What is a Tracheostomy?

A tracheostomy is a small hole made through the front of your neck into your windpipe (trachea). The hole is called a stoma. A tracheostomy (trach) tube is a small curved tube that fits into the stoma to keep the hole from closing.

Why do I need a trach?
There are many reasons why a person may need a trach. Some of these include:

- To allow passage of oxygen
- To remove mucus from your lungs
- To be put on a breathing machine if you are unable to breathe on your own
- To open your airway if your windpipe is blocked
- After surgery of the mouth, upper airway, or neck, to decrease swelling. Swelling is more common with surgery to these areas.

How long will I need the tracheostomy?
This is variable depending on the surgery and your postoperative course. The tracheostomy is usually removed within a week of the operation. Some patients need to have the tracheostomy in for longer. Your trach tube is chosen to fit well and work right for you. If you go home with a trach tube, you will learn how to keep it clean and clear. If you don’t need the new airway after surgery, the hole in the front of your throat will likely close up on its own. It will leave a small scar on the neck and can take several weeks to close once the tube is removed.

What are signs of infection?
Because you have a tracheostomy, you are at a risk for getting infections in your stoma and lungs. These are signs that you may have an infection. Call your doctor if any of these occur:

- Fever of 100.5 degrees F or more
- An increased amount of mucous (sputum)
- A change in the color of your sputum (yellow, green, brown)
- An increase in the thickness of your sputum
- An increase in the difficulty of coughing out sputum
- A change in the drainage from around your trach tube, especially pus or blood
If you have a trach tube
Some patients who undergo oral or throat reconstruction will receive a hole in the windpipe as a temporary measure, to allow breathing while the throat and/or oral cavity heal. The tracheostomy is usually removed within 6 days of the operation. Some patients need to have the tracheostomy in for longer. Your trach tube is chosen to fit well and work right for you. If you go home with a trach, you will learn how to keep it clean and clear. If you don’t need the new airway after surgery the hole in the front of your throat will likely close on its own. It will leave a small scar on the neck and can take several weeks to close once the tube is removed.

If you have a stoma
If your larynx was removed during surgery (laryngectomy), you’ll continue to breathe through the hole in your throat. This hole is called a stoma or permanent tracheostomy. You’ll be shown how to care for your stoma. Support groups can help you adjust to having a new airway. You can return to work, family life, and many of the activities you enjoyed before surgery.

When to call your doctor
Call your doctor right away if you have any of these problems:
• Bleeding or swelling in the mouth or throat
• Fever over 101 degrees F
• Vomiting
• Shortness of breath
• Swelling of the legs or feet
• Pain that is not relieved by medication
• A red, painful, or bleeding stoma
• Yellow, smelly, bloody, or thick mucous around or inside your stoma
• Pain while cleaning your airway
• Swelling near the trach tube or stoma
• If you have trouble breathing, call 911 right away. Tell the dispatcher if you use a tracheostomy tube or stoma to breathe.

Help with speaking
If you have your larynx removed, it will change the way you speak, but you can learn to speak again. A speech pathologist can help you use one or more of the following:
• An electrolarynx (Servox), a device like a microphone that you hold up to your throat when you want to talk
• Esophageal speech, which creates speech using air forced up from your esophagus
• Voice prosthesis, a special valve placed inside your throat to help you speak. The procedure to place the valve is called a tracheoesophageal puncture (TEP).