NHS
Manchester University
NHS Foundation Trust

Tracheostomy Decannulation

Information for Parents, Carers and Patients

Royal Manchester Children’s Hospital

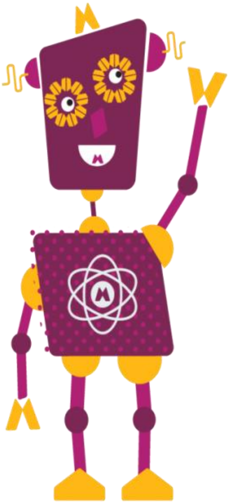
‘Our Family Caring for Yours’

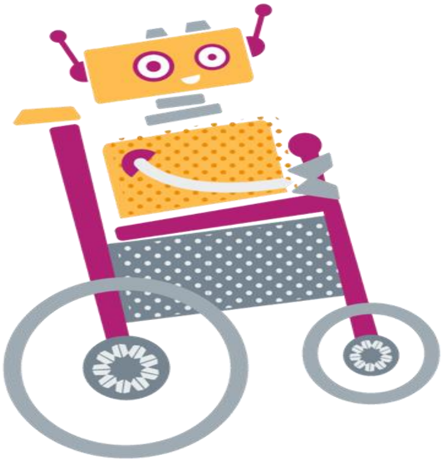
Introduction

What is tracheostomy decannulation?

Tracheostomy decannulation is the process of removing your child's tracheostomy tube and making sure they are able to breathe safely without it. Your child will be able to trial decannulation if they have outgrown the medical condition that caused them to require the tracheostomy in the first instance or if the condition has been surgically corrected.

The decision about when to decannulate is discussed in clinic with your ENT Consultant and Tracheostomy Nurse Specialist. **Prior to decannulation, your child with need an airway assessment under a general anaesthetic to assess whether their airway is safe.** Where possible, this will be done on the same admission as the planned decannulation process.





What does decannulation involve?

The decannulation process takes approximately five days, but this can vary from child to child.

Day One – your child will be reviewed by a member of the ENT team to make sure your child is medically fit for a trial of decannulation. The procedure will be explained to you and you will be given the opportunity to ask as many questions as you feel necessary. If the airway assessment has deemed your child’s airway to be safe, the tracheostomy tube will be reduced down to a size 3.0 tube whilst your child is on the ward. This can be done by parents and experienced nursing staff will assess if/when needed. Depending on the size of the tube, this may be done as a single change or gradually in small steps. If done in small steps, this will lengthen your child’s time in hospital.

Day Two – If there have been no problems or concerns over the previous 24hrs (with the 3.0 tube), we will put an occlusion cap over the tracheostomy tube. This can easily be removed if your child shows signs of breathing difficulties.
The cap needs to remain in place for a minimum of 24 hours. The nursing staff will closely monitor your child’s breathing and during this time your child will need to remain on the
ward. We will do a sleep study overnight to measure your child’s oxygen saturations whilst they are asleep.

Day Three – If there have been no problems or concern over the previous 24 hours and the sleep study shows that your child saturations have been within normal limits, then we will remove your child’s tracheostomy tube. We either cover the stoma with an air tight dressing to occlude the stoma or we leave the stoma open to allow it to heal naturally. We will observe your child closely and perform a second sleep study overnight.

Day Four – We will review the sleep study and if there have been no problems or concerns during the previous 24 hours, we will continue to observe your child. Your child will be encouraged to return to normal activity during the day, to ensure they are able to manage without the tracheostomy tube. You will also be able to start taking your child off the ward and around the hospital. We will also give you a refresher in basic life support now your child no longer has the tracheostomy.

Day Five – If your child continues to do well without the tracheostomy and there are no concerns, they can be discharged. We may have to monitor your child a little longer if we have any concerns to ensure it is safe for them to be discharged. We will discuss with you how to care for the stoma now there isn't any tracheostomy tube and what signs to look out for, such as signs of infection.

Are there any risks?

The main risk is your child may not be able to breathe well enough with the occlusion cap or without the tracheostomy tube. We will closely monitor your child during this time and if there are any concerns that your child is struggling to breath, we will remove the occlusion cap or reinsert the tracheostomy tube. Sometimes your child may not have any breathing problems but their secretions cause difficulties. With the occlusion cap in place the tracheostomy tube cannot be suctioned. This means your child will have to clear their own secretions. If your child is unable to clear their secretions orally, this can cause them to become distressed and may also affect their breathing. The occlusion cap will be removed to provide suction which may mean that we will have to stop the decannulation process and try decannulation again at a later time. If the tracheostomy tube has been removed and your child develops a problem with secretions, the tube will be reinserted.

If your child isn’t successfully decannulated on the first attempt, please don’t be too disheartened. We can reattempt the procedure at a later time when your child is a little bigger and more able to manage to breathe without the tracheostomy tube. They may also require further treatment to help with their secretions.

What happens after decannulation?

You may be nervous about taking your child home after decannulation without your emergency tracheostomy equipment. We realise you may be scared that your child will experience breathing difficulties. This is normal and an expected reaction. We will follow your child up in clinic about 4-6 weeks after to ensure everything is ok. Your community team or tracheostomy nurse will still be there to support you and your child until the stoma has successfully closed.

When will I need to return my equipment?

Your child will not be discharged with their emergency box or tracheostomy tubes as they no longer need them. We advise you to keep your medical equipment such as suction machines, nebulizer and saturation machine until you are seen in clinic, to ensure your child is doing well. If the ENT team are happy following the appointment, you can then arrange with your community team to come and collect the equipment from your home.

When can my child return to nursery/school?

Your child can return back to nursery or school as soon as they want. Once discharged, there should be no restriction on your child’s activity. We do advise you to cover the stoma, to ensure your child is safe and there is no risk to the stoma while it is healing. If the nursery staff or school are concerned then they can seek advice from the tracheostomy nurse specialist.

Can my child go swimming?

This is usually one of the first things children and parents look forward to doing. However your child should not go swimming or take part in other water activities until the ENT team have reviewed your child and confirmed that the stoma has closed.

What do I do if my child catches a cough or cold?

You should try to avoid close contact with people that have coughs and colds especially soon after decannulation. This can make your child’s secretions thicker and harder to clear. However coping well with a cough and cold is a good sign that the decannulation was successful.

What do I do if the stoma doesn’t close?

Following discharge, if the stoma is small and not oozing there is no need to cover it with a dressing. If it remains large and is oozing, then you can use an adhesive dressing with some gauze. Until the stoma is fully closed, a dressing will be required during a bath/shower. We will review your child in clinic 3-6 months after removal of the tracheostomy tube and if the stoma hasn’t closed within this time, we will then arrange for the stoma to be closed surgically.

If the stoma does need surgically closure, this will involve a short procedure under general anaesthetic where we stitch the stoma closed. Before this procedure, a sleep study will need to be completed with an airtight dressing over the stoma to ensure they have not been using the stoma to breathe. If the doctors are happy with the sleep study the stoma can be closed. Your child will need to stay 1-2 nights to be observed for any breathing difficulties. After closure, your child will have a small plastic drain in the wound, which needs to stay for at least 24 hours and will be removed before your child is discharged.

If you are worried about anything or require further information please contact the ward.

Covid and surgery

It is likely that having an operation while carrying the Covid-19 virus causes an additional risk of developing complications. How much of a risk this is in children remains unclear. Whilst we are awaiting more details around this, we have taken precautions both prior to admission as well as during hospital stay to limit the risk of Covid-19 in the peri-operative period.

Questions

We understand that there may be questions that either you or your child would like answering. Most of us forget what we were going to ask the doctor or the nurse.

Please write your questions below.

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Useful Contact Numbers

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

Ward 78: 0161 701 7800

Community Team:

Other useful numbers: -

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, please ask a member of staff to arrange this 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.

ہماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کےلئے ترجمہ نہیں کرسکتے۔ اگرآپ کومترجم کی ضرورت ہےتو عملے کےکسی رُکن سے کہیں کہ وہ آپ کےلئے اس کا بندوبست کردے۔

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.

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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。

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