

TRACHEOSTOMY REVIEW AND MANAGEMENT SERVICE (TRAMS) CLINICAL PROCEDURE

TRACHEOSTOMY STOMA CARE

Staff this document applies to:

- Medical staff, Nurses and Physiotherapists on all campuses

Related Austin Health policies, procedures, or guidelines:

- [Aseptic Technique](#)
- [Emergency response to Accidental Decannulation](#)
- [Management of patients with tracheostomy at Austin Health](#)
- [Mandatory Tracheostomy Equipment](#)
- [Planned Tracheostomy Decannulation Procedure](#)
- Tracheostomy e-learning packages – Austin staff access via ATLAS
- [Tracheostomy Related Bleeding](#)

Who is authorised to perform this procedure?

- Medical and Nursing staff
- Physiotherapists working within their scope of practice

Definition:

The care involved with suture removal, assessment, cleaning a tracheostomy stoma, changing the tracheostomy dressing and tapes. This includes:

- Completing a comprehensive stoma assessment
- Maintaining skin integrity to prevent complications around the tracheostomy stoma
- Ensuring the tracheostomy tube remains appropriately positioned and secured

Clinical Alert:

- A bleeding or pulsating tracheostomy could represent a pending emergency and advice must be sought immediately from the TRAMS team or treating unit. Refer to related guideline [Tracheostomy Related Bleeding](#). If in doubt, initiate a Respond Blue
- A tracheostomy stoma is considered an open surgical site. Daily assessment and care is essential to maintain skin integrity and prevent complications such as skin breakdown, pressure injuries, granulation, redness, and infection.
- Changing a tracheostomy tape is a 2-person procedure to avoid loss of airway. Tracheostomy tapes should not be changed within the first 24 hrs. Velcro tracheostomy tapes are to be changed every 2nd day or more frequently if soiled or wet.

- Patients who have had microvascular free flap surgery will have the tracheostomy tube sutured in place. Do not use tracheostomy tapes or ties on these patients as these may compromise the vascular supply to the flap.

Expected Outcome:

- The tracheostomy stoma and surrounding area is clean and free of infection and skin integrity is maintained
- The tracheostomy tube is appropriately positioned and secured
- Stoma assessment is comprehensive and management appropriate
- Surgically inserted tracheostomy stoma sutures are removed within 7-10 days of insertion

Equipment:

- Routine tracheostomy personal protective equipment (PPE)
 - Clean gloves
 - Eye protection (face shield, goggles, or glasses)
 - Surgical mask
 - Disposable plastic apron/gown (optional)
- Dressing pack
- Sterile Sodium Chloride 0.9%
- Waste bag
- Tracheostomy tape
- Stoma dressing

First 24 hours	≥24 hours	Skin breakdown, granulation, exudate, or complication
Foam dressing	Pre-cut Y non-woven gauze (split drainage dressing) <i>Do not cut ordinary gauze dressings</i>	Contact TRAMS for review and recommendations

- *Include stitch cutter if removing stoma sutures and/or scissors if removing stay sutures*

Procedure:

Note: Stoma dressing change can be completed by 1 person where the tracheostomy remains secured. If tracheostomy tapes are changed, adjusted, or unfastened it is a 2-person procedure.

Velcro tapes are preferred as they are easily adjustable and decrease risk of skin irritation and breakdown.

- Ensure strict hand hygiene is conducted throughout the procedure
- Don routine tracheostomy personal protective equipment (PPE) – other or additional PPE should be worn if required for standard or other precautions
- Obtain correct patient identification
- Prepare the patient ensuring privacy and comfort. Position the patient with neck slightly extended.
- Wash hands and use debride, don non sterile gloves.
- Set up dressing trolley – open dressing pack, sodium chloride and new dressing
- Remove previous/soiled dressing and discard into waste disposal bag
- Assess the tracheostomy stoma for signs of trauma, bleeding, pressure area, infection, inflammation, or pulsation. Contact TRAMS or medical unit for advice if any of the above signs noted.
- Clean stoma with normal saline soaked cotton balls or gauze by wiping from centre of stoma outwards and discard. Allow to air dry.

- If changing the tracheostomy tapes, call upon a second person to assist. One person must hold the tracheostomy tube in place while the second person removes the soiled tapes.
- Secure the tracheostomy tube with a clean Velcro tracheostomy tape.
- Check for correct tightness of the tracheostomy tape by ensuring only one to two fingers can fit between the tapes and the neck.



- Place new dressing under flange – the ‘Y opening’ should be at the top.
- Dispose of used/soiled equipment.

Sutures:

Note: There may be several types of sutures at the stoma site. It is essential to ascertain the purpose of each suture and consult TRAMS or the medical unit responsible for inserting tracheostomy tube, prior to removal of any sutures.

HEAD AND NECK SURGERY SUTURES:

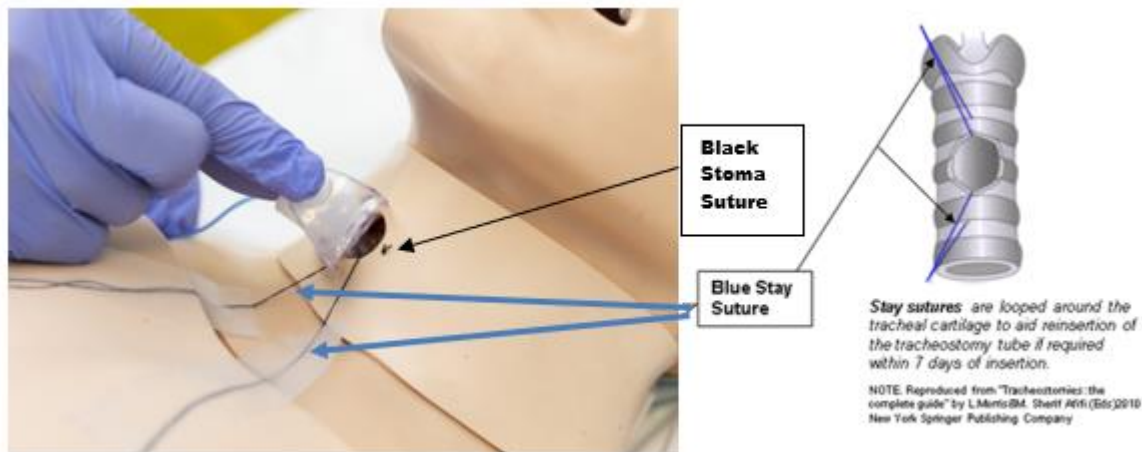
The tracheostomy is secured by sutures through the flange (not with Velcro tapes)



- Ensure all sutures are intact – this should be checked at the commencement of each shift
- These sutures are only removed during planned decannulation of the tracheostomy tube
- Inspect and clean 3 x daily (more often if required) with 0.9% sodium chloride soaked gauze and/or 0.9% sodium chloride soaked wooden gauze swabs and leave exposed. Skin integrity around the sutures should also be checked and closely monitored

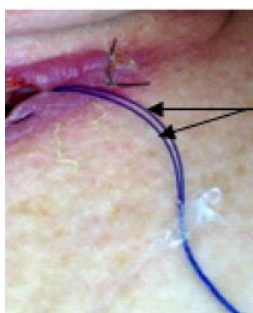
SURGICALLY INSERTED TRACHEOSTOMY STOMA SUTURES

- *Stoma sutures are 2 x black standard sutures at the horizontal stoma incision*
- *“Stay” sutures are 2 x blue/black or green sutures that are taped to the chest*
- These sutures should be removed within 7-10 days post initial insertion of tracheostomy



To remove the blue stay sutures:

- Prepare necessary equipment: routine tracheostomy PPE, clean gloves, forceps, suture/stitch cutter and waste bag.
- Don PPE and perform hand hygiene
- Remove tape securing sutures to chest, one side at a time.
- Separate the 2 threads and cut one of them as close to the stoma as possible (using scissors or stitch cutter). Pull the longer thread through to remove suture and discard.



**Separate
threads of blue
stay sutures**

- Repeat process with second blue stay suture

To remove the black stoma sutures (at the horizontal incision, under the flange):

- Prepare necessary equipment: routine tracheostomy PPE, dressing pack, sterile 0.9% sodium chloride, clean gloves, forceps and suture/stitch cutter and waste bag.
- Don PPE and perform hand hygiene
- Clean sutures and surrounding area with saline soaked cotton balls/gauze and allow to dry
- Secure knot of suture with forceps
- Use suture cutter to cut one side of suture below the knot
- Pull through and discard
- Repeat process with second black suture

Post Procedure:

Document in patient medical records:

- Stoma integrity, any signs of infection, presence of granulation tissue
- Any bleeding from stoma
- Dressing utilised and stoma care regimen or recommendations

Notify TRAMS, treating unit or initiate Respond Blue or MET call (depending on patient status) if any bleeding or pulsation is present.

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Legislation/References/Supporting Documents:

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Endorsed by:

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