

Going home with a tracheostomy

Information for patients and carers



Outstanding
Care for One+All

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Introduction

This leaflet has been designed to help you and your family understand more about tracheostomies. Our aim is to give you information and answer questions you may have so you can be discharged from hospital safely and be as independent as possible.

When you leave hospital, we will refer you to the community team. This will include the district nursing service attached to your GP practice. You will find contact numbers at the end of this leaflet.

What is a tracheostomy?

A tracheostomy is an opening created at the front of your neck so a tube can be inserted into your windpipe (trachea) to help you breathe. The opening is commonly referred to as a stoma. Your breathing will be through this tube instead of your upper airway – your nose and mouth are bypassed as you breathe through this tube.

People need a tracheostomy for a number of reasons including:

- help with coughing up mucus (phlegm) and suctioning
- an operation to the head and neck area
- an obstruction in the windpipe due to swelling, infection or other causes.



Figure 1 Plain tracheostomy tube



Figure 2 Fenestrated tracheostomy tube

How long will I need a tracheostomy?

This will depend on why you needed the tube. All patients should have had a discussion with their doctor, which includes a guide to how long the tube will be in. Occasionally, some patients may need a tracheostomy as an emergency procedure.

How do we breathe normally?

We breathe through our nose and mouth, passing air in and out of our lungs. As the air passes into the lungs it travels through the thin wall into small air sacs called alveoli. Within the air is an important gas called oxygen – this is used by our body as an important fuel to produce energy. As we use this oxygen, we then produce a waste product called carbon dioxide (CO₂) which we breathe out.

When we breathe through our nose it helps filter out dirt, dust and pollen which could enter our airway and be harmful to our lungs. The nose also helps with warming and humidifying the air you breathe in. Some parts of our airway also produce mucus, which helps to clean our airway. This mucus coats the tubes of our airway, trapping dust and germ particles. The thousands of hairs (cilia) that line our airway move back and forth to move the mucus up out of our lungs and into the back of our throat, which we can cough up or swallow.

It is very important that to carry out this job, the mucus needs to remain as thin as possible and drinking plenty of water will help the glands that produce the mucus to keep it as thin and manageable as possible.

How do I care for my tracheostomy tube?

Before you leave hospital, we will show and explain the type of tube you have inserted. The tube usually has an outer an inner tube, an HME (Heat Moisture Exchanger) and where appropriate, a one way valve.

It is important that the inner tube is kept in at all times, except for cleaning or clearing of secretions. You will have a spare inner tube so you can always have one in while cleaning the other. It is very important that you are able to remove and reinsert the inner tube before you leave hospital and you and/or a family member will be shown how to do this. Supporting the flange when you take the tube out will help to provide some stability. Most inner tubes are a 'twist and lock' type of fitting but some may be a 'squeeze flange' type. Your nurse will explain and show you how to unlock and re-lock your particular tube.

Note:

We recommend that the inner tube is cleaned at least three times a day, at least 8 hourly. Newly inserted tubes may need cleaning more frequently.

The outer part of your tube, which the inner tube fits into, will be changed by a health professional – this is usually carried out on a monthly basis or as per manufacturers' instructions.

Neck ties

The neck tie is the dressing around your neck that keeps the tube secure in your stoma. This will need to be changed at least once a week. We will usually ask the district nurses to help you with this but some patients and family members can be shown how to do this before discharge. This is a two person procedure to make sure the tube does not accidentally come out during the change.

Changing the whole tube

Following discharge, your tube will be changed either in the community or in the ENT clinic. Before you go home, we will discuss with you which team is most appropriate for you.

One way valves

You may be fitted with a one way valve to enable you to speak. We will explain how this works and make sure you understand how this works and can clean it if it becomes blocked with secretions. We suggest using warm water and one of the cleaning swabs used to clean the inner tube of your tracheostomy. These valves will need to be replaced regularly as they are not designed for long term use.

Humidification

As already explained, keeping your mucus manageable and easily coughed and cleared is very important. Many patients will be able to use an HME (a Heat Moisture Exchanger) which is placed on the end of the tracheostomy tube. We encourage patients to keep these on as much as possible.

Bibs are also available to use. These provide a low level of humidification and are suitable for short term use only.

You will be supplied with a nebuliser machine that can deliver moisture via a mask in the form of fine mist, and you and/or your family will be shown how to use this before you leave hospital. We will supply you with saline to use in this machine and your GP will continue to supply this for you. Other equipment you may need will be ordered by your district nursing team.

It is also important that you keep your fluid intake as high as possible. If you have an underlying condition that may restrict your fluid intake, we will discuss how best to help you as appropriate.

Some patients may wish to purchase a room humidifier if they find other methods of humidification not effective. These are not available under the NHS but are commercially available at retail outlets.

How do I care for my skin and stoma?

Keeping the skin around your stoma clean and dry is another important aspect of caring for your tracheostomy. Before carrying out any care, please make sure you wash your hands thoroughly. If you notice that the skin around your tube is red, smelly or broken, please contact your district nurse or GP for an assessment to make sure you are not at risk of an infection.

The stoma where your tube is inserted will have mostly healed by the time you are discharged. We will have shown you how to clean around this as well as keeping the tube itself clean. We suggest using lint free gauze with cool boiled water, cleaning around the front and sliding under the flange of the tube. Do this at least twice a day, and increase if needed.

If you use a dressing beneath your flange, again this will need changing when you are cleaning. If it becomes heavily soiled, it may need changing more often. Don't use anything other than a pre-cut specially designed dressing – do not use tissues or dressings that are homemade and could shed fine particles or dust into the tube and lungs. Dressings are available on prescription and are available through your GP or your community supplier. We will provide a supply for you on discharge.

Suctioning

It is very important that your airway remains clear at all times, particularly your inner tube. You may need to carry out suctioning through this inner tube and you will be shown how to do this before you are discharged. We ask that any family or friends are able to carry this out too at any time you may not be able to. A nurse will show you how to safely suction.

We always encourage patients to cough and clear their secretions as much as possible and to use the suction machine only if you have been unable to clear your inner tube. Removing the inner tube and clearing secretions from this may be the best way to clear your tube.

What equipment will I need?

We will provide you with the following equipment before you leave hospital:

- suction machine and tubing, Yankauer suction tip and suction catheters
- nebuliser machine – we will order one from our respiratory department to give you before you leave. This equipment will include a number to call if you have a problem or need a replacement machine. Replacement equipment, such as chambers, should be reordered through your district nurses

Equipment (continued):

- A blue tracheostomy box with your name on it. It will also include an information card listing the contents of the box, and a flowchart for health care professionals to use in the event of an emergency. The box will contain:
 - spare tracheostomy tubes – one the same size as your current tube and one a size smaller
 - spare inner cannula
 - scissors
 - stitch cutter
 - tracheostomy tapes and dressings
 - hydrocolloid dressing
 - two suction catheters
 - sterile gloves for deep suction
 - lubricating jelly

Please take this box with you when you are away from home, including when you attend the hospital or any medical appointments.

- heat moisturiser exchangers (HMEs)
- one way valve (if appropriate)
- shower protector
- contact and reorder information.

How do I clean my tube?

All patients who are discharged independently will be shown how to care for and clean their tube. This may include family and friends.

Instructions:

1. A good light and mirror are essential for good visibility of your tube.
2. Gather your cleaning equipment so you have everything to hand.
3. Wash your hands thoroughly.
4. If you use a dressing beneath your flange, remove and discard the old one.
5. You may benefit from having a nebuliser before cleaning – this offers a double benefit of moisture and helping to moisten secretions that may have dried around the flange and in the inner tube.
6. Remove the inner tube and replace immediately with your spare clean one. Holding onto the flange of your tube as you unlock the inner tube will support the tube and reduce the possibility of coughing.

Instructions (continued):

7. Moisten the foam buds with cooled boiled water and clean the inner tube – you may find running warm water through this helpful to loosen stubborn secretions. Please do not use brushes as they can leave scratches on the inside and may increase the risk of infection.
8. Moisten your cleaning cloth with cooled boiled water and clean around the outside and under the flange. Hard to reach parts may benefit from using a foam bud.
9. The strap that passes around your neck and keeps your tube in your stoma will usually be changed at least weekly by your district nursing team. You may be able to change your own, or with help from family – you will be assessed for this before discharge.
10. Make sure your skin around your tube is dry after cleaning.
11. Replace the dressing beneath your flange if you wear one.

How do I shower / bathe?

We will order a shower protector for you so you can have a shower as safely as possible without the fear of water going into your tube. A shallow bath may be possible as long as water is not able to enter your tracheostomy tube – this is harmful if it enters your lungs.

Troubleshooting

It is important you and any family or carer are able to deal with emergencies. The following information aims to provide you with ways to carry out some simple steps to help you.

First, please do not panic! You will still be able to breathe.



My tube has come out!

What to do:

1. If your tube accidentally comes out, try replacing your spare tube. This will go back in the same direction that your inner tube goes in. The stoma (the hole that your tube goes into) will be a formed stoma two weeks after your initial surgery and should not close immediately.
2. If you are unable to replace the same size tube try using some water soluble gel.
3. You could also try the smaller tube you have as this may be easier.
4. If you are unable to do any of this, please call 999 and have your spare tube with you.

My tube is still in but I am finding it more difficult to breathe

If you feel that your breathing is more difficult than usual:

1. Remove your inner tube and see if it needs cleaning of secretions. Remember to put your spare tube in while you clean the removed one.
2. If you are able, try a good cough, this may help to dislodge mucus that may be in your tube.
3. Try using your suction machine if you are still finding it difficult to breathe.

This has not helped!

If all of these suggestions have not helped, you may need to attend your nearest Emergency department or dial 999. Please have your tracheostomy passport handy to give your professional helper some information about you and your tube.

Top tips

- Make sure you always keep your inner tube in place at all times – have your spare one handy to replace when you remove one to clean.
- Keep yourself as hydrated as possible – this keeps your mucus thin and easy to cough and clear.
- Remember to wash your hands thoroughly before handling your tube, this can reduce the risk of an infection.
- Carry your supply bag with you so you have spare equipment you might need (an example of suggested contents are included below).
- If you are travelling, be aware of your nearest Emergency Department just in case.

Patients with newly inserted tracheostomy tubes may produce a high amount of mucus which some find distressing and worrying. This can be for a number of reasons but the most important thing to remember is how to manage this mucus. Please talk to your nurse or doctor if this is a worry for you.

Remember, there are many people with these tubes and many lead a good quality of life. There are some useful websites listed at the end of this leaflet you may wish to view together with some support groups.

Carry bag contents:

- Blue tracheostomy box
- Mirror
- Torch
- Wipes
- Plastic pot (perfect for your spare inner tube)
- Plastic spray bottle – filled with cooled boiled water
- Lint free cloths
- Pack of bags to collect waste cloths etc
- Spare one way valve
- Spare HME (Heat Moisture Exchanger)
- Pack of cleaning tube foam swabs
- Reorder contact information
- Tracheostomy passport.

Contact us

Discharge ward number:

Community team

Names:

Telephone:

Head, Neck and Thyroid Specialist Nurse

➔ Telephone: 01872 253475

District nursing team (via Bodmin Switchboard)

➔ Telephone: 01208 251300

Further support and information

National Tracheostomy Safety Project

➔ Website: www.tracheostomy.org.uk



**To get this information in a different format
call 01872 252690**

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Reference RCHT1869
Revised 07/2026
Version 2.0
Review due 07/2029

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Patient Information 2026

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