

## Eating and Drinking

You will not be able to eat and drink as before and nursing staff will guide you through as appropriate. You will usually have a swallowing assessment by the Speech and Language Therapist (SALT) to ensure you can swallow properly before you are allowed to eat and drink, depending on the nature of the surgery.

## Discharge/Going home

You will be taught by the nurses how to take care of your tracheostomy depending on if its permanent or temporary tracheostomy. You will go home when you are confident and medically ready. Most people are surprised how easily they learn to look after their tracheostomy.

## Resources and Help

### Local support groups and advice

Please visit these websites for details of local support groups:

[www.birminghamcancer.nhs.uk](http://www.birminghamcancer.nhs.uk)

[www.macmillan.org.uk](http://www.macmillan.org.uk)

[www.throatcancerfoundation.org](http://www.throatcancerfoundation.org)

## Queen Elizabeth Hospital Birmingham

Ward 408, 4th floor  
Edgbaston, Birmingham B15 2GW  
0121 371 4057 / 0121 371 4081  
Clinical Nurse Specialist  
(ENT– Ear Nose Throat)

### Maria Rogers

Via Switchboard or Ward 408  
QEHB Switchboard  
0121 627 2000  
Email: [alteredairwaycns@uhb.nhs.uk](mailto:alteredairwaycns@uhb.nhs.uk)

## Further Help?

- Your GP surgery
- Walk-in centre
- NHS Direct (0845 46 47) will provide advice if you are unable to talk to your doctor. [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk) will provide useful information about your health.

Call 999 or 112 for an ambulance in case of breathing difficulties, bleeding or other concerns.

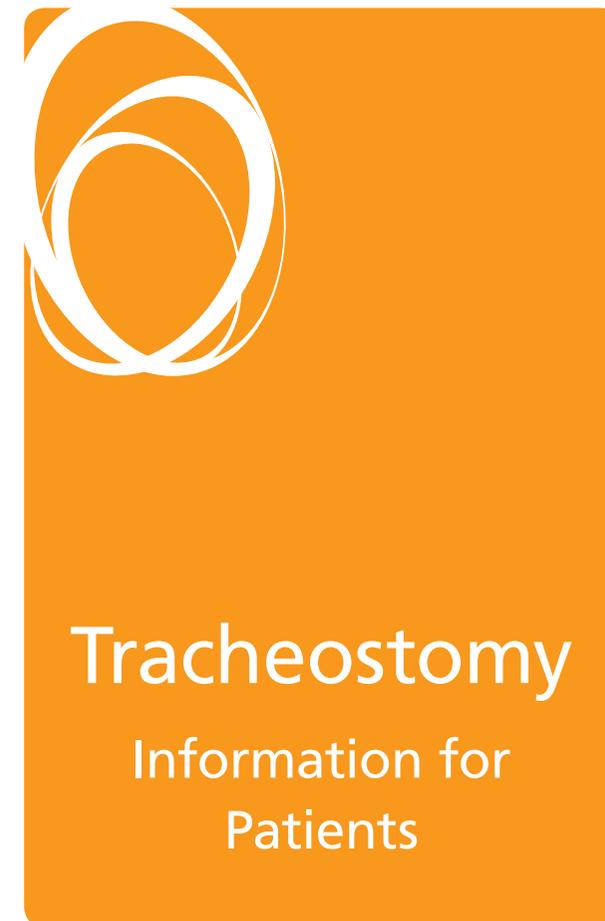
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**Queen Elizabeth Hospital Birmingham**  
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Telephone: 0121 627 2000

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**University Hospitals  
Birmingham**  
NHS Foundation Trust

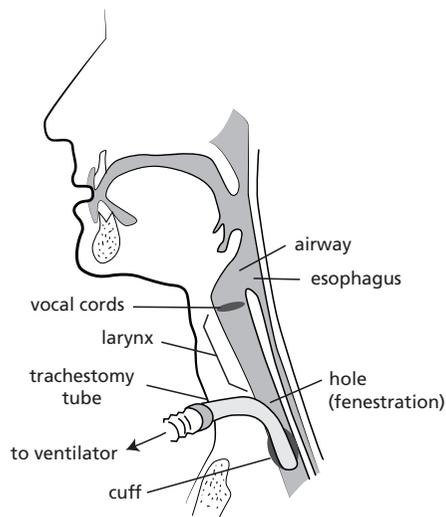


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## What is tracheostomy?

A tracheotomy is an operation which makes an opening into the trachea (windpipe) with a tube inserted to keep it open. The tube is held in place by straps that are tied around the neck. The opening or hole in your neck, into which the tube is inserted, is called a tracheostomy or stoma.



## Why is a tracheostomy required?

A tracheotomy is performed to make breathing easier and may be required for different reasons:

1. Difficulty in breathing due to blockage at or above the level of voice box.
2. Major surgery on the head and neck areas may cause swelling and block the flow of air. This makes breathing through the nose and mouth difficult. Your consultant will discuss this with you and whether it is required permanently or temporarily.

## Who will be involved in my care?

There will be several health care professionals involved in your care including doctors, nurses, speech and language therapists, physiotherapists, clinical nurse specialists, and a dietician and counsellor as appropriate.

## Hospital care

It is important that you and your family understand that you **will not** be able to speak straight after the surgery. This is because the tracheostomy has a little inflated balloon on the inside, called the cuff. The cuff stops air from passing through the mouth and nose. You will now be breathing through the tube.

This balloon is inflated to ensure that any bleeding or secretion does not go into the lungs. Once the balloon is deflated then it may be possible to talk by covering the tracheostomy tube with a finger. The doctors and nurses will discuss this with you as appropriate during your care.

The length of time you spend in hospital will vary from person to person and often depends on whether the tracheostomy is temporary or permanent. This also depends on whether this is part of any major head and neck surgery. You and your family will be taught how to look after your tracheostomy to ensure you are confident before you go home.

You will have a couple of stitches on either side of the stoma. These stitches will be removed after five to seven days or as

appropriate. A tracheostomy tube will be stitched to the skin for safety. This is to reduce the risk of the tube being dislodged by accident. The new opening in your neck is called a stoma. After the operation, your breath no longer passes through the nose, which previously moistened and filtered the air you breathed. Instead air goes straight through your stoma to your lungs. You will be given a mask to put onto your neck to receive humidified (moistened) oxygen into your stoma – this can be quite noisy. After a few days you will be able to wear a bib which help warm and moisten the air that you breathe.

## Suctioning

As you are now breathing through the tube in your stoma you will have more mucus to cough up and you may find this tiresome at first. The nurses will help you with this. A small narrow tube connected to a suction machine will be inserted into your stoma to remove this mucus and this will make breathing feel easier. This is called suctioning.

You will learn, with help from the physiotherapist and the nursing staff, how to cough this mucus out through your stoma by yourself. The mucus may be bloodstained at first – do not worry as this is normal.

## Nebulisers

You will be given a mist to breathe in and out through the mask over your tracheostomy and this will help to loosen mucus so that you can cough it out. This is called a nebuliser.