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TRACHEOSTOMY INFORMATION FOR PATIENTS AND FAMILY

INTRODUCTION

Your doctors have recommended a tracheostomy for you or your family member. The following information is provided to help you prepare for your, or your family member's surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

A tracheostomy is a surgically created opening in the neck which allows direct access to the trachea (the breathing tube). It is maintained open with a hollow tube called a tracheostomy tube. A tracheostomy is usually done for one of three reasons: (1), To bypass an obstructed upper airway, (2), To clean and remove secretions from the airway, and (3), To more easily, and usually more safely, deliver oxygen to the lungs. Your doctor will discuss these indications with you, and will be happy to answer any questions.

RISKS AND COMPLICATIONS

The surgery will be performed safely and with care in order to obtain the best possible results. It is important to understand that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals vary in their tissue circulation and healing processes, as well as anesthetic reactions, ultimately there can be no guarantee made as to the results or potential complications.

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. Obviously, many of our patients who undergo a tracheostomy are seriously ill and have multiple organ-system problems. Every effort will be made to control any factors amenable to therapeutic manipulation.

- Airway obstruction and aspiration of secretions (rare).
- Bleeding. In very rare situations, the need for blood products or a blood transfusion. You have the right, should you choose, to have autologous or designated donor directed blood prepared in advance in case an emergency transfusion was necessary. You are encouraged to consult with your doctor if you are interested in this option.
- Damage to the larynx (voice box) or airway with resultant permanent change in voice (rare).
- Need for further and more aggressive surgery.
- Infection.
- Air trapping in the surrounding tissues or chest. In rare situations a chest tube may be required.
- Scarring of the airway or erosion of the tube into the surrounding structures (rare).
- Need for a permanent tracheostomy. This is most likely the result of the disease process which made the a tracheostomy necessary, and not from the actual procedure itself.

- Impaired swallowing and vocal function.
- Scarring of the neck.

THE PROCEDURE

In most situations, the surgery is performed in the intensive care unit or in the operating room. Your doctors will decide which location is more appropriate. In either location, the patient is continuously monitored by pulse oximeter (oxygen saturation) and cardiac rhythm (EKG). The surgical team is well trained and prepared for any emergency. We usually use a mixture of an intravenous medication and a local anesthetic in order to make the procedure comfortable for the patient.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

The surgeons will follow closely for several days after the tracheostomy. Usually the initial tube that was placed at the time of surgery will be changed to a new tube sometime between 4 and 10 days following surgery, depending on the specific circumstances. Subsequent tube changes are usually managed by your regular doctors or nursing staff.

Speech will be difficult until the time comes for a tube to be placed which may allow talking by allowing the "leakage of air" around the tube up to the vocal cords. Any time a patient requires mechanical ventilation, air is prevented from leaking around the tube by a balloon. Therefore, while the patient is on a mechanical ventilator, they will be unable to talk. Once the doctors are able to decrease the-size of the tube, speaking may be possible. At the appropriate time, instructions will be given. Oral feeding may also be difficult until a smaller tube is placed.

If the tracheostomy tube will be necessary for a long period of time, you and your family will be instructed on home care. This will include suctioning of the trachea, and changing and cleaning the tube. When the time comes you will be provided with ample information, instruction, and practice. Often times home health care will be provided, or you will need to be transferred to an intermediate health care facility.