

Tracheostomies

Royal Manchester Children's Hospital
Service/Specialty/Dept



What is a tracheostomy?

A tracheostomy is required when air is unable to get through the nose and mouth to the lungs due to an obstruction. It is performed in the operating theatre, under a general anaesthetic. It involves the formation of a surgical opening (stoma) through the front of the neck, into the windpipe. A plastic tube is then inserted, to create an alternative airway to the lungs.



Patrick Lillis – 8 months (Day 1)



(Day 16)

Why do children need a tracheostomy?

There are several different reasons – including a weakness of the windpipe (tracheomalacia), narrowing in the windpipe wall (subglottic stenosis), paralysis of the vocal cords, small jaw, overgrowth of epithelial cells, weakness/ narrowing of the larynx (laryngomalacia) and hemangiomas. For emergency situations such as foreign body in the airway, swollen epiglottis and croup (although uncommon in children), to help manage secretions and long term ventilation (LTV).

How long will they need the tube?

The length of time your child will need their tracheostomy will vary depending on your child's diagnosis. Your child's consultant may be able to give you some idea of a timescale.

Will my child be in pain afterwards?

No your child should not be in pain. They will be given adequate medicine to ensure they remain as comfortable as possible.

Can my child eat and drink?

If your child was eating and drinking prior to the tracheostomy they will be able to continue once recovered from the anaesthetic. Occasionally they may need to be reviewed by a speech and language therapist (SALT) to assess their ability to swallow before they restart oral feeding or if they are having difficulties. Your child may need feeding via a tube in their nose or have fluids into a vein via a cannula. If your child was on gastrostomy feeds they can continue as before.

What equipment will my child need after having a tracheostomy?

Your child will be attached to a monitor to make sure they are getting enough oxygen and to monitor their pulse. Warm moist air/oxygen will be given through a mask. This will be reduced after the first tube change. Your child will then use a heat and moisture device (HME/Swedish nose) for humidity to moisten their secretions. The amount of humidity needed varies from child to child. Saline nebulisers may also be given. A suction machine and catheters will also be at the bed space to help

remove excess secretions. Your child will have a blue emergency box filled with equipment to change the tube in an emergency. This will be checked every shift.

What should we expect when our child returns from theatre?

They may need to spend some time in the paediatric high dependency unit (PHDU) or paediatric intensive care unit (PICU) until they are well enough to return to the ward. The length of time your child will remain on PHDU/PICU will vary; their doctor will decide when your child can be transferred to a ward area. Your child may be quite sleepy due to the anaesthetic but can be awake in recovery.

The tracheostomy will be a white plastic tube held in place by white cotton tapes around their neck. These tapes may be changed to velcro fasteners after the first tube change and completion of a risk assessment. There will be two long stitches (stay sutures) taped to your child's chest and small stitches around the stoma. The stay sutures are removed after the first tube change, one week after surgery.

It is possible there may be blood visible in the tube during the first couple of days but this should settle down. If your child was on a ventilator before their tracheostomy, they may need to remain on this for a while. If your child requires ventilation, they may also be sedated. Nursing staff will be able to advise you regarding the safe way to hold and cuddle your child.

How do I care for the tube?

Your child's nurse will care for the tube initially and you can observe them. Once you feel able and ready you will be trained to complete all cares. The stoma needs cleaning at least twice a day with sterile water in hospital or cooled boiled water. If the stoma becomes infected or skin breaks down normasol should be used to clean. This is a saline solution provided by your GP. Your child may also need to wear a dressing under the tube to either absorb excess secretions, to aid healing if infected or to prevent pressure areas due to skin rubbing on the tube.

The tapes require changing daily (after the first change) you can use a barrier cream under the tapes and around the stoma. The tube will also

require suctioning to remove excess secretions. Your child's tube will be a weekly/monthly routine change or sooner if it becomes blocked with secretions. From day 8 after the tracheostomy, tube changes can be daily for training. The nurse will explain specific tube care with you prior to discharge.

What if the stoma becomes infected?

Signs of infection will be redness, oozing, an offensive odour, thick secretions and your child may have a temperature. Your GP can help and may prescribe cream or you can liaise with your community team/specialist nurse or ward team.

What will my child not be able to do?

The tracheostomy makes it difficult for your child to talk or make sounds as it is placed below the vocal cords (voice box). This means air is diverted away from the voice box. As your child grows their tube may be changed to enable a speech and swallow valve to be used. For further information speak with your child's nurse, tracheostomy nurse or a member of the SALT team.

They will not be able to swim and we also advise to refrain from using lots of bubble bath and talcum powder around the stoma. When playing with sand it needs to be wet. Everywhere your child goes they need portable equipment and an adult who is trained in tracheostomy care, therefore this may limit other activities.

How long should we expect to stay in hospital?

We aim to discharge 24 days after surgery, this depends on the length of stay on PICU, the community delivering your equipment, the completion of training and if your child is well. These are the main factors that can shorten or lengthen your stay. If your child is requiring Long term ventilation (LTV) hospital stay will be significantly lengthened as a health needs assessment need to take place.

What needs to happen before we can be discharged home?

During the first 2 weeks you will need to complete a training pack to ensure you are able to care for your child's tracheostomy safely. This will also include basic life support (BLS) training. Once all the training is completed you will then be able to leave the ward with your child while waiting for the discharge date. All equipment will need to be ordered and delivered by the community team.

A discharge meeting will be organised for approximately 14 days post tracheostomy insertion, to aid planning for home. This will be attended by all the teams who have been involved with your child in hospital and who will become involved, once you have been discharged. You are also able to attend. You will be required to do an overnight stay with your child and can have day leave if possible.

Once all training complete and yourself, staff and doctors are confident you are able to care for your child and they are well you can be discharged. Training may

be delayed if your child requires a prolonged stay within PICU.

Who is responsible for the training?

There is a specialist tracheostomy nurse who may have spoken with you prior to the surgery. They will be able to coordinate your training schedule. The training will be completed by either the specialist nurse or members of the ward team. Training may be completed differently between members of staff. Do not get worried if you experience slightly different teaching methods; speak with your specialist nurse if you have concerns.

Will we have regular follow up appointments?

This will depend on how often your consultant requests to review your child. Initially you should receive an appointment 4-6 weeks post discharge. Your child may also require further hospital admissions for theatre to review their condition. If you have problems with appointments you can always try and contact the secretary or specialist practitioner.

What support will there be once we have been discharged?

During the discharge meeting you will meet members of the community team who will be involved once you are at home. Your GP, health visitor school nurse, social worker and community team are available for advice. You will also have all the contact details needed.

Community Team:

Other useful numbers:

Useful Contact Numbers

Consultants: Prof Bruce
Mrs Nichani
Mr Bateman
Mrs De Kruijf
Mr Loughran

Secretary: Mr Bruce, Mr Loughran –
0161 701 5039
Mr Bateman, Mrs Nichani, Mrs De Kruijf –
0161 701 0994

Specialist Tracheostomy

Practitioner: 0161 276 5037
(answer machine)/0161 701 9521

Ward 78: 0161 701 7800

Useful Websites:-

www.tracheostomy.com
www.actfortrachykids.com
www.globaltrach.org

No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to www.nhs.uk/smokefree.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



@MFTNHS



Follow us on
Facebook

www.mft.nhs.uk

© Copyright to Manchester University NHS Foundation Trust

TIG XX/XX

Produced January 2019
Review Date January 2021
(SF Taylor CM17684)