HEAD & NECK CANCER
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TRACHEOSTOMY

CONTENTS

TRACHEOSTOMY

This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your cancer care team.

AN OVERVIEW TO TRACHEOSTOMY

- The trachea is a tube that carries air from the **larynx** (voice box) to the lungs, it is commonly known as the windpipe.
- A tracheostomy is an opening made in the trachea for breathing.
- A tracheostomy is usually done at the same time as surgery for cancer, and is a temporary measure to help recover from surgery. In some types of cancer, it is done as a permanent procedure. Refer to the **Beyond Five website** for information about the particular surgery you are having for your cancer.
- A tracheostomy tube is a special tube that is inserted into the opening. The tube may be held in place by sutures, cotton tapes or velcro bands. The tube has two parts:
    - **An outer tube (cannula):** this makes contact with the tissue and usually stays in place. It may have a balloon (cuff) that can be inflated with a syringe to create a seal
    - **An inner tube (cannula):** this can be taken in and out to be cleaned. It may have a special hole (fenestration) to help you talk when the tracheostomy is in.
- Instead of having air going through the mouth and nose when breathing, a tracheostomy allows air to go in and out through the tube instead.

WHY IS TRACHEOSTOMY NEEDED

- A tracheostomy provides an alternative way of breathing.
- It is often needed to bypass a blockage or obstruction, to the breathing above the windpipe and lets air go directly into the lungs through the opening in the neck.
- A temporary tracheostomy may be needed following an operation to the throat or mouth, when there is swelling that may make breathing difficult. The tracheostomy can also be used to help remove phlegm or mucous, to help keep the lungs clean.

HOW TO PREPARE FOR OPERATION

BEFORE THE OPERATION:

- You will need to fast (have nothing to eat or drink) for 6 hours before your operation (unless advised differently by your surgeon or anaesthetist) because the tracheostomy is performed under a general anaesthetic (you will be asleep and will not remember what happens during the operation).
- Your surgeon will explain the details of your operation. Be sure to bring up any questions or concerns, and share your needs and wishes with your cancer care team (see box).

Possible questions that you may want to ask your cancer care team

- How long will it take before I can eat again?
- Will the tracheostomy be temporary or permanent?
- How long will I need to have a tracheostomy for?
- Can I talk with the tracheostomy tube in?
- How will I communicate?

Additional questions are listed at the end of this factsheet.

- You should speak to your doctor about how to manage aspects of your lifestyle, such as smoking, drinking alcohol and chronic conditions (e.g. diabetes and obesity) that may increase the risk of complications.
    - If you take blood thinning medication for a heart condition or blood clots (such as warfarin, Plavix, aspirin or Pradaxa), make sure your surgeon is aware. Some of these medications need to be stopped more than a week before the operation. Sometimes a short-acting blood thinner (such as Clexane) is used before and after the surgery.

- Talk to your surgeon and cancer care team about any likely side effects to expect following the operation. You may find it useful to talk to a dietitian, speech pathologist or specialist head and neck nurse about these issues.
- Spend some time planning how to communicate with people including the nursing staff straight after the operation as you may not be able to talk. It may be useful to have a tablet/portable device or pen and paper to write down what you want to say.

Visit the Beyond Five website for further information on the health professionals who may be part of your cancer care team.

WHAT TO EXPECT AFTER THE OPERATION

- After surgery, you will wake up with a breathing tube coming out of your neck. Most people can feel the tube, it may make you cough but it is not normally painful.
- Nursing staff will help to look after your tracheostomy tube. There are **many different types of tracheostomy tubes** and your surgeons will select the most appropriate tube during the operation. It is important to keep a clear airway and avoid any blockage of the tube so that you can breathe properly.
- The tube will be kept clean and this will involve regular cleaning of the inner cannula and suctioning to remove phlegm or mucous, to help keep the lungs clean.
- The air into the tube will need to be moistened to avoid any irritation of the windpipe or lungs by dry air.
- While you have the tracheostomy tube inserted, you may not be able to talk or eat normally. After the operation, it may be useful to have a tablet/portable device or pen and paper to write down what you want to say; it helps to be brief.
- Food and nutrition may be fed through a feeding tube whilst in hospital. Further information on feeding tubes (Gastrostomy) is available on the **Beyond Five website**.
- A speech pathologist may help with swallowing after the tracheostomy tube is removed.
- Your anaesthetist and surgical team will give you medicine to help control any pain and nausea after the operation.

- The tracheostomy tube is usually removed before you leave hospital. If this is not the case, you will be trained on how to care for your tube at home.
- The wound is usually left to close by itself. This can take several days. While you are waiting for it to close, a dressing will be placed on the wound. It is important to put pressure on the dressing to close the hole when you want to speak or when you cough.
- Occasionally the wound needs to be sutured to help it close.

POSSIBLE RISKS OF TRACHEOSTOMY

All operations carry some risks such as blood clots, wound infections, bleeding, chest infection, adverse reactions to anaesthetic, and other complications. These risks will be explained by your cancer specialist and anaesthetist.

Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- **stopping blood thinners** (e.g. aspirin) before surgery to reduce the risk of bleeding
- **a blood thinner** (called heparin) may be injected before and after surgery to reduce the risk of blood clots
- **antibiotics** to reduce to risk of wound infection
- **early mobilisation** to reduce the risk of blood clots and chest infection
- **special stockings** to reduce the risk of blood clots.

There are some specific risks of tracheostomy that you should know about:

- **Bleeding:** This can be dangerous if the blood goes into the lungs.
- **Air leaking into the tissue (subcutaneous emphysema):** This can be dangerous if the air stops the lungs from expanding (pneumothorax).
- **Narrowing of the wind-pipe:** causing difficulty breathing. This may require further surgery.

SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that tracheostomy may lead to a number of side effects. You may not experience all of the side effects. Speak with your doctor if you have any questions or concerns about treatment side effects.

Side effects common for tracheostomy may include:

- Prolonged healing of the wound once the tube is removed, with ongoing leakage of air
- There may be some irritation, coughing and secretions when the tube is first inserted. These usually settle down as your windpipe gets used to the tube
- Scarring of the skin where the tube was inserted.
- A change in your voice.

There are also side effects for the specific operation done to remove the cancer. For these side effects, refer to the information on the Beyond Five websitee about the particular surgery you are having for your cancer.

Pain management: Pain is a common side effect of the operation. Your anaesthetist will give you pain medicine during the operation to keep you comfortable when you wake up, and you may continue on pain medicines to ensure pain is under control. Ensure you take pain relief medications as prescribed by your doctor and speak to your cancer care team if the pain is not under control, gets worse or if the medication causes any side effects. You may want to download information about pain management, which is available on the Beyond Five website.

BEFORE GOING HOME

- The tracheostomy tube is usually removed before leaving the hospital. However, if you have to go home with the tracheostomy tube, it is very important that you know how to look after it. You will be given information and careful instructions in hospital, and you will not be discharged until you and your carers are completely comfortable with looking after your tracheostomy tube.
- It is very important to keep the breathing tube clean. It can be very dangerous if the airway becomes blocked. Using a small mirror can aid you with caring for the tube.
- Ask as many questions as you need to while you are still in hospital. To get more confidence, practice looking after the tube as much as you can. It can feel daunting but is quite simple. Don't worry and be sure to ask any questions you have.
- It helps if someone else that you live with or see regularly, also learns what you have to do too.
- Your doctor will advise you about any particular symptoms you should look out for such as pain and redness around the tube site, bleeding from the tube, difficulty breathing or swallowing, or fever, and what you should do.
- Any particular instructions for **wound care** or medications will be provided to you before you go home. You may want to download further information about wound care on the **Beyond Five website**.
- You will be assessed by the team involved in your care before you go home and follow-up arranged with your surgeon and GP.
- Follow-up will also be arranged with a speech pathologist and dietitian to help you with speaking, swallowing and eating, and with any other allied health professionals to assist you with supportive care.

Follow-Up care

- After your operation, you will continue to have regular follow-up visits with your specialist doctor and cancer care team.
- You will have follow-up with the speech pathologist to help you with speaking. A dietitian may also assist with swallowing or eating difficulties.
- Other referrals will be arranged as needed with other health professionals to assist you with any other difficulties or supportive care.
- Any additional reconstruction, cosmetic procedures or treatments that you may need are planned after discharge. This enables time for you to recover from the initial operation, get results of the pathology that examined the tissue removed at the operation, and make the arrangements for any additional treatment or next steps.

For further information about the operation for cancer and what to expect, you can also refer to Understanding Surgery: a guide for people with cancer, their families and friends.

Questions to ask your doctor

- Is my tracheostomy temporary or permanent?
- If temporary, how long will my tracheostomy tube be in for?
- How would you recommend I communicate whilst my tracheostomy is in place?
- How long will the operation take?
- How long will I be in hospital?
- What are the possible side effects of tracheostomy? How can they be prevented or managed?
- Will I need any extra treatment?
- What lifestyle changes (diet, exercise) do you recommend that I make?
- How much will the operation cost? Will my health insurance cover it?
- Will I be able to lead a normal life?

- What follow-up tests will I need after the operation?

You may want to write additional questions here to ask your doctor, speech pathologist or cancer care team

About Head and Neck Cancer Australia

Head and Neck Cancer Australia (formerly Beyond Five) is Australia's only charity dedicated to providing information and support to people living with head and neck cancer, caregivers, family and healthcare professionals.

Head and Neck Cancer Australia's mission is to improve the quality of life of everyone affected by head and neck cancer through education and access to support and to raise awareness of head and neck cancer nationally.

Head and Neck Cancer Australia supports people through their cancer journey, from diagnosis to treatment and life after cancer by providing comprehensive, easy to understand and easy to access information. We have the only Directory of Head and Neck Cancer services and support groups available in Australia and New Zealand helping people to find the right services and support when they need it most.

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