

## For further information contact TRAMS



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# About Your Tracheostomy

This pamphlet tells you about:

- Tracheostomy tubes
- The Tracheostomy Review and Management Service (TRAMS).

If you have any questions about this information, ask your nurse to contact TRAMS.



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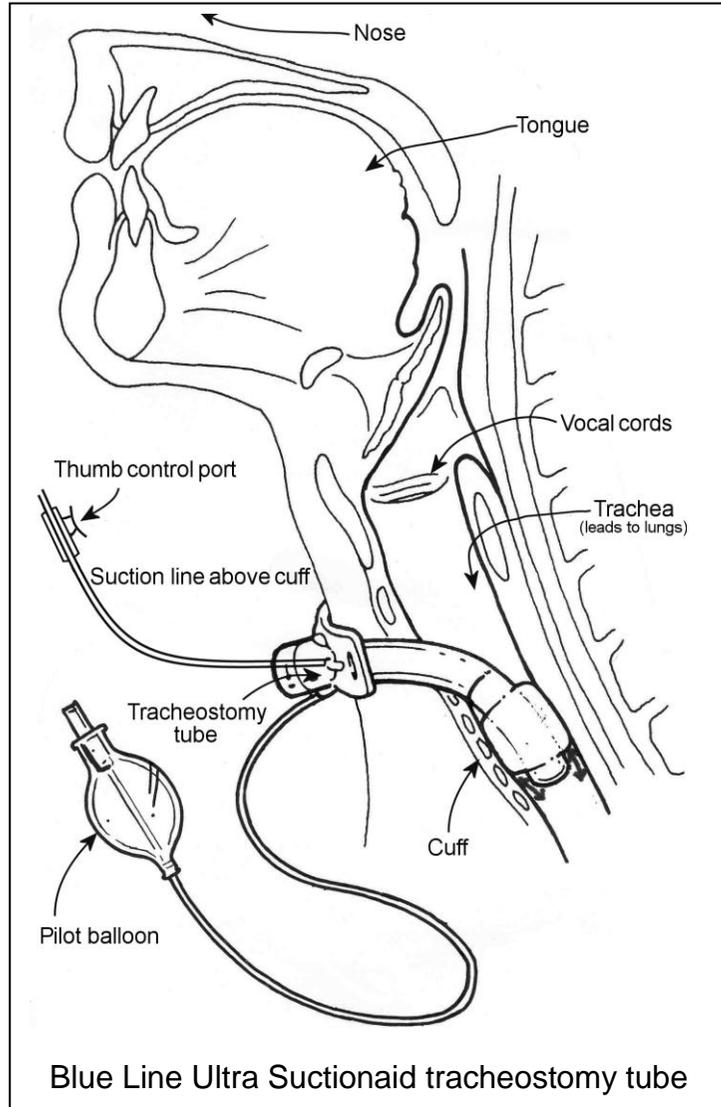
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## What is a tracheostomy tube?

There are different types of tracheostomy tubes. The most common type of tube used at Austin Health has a cuff with a suction line above the cuff (see picture below). TRAMS staff will ensure that you have the most suitable tube.



## Tracheostomy Review and Management Service (TRAMS) at Austin Health

TRAMS is a team of specialists who look after people who have a tracheostomy tube. The TRAMS team includes doctors, nurses, physiotherapists and speech pathologists. You will be seen by the TRAMS team.

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

- Your own care plan for when you go home
- Education for patient, family and carers
- Home visits by nurses and other professionals
- Equipment and supplies
- Changing the tracheostomy tube when needed



Living well in the community  
with a tracheostomy

## What is suctioning? Why do I need it?

- Suctioning removes saliva/mucous from your lungs until your cough becomes stronger
- Suctioning stops the tube from becoming blocked

## What is humidification? Why do I need it?

- Humidification warms and moistens the air we breathe
- Normally, humidification is done by your nose and mouth
- Having a tracheostomy tube means air does not pass through your nose and mouth, so the air you breathe is dry.
- Humidification is required so that secretions do not become dry and thick and block your tube.



## Can I eat when I have a tracheostomy tube?

- A tracheostomy tube can sometimes affect your swallowing and food/drink can be at risk of going into your lungs.
- A speech pathologist will see you and let you know if you are safe to eat or drink. They will tell you about the safest type of food/ drink for you.
- You may need a feeding tube for a while
- A dietitian will make sure you get enough nutrition either through your feeding tube or by eating

## How will I talk?

- Initially when the cuff is up you will not be able to talk. This is because the inflated cuff prevents the air from moving through your voice box to enable speech.
- The speech pathologist will assist you to talk or communicate in other ways.

## How long will I need the tracheostomy tube?

- Most people need the tracheostomy tube for a few weeks
- Some people need the tube long term

## How is the tracheostomy tube removed?

- The tube is taken out while you are awake. It is simple and painless
- The cuff is deflated and the tube is gently pulled out. This may cause you to cough which is normal
- A dressing is placed over the hole in your neck (stoma). You will need to press on the dressing when you cough or talk for a few days
- The hole normally closes within a week. You do not need stitches. You may have a small scar

## What happens after the tracheostomy tube is out?

- The doctor, physiotherapist, nurse and speech pathologist will check your progress
- You will be able to cough, so you will not need suctioning
- You may need some oxygen or ventilation. This can be done through a face mask or nose mask
- You will be able to talk. Your voice may sound different for a few days
- Most people can eat and drink after the speech pathologist has seen them

## What if I need the tracheostomy tube long term?

- The TRAMS team help you and your family/carers look after the tracheostomy tube when you leave the hospital

## Why do I need a tracheostomy tube?

You may need it for one or more of these reasons:

- To give you an airway for breathing
- To give you a connection to a ventilator (respirator)
- To remove (suction) saliva/mucous from your lungs
- To stop saliva/mucous from going into your lungs

## How does a tracheostomy tube work?

- You breath in and out of the tube in your neck
- A ventilator can be attached to the tube if required
- The tube can be suctioned so that saliva/mucous can be removed from your lungs
- The tracheostomy cuff can be up (inflated) or down (deflated).
- When the cuff is up, it stops large amounts of saliva from going into your lungs
- You will not be able to talk easily if the cuff is up



Tracheostomy tubes. Photos taken from:  
[www.smiths-medical.com](http://www.smiths-medical.com)