

This nursing service can help and support you including the following:

- How to keep the skin around your neck stoma healthy
- Getting started with Heat and Moisture Exchangers (HME) and guidance on breathing exercises to improve your lung health
- Learning to look after your stoma and getting into a good routine
- Guidance on how to manage your tracheostomy at home
- Support you with using your products appropriately whilst managing your tracheostomy

If you choose to be referred to the ATOS nursing service they will be in touch with you shortly after discharge and advise you of how to contact them for on-going support at home.

Tracheostomy Tube Changes

Your tracheostomy tube will need to be fully changed every 4 weeks. The department that performs this will depend upon the reason for your tracheostomy being inserted. These changes will be carried out in the outpatient department at either Sandwell or City Hospital. You will be advised of which when discharged.

ENT Clinical Nurse Specialist
Phillipa - 01215073027

Head and Neck Cancer Clinical Nurse Specialist
Sarah – 01215075490

Advice on when your tracheostomy tube change is due or any other general enquiries can be directed to the relevant person and on the numbers above.

If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email **swbh.library@nhs.net**.

A Teaching Trust of The University of Birmingham
Incorporating the Midland Metropolitan University Hospital, City Health Campus, Sandwell Health Campus and Rowley Regis Hospital.

M8476
Issue Date: January 2026
Review Date: January 2029