

# About your tracheostomy

This pamphlet tells you about Tracheostomy tubes and TRAMS (Tracheostomy Review and Management Service).

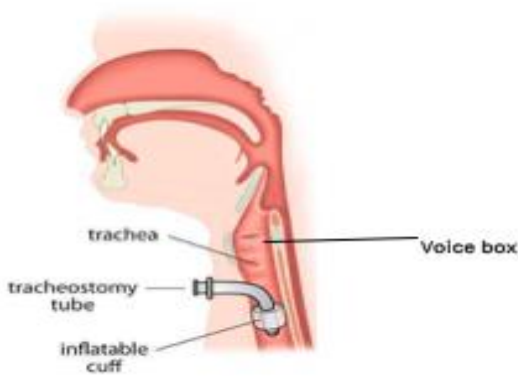
If you have any questions about this information, ask your nurse to contact TRAMS.

This document should not replace the advice of your relevant health care professional.



## What is a tracheostomy tube?

The tracheostomy tube sits in the front of your neck and passes into the windpipe or trachea. There are different types of tracheostomy tubes. The most common type of tube used at Austin Health has an inflatable cuff. TRAMS staff will ensure that you have the most suitable tube for your individual needs.



Austin Health acknowledges the Traditional Custodians of the land and pays its respects to Elders past, present and emerging.  
Austin Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.



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口译员 傳譯員 INTERPRETE TERCÜMAN ΔΙΕΡΜΗΝΕΑΣ  
THÔNG DỊCH VIÊN ПРЕВЕРДУВАЧ PREVODILAC مترجم فوري

## **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 allow connection to a ventilator (breathing machine)
- To remove (suction) saliva or mucous from your lungs
- To stop saliva or food and drink from going into your lungs

## **How does a tracheostomy tube work?**

- You breathe in and out of the tube in your neck
- A ventilator can be attached to the tube if needed
- The tube can be suctioned so that saliva or 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 at all if the cuff is up. The Speech Pathologist will give you options for communication

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

- Suctioning removes saliva or mucous from your lungs until your cough becomes stronger
- Suctioning might be uncomfortable at times, talk to your nurse or physiotherapist if you are experiencing difficulty when you are being suctioned and let them know how you feel. They can change their technique to suit your needs better

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

- Humidification warms and moistens the air we breathe
- Normally, humidification happens as air passes through 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 needed so that lung secretions do not become dry and thick and block your tracheostomy tube

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

- It may be that you need a tracheostomy because your swallowing muscles don't work as they used to. A tracheostomy tube may also make swallowing more difficult, and so food and drink may go down the wrong way and enter your lungs
- A speech pathologist will see you and let you know if it is safe for you to eat or drink. They will tell you about the safest type of food and drink for you
- You may need a feeding tube for a while if you cannot eat
- A dietitian will make sure you get enough nutrition either through your feeding tube or by eating



## **How will I talk?**

- When the cuff is up you will not be able to talk. This is because the inflated cuff stops air moving through your voice box to create speech
- The speech pathologist will assist you to talk or communicate in other ways
- The speech pathologist may help you to use a speaking valve on your tracheostomy which can help you to talk
- Not everyone can use a speaking valve. Your Speech Pathologist will advise if a speaking valve is right for you

## **How long will I need the tracheostomy tube?**

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

## **How is the tracheostomy tube removed?**

- The tube is taken out while you are awake. It is simple and it is not painful
- The cuff is deflated and the tube is gently pulled out, which may cause you to cough
- 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 1-2 days to stop air from leaking out of the hole
- The hole (stoma) 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
- If you also need a ventilator, the Victorian Respiratory Support Service (VRSS) will help look after you



## **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

## **Tracheostomy Review and Management Service (TRAMS)**

TRAMS are 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.

### **For further information, contact TRAMS**

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