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TRAMS TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE

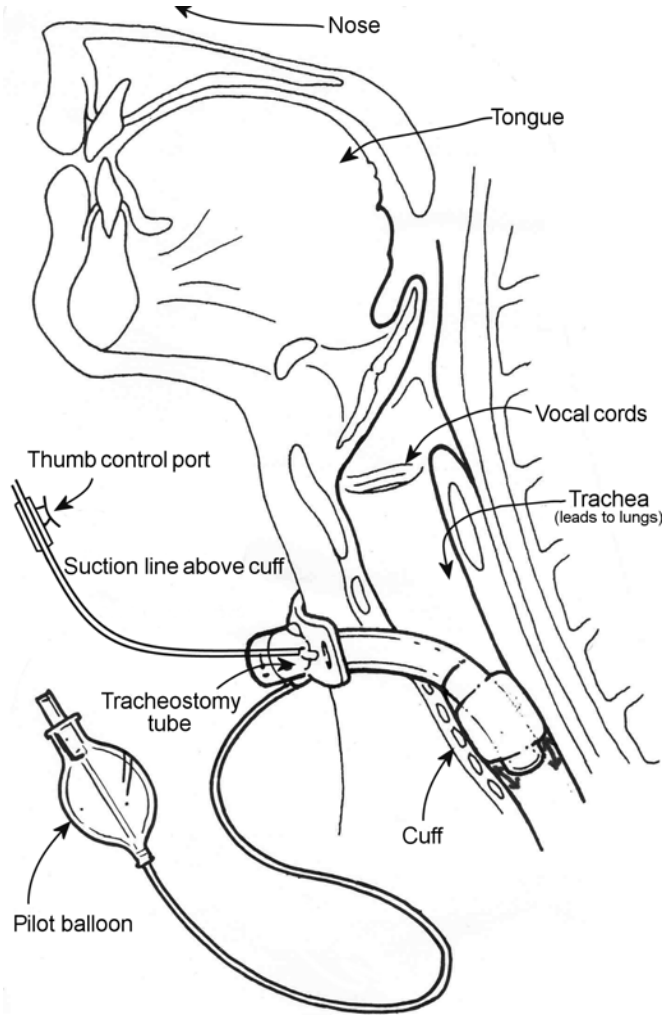
About Your Tracheostomy

This pamphlet is intended to provide information about tracheostomy tubes for patients and their families. It also outlines the services available from the Tracheostomy Review and Management Service (TRAMS).

If you have any questions or concerns regarding this pamphlet or your tracheostomy tube ask your nurse to contact TRAMS.

Position and parts of a tracheostomy tube

There are various types of tracheostomy tubes with special features. The most common type of tube used at Austin Health has a cuff with a suction line above the cuff as illustrated below. TRAMS staff will ensure that you have the most suitable tube.



Blue Line Ultra Suctionaid Tracheostomy Tube

Tracheostomy Review and Management Service (TRAMS) at Austin Health

Austin Health has a team of specialists who manage patients who have a tracheostomy tube. The TRAMS team includes doctors, nurses, physiotherapists and speech pathologists. Members of this team will visit you while you are in the hospital with your tracheostomy tube.

If you are going home with a tracheostomy tube in place, TRAMS Community Link service can provide: *

- Discharge planning
- Education and support for carers
- Home visits by the TRAMS nurse
- Help with purchase and care of equipment
- Therapy services
- Tracheostomy tube changes

***** Note: If you have a tracheostomy and need a ventilator the Victorian Respiratory Support Service (VRSS) will assist you.

A home visit from the TRAMS nurse

Why do I require suctioning and humidification?

- Suctioning is required to remove secretions from your lungs until your cough becomes stronger
- Normally the nose and mouth warm and moisten (humidify) the air we breathe
- A tracheostomy tube bypasses the nose and mouth and therefore delivers dry air to the lungs
- Humidification is required so that secretions do not become dry and thick

A patient being suctioned

A patient being humidified

Can I eat with the tube in?

- A tracheostomy tube may interfere with your swallowing and result in food/fluid entering the lungs
- You will be assessed by a speech pathologist who will advise whether you are safe to eat or drink and what type of food/ drink is suitable
- You may require a feeding tube for a period of time
- A dietitian will ensure your nutritional needs are met

Can I communicate with the tube in?

- Initially you will not be able to use your voice as the cuff will be inflated and air from your lungs will not be able to move through your voice box
- The speech pathologist may be able to make adjustments to allow you to talk
- If you are unable to talk, an alternative means of communication will be provided to you (picture board, writing, electronic device, etc)

How long will the tube be needed?

- Most patients have the tracheostomy tube removed within a few weeks
- A small number of patients will require the tracheostomy tube long term

How is the tracheostomy tube removed?

- The tube is usually removed while you are awake. It is a simple, painless procedure
- The cuff is deflated, the tapes are removed and the tube is removed gently – this may cause you to cough
- If there are any stitches in place, these will be removed
- A dressing is placed over the hole in your neck (stoma). You will need to place your fingers over the dressing when coughing and talking for a few days
- The stoma normally closes by itself within a week. Stitches are not required. A small scar may remain

What happens after the tracheostomy tube is out?

- The doctor, physiotherapist, nurse and speech pathologist will review your progress as needed
- You will be able to talk. Your voice may sound different for a few days
- Suctioning is no longer required because you will be able to cough
- You may require some oxygen or ventilation. These can be provided through a face or nose mask
- Most people are able to return to eating/drinking after an assessment

What happens if the tracheostomy tube cannot be removed?

- In a small number of patients the tracheostomy tube will be required long-term
- Some patients with a tracheostomy live at home or in special accommodation

Why do I need a tracheostomy tube?

You may need a tracheostomy for one or more of the following reasons:

- To provide an airway for breathing
- To provide a connection to a ventilator (respirator)
- To remove saliva/secretions from the lungs
- To prevent saliva/secretions from entering the lungs

How does a tracheostomy tube work?

- With the tracheostomy tube in place you breath in and out of the tube in your neck
- A ventilator can be attached to the tracheostomy tube if required
- The tracheostomy allows a port for suctioning so that your lungs can be cleared of secretions
- The tracheostomy cuff can be up (inflated) or down (deflated). Air or water is inserted or removed from the cuff using the pilot balloon
- When the cuff is up it prevents large amounts of saliva from entering the lungs
- You will not be able to talk easily if the cuff is up

Photos taken from: www.portex.com