



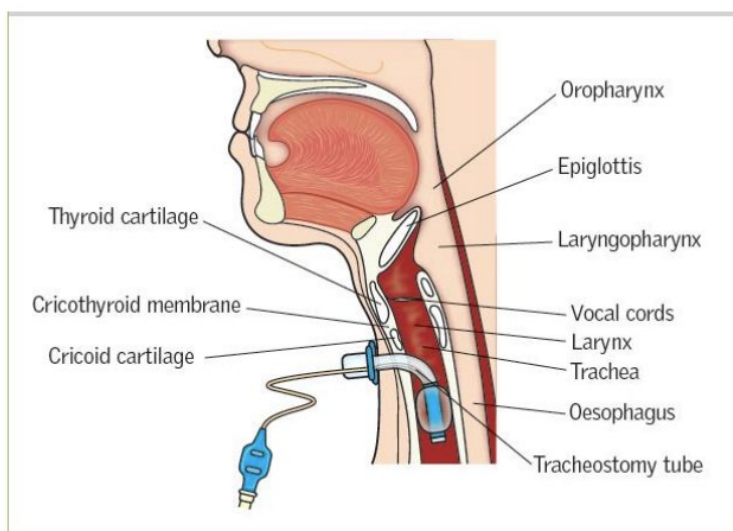
Having a tracheostomy

Your doctor has advised that you need a tracheostomy to help you breathe. This leaflet explains what a tracheostomy is, how and why it is carried out, and how it can affect your speech, swallowing, eating and drinking. If you or your relatives or carers have any questions, your doctor, nurse or speech and language therapist will be happy to answer them.

What is a tracheostomy?

A tracheostomy is an opening (stoma) created at the front of your neck so a tracheostomy tube can be inserted into the windpipe (trachea) to help you breathe. If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator.

It can also be used to remove fluid and mucus that may build up in the throat and windpipe.



Tracheostomy with cuff inflated diagram courtesy of NTSP, 2013

Why is a tracheostomy needed?

- To deliver oxygen to the lungs if you're unable to breathe normally
- To allow you to breathe if your throat is blocked – for example, by a swelling, tumour or something stuck in the throat
- When the nerves or muscles for swallowing are impaired so you cannot swallow your saliva
- To remove fluid and mucus that build up in your lungs

How is a tracheostomy carried out?

A doctor or surgeon will make a hole in your neck using a needle or scalpel before inserting a tube into the opening. This is usually done using a general anaesthetic (you are asleep) in ICU or in theatres.

A dressing will be placed around the opening in your neck and tape or stitches will be used to hold the tube in place.

If you're unable to breathe on your own, the tracheostomy tube will be attached to a machine (ventilator) that supplies oxygen to assist with breathing to increase the flow of oxygen to your lungs.

Specialist equipment can also be used to warm and moisten (humidify) the air breathed in, to make it more comfortable.

It may sometimes be possible to remove the tube and close the opening in your neck before you leave hospital. However, the tube may need to stay in permanently if you have a long-term condition that affects your breathing or swallowing.

Speech and tracheostomy

To make a voice, air from the lungs passes up the trachea (windpipe), into the larynx (voice box) and over the vocal cords.

The vocal cords vibrate as air passes over them and this creates a sound (your voice). The sound travels up into the mouth and nasal cavities. The voice is modified by movement of the tongue and lips forming speech.

The air coming through your vocal cords is also important for coughing, as your vocal cords come together to make a cough.

Having a tracheostomy will obviously affect how this works.

Speaking and swallowing with a tracheostomy

The tracheostomy tube is placed below the level of the vocal cords. The tube has a small balloon called a 'cuff', which is inflated to help a ventilator deliver air down to the lungs. When the cuff is inflated, no air can pass up and over the vocal cords. This means no voice can be created and you will be unable to communicate by talking. Once you are able to breathe well without help from a ventilator, the clinical team will look at deflating the cuff to try to reintroduce normal airflow through the throat to get the area used to functioning again – clearing secretions, swallowing, speaking and coughing.

If you tolerate the cuff being deflated, the clinical team will gradually increase the time the cuff is deflated and you will use a one-way valve instead.

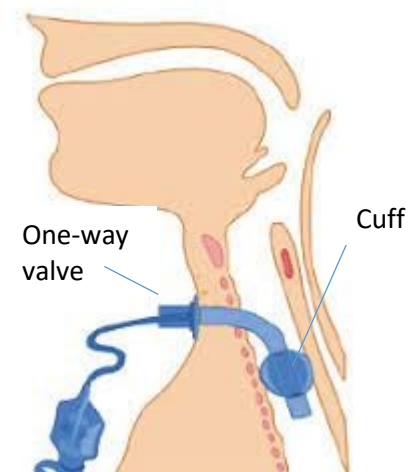


Image courtesy of <https://tracheostomy.org.uk>

Eating and drinking with a tracheostomy

It is sometimes possible to drink and eat normally with a tracheostomy but this will depend on your reason for having a tracheostomy (and any other medical issues you may have). A speech and language therapist will carry out a swallowing assessment to see whether it is safe for you to start eating or drinking.

If you can't eat and drink, you may have a nasogastric feeding tube (NGT) inserted into one of your nostrils, which goes down the back of your throat and into your stomach. This delivers fluids, medications and liquid food directly into your stomach.

What are the risks of having a tracheostomy?

- Bleeding
- Collapsed lung
- Infection
- Damage to the trachea (windpipe) or larynx (voice box)
- The tracheostomy tube becoming blocked

Your medical team will closely monitor your tracheostomy to look out for any problems and will address these if they arise.

How long will I need the tracheostomy for?

This will depend on the reason you had the tracheostomy tube placed. Some people have the tracheostomy for a few days, whereas some may need the tube for longer or even permanently. Your medical team can discuss this with you.

What happens once the tracheostomy is removed?

The team will place a dressing over the hole (stoma) to protect it.

It usually takes 7-10 days to heal but sometimes it can be longer.

To make a stronger voice or cough, the team will show you how to cover the dressing to achieve this.

How will having had a tracheostomy affect my voice?

Once the tracheostomy tube is removed, you may find your voice sounds different. It may be a little bit rough or hoarse. This is common and should improve on its own within a few days or weeks. If it does not improve or gets worse, a speech and language therapist will carry out an assessment and may give you advice and exercises to help your voice.

Here are some things you can do to help recovery of the area:

- Slow down and take regular breaths when speaking, especially at the ends of sentences. You should not be getting out of breath when speaking.
- Avoid excessive coughing or clearing your throat, where possible.
- Talking is good exercise therapy for your voice but you should not shout or try to talk loudly over background noise.
- Drink plenty of water during the day (if safe to do this).
- Be aware that worry, anxiety and tiredness can affect the voice too.

Reading ICU Support Network

The Network offers support to both patients and their carers who have experienced critical illness.

Visit our website www.readingicusupport.co.uk



Contacting your speech and language therapist

Telephone 0118 322 5205 or email adultspeechlanguagetherapy@berkshire.nhs.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Charlie Macdonald, RBFT Speech and Language Therapist, November 2023

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