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## **Notebook of Care for the Patient with a Tracheostomy**

### **What is a Tracheostomy?**

A tracheostomy is a surgical opening created in the front of the neck into the trachea or windpipe. A tube is inserted into the opening to prevent it from closing. Breathing then occurs through the tracheostomy tube, not through the nose and mouth. There are several reasons a physician might recommend a tracheostomy. A tracheostomy can ease breathing by bypassing an upper airway obstruction such as swelling, scarring, or tumor. In bypassing the nose and mouth, a tracheostomy can also ease labored breathing in conditions such as COPD or emphysema. A patient or health care provider may also find that a tracheostomy can be helpful in clearing secretions from the airway. A tracheostomy can be either temporary or permanent.

Because breathing now occurs through the tracheostomy tube in the front of the neck, and not the nose and mouth, changes in both breathing and speech occur. The staff of The Milton J. Dance, Jr. Head & Neck Center has developed this notebook to help prepare you and your family/significant others for the changes that will occur. These written instructions will reinforce the instructions provided by your healthcare team. This notebook is not intended to answer every question but will provide an overview of the most commonly encountered situations. Please ask your healthcare team any questions not addressed in this notebook.

## **M.J. DANCE CENTER TEAM**

The Milton J. Dance, Jr. Head and Neck Center team will follow you through all the stages of care. The team will meet with you before surgery, during your hospitalization and on a continuing outpatient basis as needed. The members of your team are available for support and to answer questions. The team consists of a head and neck nurse, social worker, and speech-language pathologist.

### **Head and Neck Nurse Specialist**

The Head and Neck Nurse Specialist will teach you how to care for your tracheostomy and manage the changes in your daily routine. The nurse will demonstrate and explain tracheostomy covering and is available for ongoing consultation and follow-up as needed.

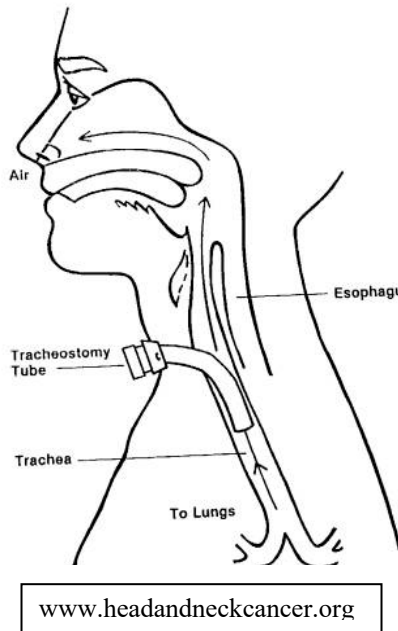
### **Social Worker**

The Social Worker is available for patient and family counseling to address your concerns and help you to adjust to the changes resulting from your surgery. The Social Worker will also coordinate your discharge planning and home health care with the hospital case managers as needed.

### **Speech-Language Pathologist**

The speech-language pathologist will assess you for readiness to use a speaking valve and Heat Moisture Exchanger (HME). The speech-language pathologist will also train you in safe use of the speaking valve and HME.

## BASIC CARE OF THE TRACHEOSTOMY



A tracheostomy (trach) is a surgically created opening into the trachea (windpipe) in the front of the neck to aid breathing. A “trach tube” keeps the opening (stoma) open. It is very important to keep the trach tube clean and free of secretions to ensure easy breathing. The Head and Neck Nurse Specialist will teach you and a family member/friend how to perform trach care before you are discharged from the hospital. **Trach care should be completed four times a day AND as needed.**

### ROUTINE TRACH CARE

#### FOLLOW THIS PROCEDURE:

1. Wash your hands thoroughly.
2. If unable to freely mobilize secretions, instill 1 firm squeeze on the saline “bullet” into the trach to loosen secretions and stimulate a cough.
3. Suction, if necessary, to remove secretions you cannot cough out. Follow the procedure for suctioning on the following page.
4. Remove, clean, and replace the inner cannula.
5. Clean the skin around the trach tube with saline, using a long cotton-tipped applicator or folded gauze sponge. Dry skin, as needed.
6. Place a clean trach dressing (drain sponge) around the trach tube.

**\*Note:** If at any time you are having trouble breathing and cannot clear your airway, notify your doctor immediately. If unable to reach the doctor, go to the nearest hospital for help. **IF YOU ARE IN DISTRESS, CALL 911 IMMEDIATELY!**

## **SUCTIONING THE TRACHEOSTOMY**

The amount of mucous in your airway will depend on your general health. Suctioning may be necessary to remove secretions too deep or too thick to be coughed out. Suction when you feel congested or when you cannot clear your airway by instilling saline and coughing. Use a clean catheter each time you suction.

### **SUPPLIES NEEDED:**

Mirror

Suction machine with connecting tubing

Red rubber or clear suction catheter

Saline bullets

Cup of saline (to rinse catheter after suctioning)

Non-sterile gauze sponges

### **FOLLOW THIS PROCEDURE:**

1. Wash your hands thoroughly; turn on the suction machine.
2. If unable to freely mobilize secretions, instill 1 firm squeeze on the saline “bullet” into the trach tube to loosen secretions, and cough.
3. Take several deep breaths.
4. Insert the catheter into your trach tube (about 4 inches) until you begin to cough or until you meet resistance. Do NOT cover the suction control vent while you insert the catheter.
5. Place your thumb over the open end of the suction control vent to create suction and gently rotate the catheter as you pull it out of the trach tube. Actively cough during suctioning. Do not leave the catheter in the trachea/apply suction for more than 10 seconds.
6. Suction saline, from a cup, through the catheter to clear secretions from inside of the catheter.
7. Take a few deep breaths.
8. If needed, repeat the suctioning process until the airway is clear of mucous.
9. After suctioning, remove, clean, and replace the inner cannula to maintain a clear airway.

### **INNER CANNULA CARE:**

1. Wash hands with soap and water
2. Hold the neck plate of the trach tube with one hand, and with the other hand, pinch the end of the inner cannula to unlock it
3. Remove the inner cannula by pulling it downward and out
4. Use a scrub brush to clean the inner cannula with sterile saline or water. If necessary, soak the inner cannula in a small basin containing equal parts Hydrogen Peroxide and water to loosen the secretions. Clean with the scrub brush and rinse with water.
5. Reinsert the inner cannula into the outer cannula- slide the inner cannula in; gently “push” until you hear the click that confirms it’s locked in place

### **HOW TO MAKE SALINE SOLUTION**

1. Boil 1 quart of water for 5 minutes.
2. Add 2 teaspoons of non-iodized salt, mix well and let cool.
3. Pour the saline into a clean, covered container.
4. Mark the date on the container and store it in the refrigerator.
5. Warm the saline to room temperature before using. Discard after 24 hours out of the refrigerator.
6. Discard any unused saline after 48 hours from time of mixing.
7. If a smaller amount of saline is needed, add 1/2 teaspoon of salt to 1 cup of boiled water and follow the same procedure.

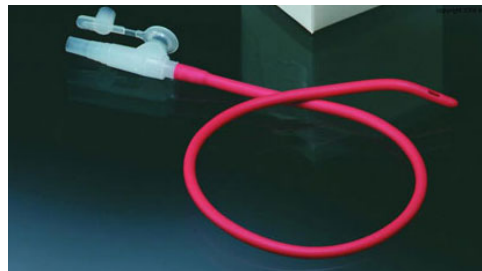
\*Sterile Saline is also available at the drugstore in squeeze bottles - usually advertised for nasal use. Must be **STERILE** for use in tracheostomy.

## CARE OF SUCTION CATHETERS

Red rubber suction catheters can be cleaned and reused according to the following instructions. **Clear plastic catheters cannot be cleaned. They should be discarded after use.**

1. Suction saline or water through the catheter to help remove secretions.
2. Rinse catheters under cool, running water until free of visible debris.
3. Wash catheters in a mild soap and warm water and rinse thoroughly with tap water.
4. Soak catheters for ten minutes in equal amounts of hydrogen peroxide and water. Rinse catheters thoroughly under running water.
5. Boil catheters for 3-5 minutes. If possible, place the catheters in a strainer to protect them from the heat of the pan.
6. Allow catheters to air-dry thoroughly on a clean towel. Store them in a zip-lock plastic bag. Storing them in the refrigerator may help to preserve the rubber.

\*Red rubber catheters should be thrown away after 30 days or sooner if they are worn or develop cracks. Discard catheters that have poor suction or cannot be cleaned.



## CARE OF THE SUCTION MACHINE

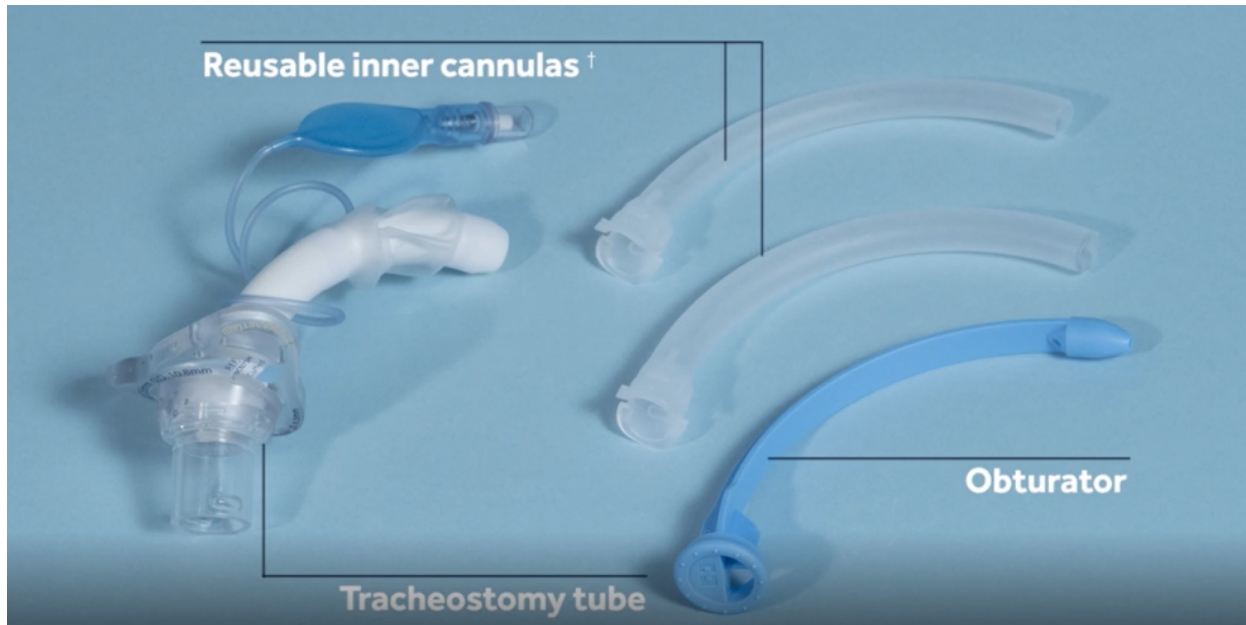
Clean the suction canister and tubing daily to prevent infection. Empty the contents of the suction canister into the toilet. Refer to manufacturer's cleaning instructions that accompanied your portable suction machine.

\*Placing ~1/2 inch of water in the bottom of the canister prior to use may make it easier to clean the canister.

**\*Bring your spare trach tube (provided by your DME agency) with you to your appointments with your Head & Neck surgeon**

## THE PLASTIC (SHILEY) TRACHEOSTOMY TUBE

A Shiley trach tube has three parts: the outer cannula, the inner cannula, and the obturator (guide wire). Your health care team can explain the purpose and use of the components of the trach tube.



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The outer cannula holds the tracheostomy stoma open. It is secured in place with a strap/tie around the neck. The inner cannula fits into the outer tube. It locks in place to prevent it from falling out or being coughed out. The inner cannula must be removed and cleaned several times a day to maintain a safe, open airway. The cannulas have an adaptor for attaching a speaking valve or Heat Moisture Exchanger (HME). The obturator is only used when inserting a new tube into the stoma. Keep the obturator in a safe place, easily accessible, in case it is needed to reinsert the trach tube.

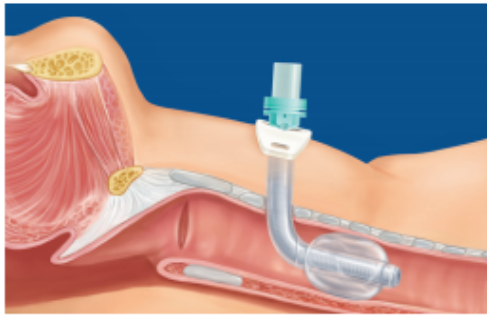
Trach care should be completed 4 times a day, **and** as needed. Follow the same procedure as in “Basic Care of the Tracheostomy”. [See pages 3-6](#)



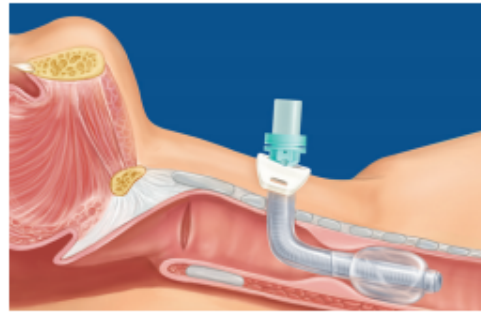
# SHILEY XLT

## EXTENDED LENGTH TRACH TUBE

A standard-length trach tube may not be appropriate for all patients. Unique anatomies may require an extended length trach tube to achieve a proper fit. Your health care team will make this determination, if needed.



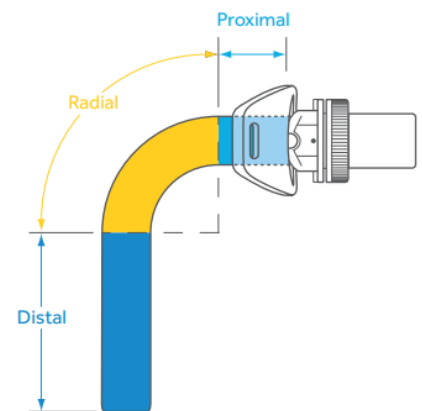
Full or thick neck



Long tracheal anatomy, tracheal stenosis, or malacia

Features of the Shiley XLT trach tube:

- Extra length options in the proximal or distal portions to accommodate different anatomical challenges
- Flexible, disposable inner cannula that conforms to the outer cannula to further facilitate desired fit
- Unique locking ring that fastens the inner cannula securely to the outer cannula



Note:

- The Shiley XLT trach tubes must be replaced by your physician
- The inner cannula uses a twist-lock mechanism to secure to the outer cannula. While stabilizing the outer cannula, twist towards the patient's right shoulder to unlock. Replace with a new/clean inner cannula while twisting towards the patient's left shoulder to lock the disposable inner cannula in place.

## THE METAL TRACHEOSTOMY TUBE

A metal tracheostomy tube has three parts: 1) outer cannula; 2) inner cannula; 3) obturator, or guide wire.



Outer Cannula



Inner Cannula



Obturator

The outer cannula (outer tube) holds the trach open. It is tied/secured in place around the neck. The inner cannula (inner tube) fits into the outer tube. It locks in place to keep it from falling out or being coughed out. The inner tube must be removed and cleaned several times a day to keep the airway clean and free of secretions.



Inner Cannula  
in Outer Cannula

The obturator (guide wire) fits inside the outer tube and guides the tube easily into the stoma. Keep the obturator in a safe place, easily accessible, in case it is needed to reinsert the trach tube. The outer tube should be changed daily or as directed by your doctor.



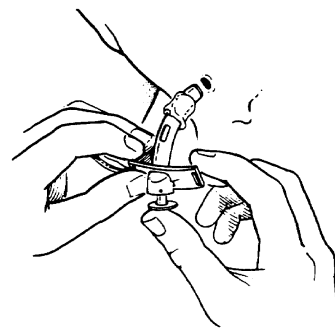
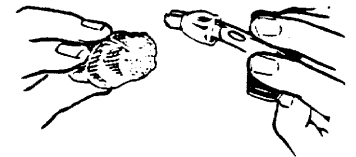
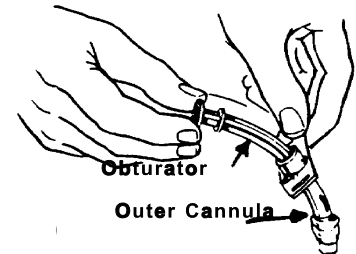
Obturator in  
Outer Cannula

\*The three tube parts should be kept together as a set. You will take home an extra tube so that you have two complete sets. One tube will be worn in your airway and you will have a spare tube.

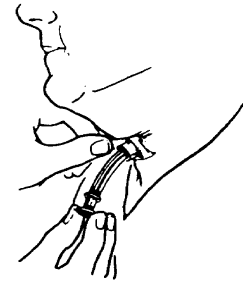
## CHANGING THE TRACH TUBE

With physician order, and after instruction, you may change the entire trach tube (inner and outer cannula) as directed by your physician.

1. Wash hands with soap and water
2. Prepare the clean trach tube for insertion. Place a clean tie or Velcro trach tube holder into the opening of the neck plate. Insert the obturator into the outer cannula.
3. Lubricate the end of the tube with a water-soluble lubricant (KY jelly, surgilube) \*Do **NOT** use Vaseline or petroleum jelly
4. Instill saline and cough or suction to clear the airway
5. Hold the neck plate of the trach tube that is in place, and unfasten the tie/holder on the trach tube
6. Carefully remove the entire tube with curved, downward motion
7. Clean the stoma with saline and blot dry
8. Immediately insert the clean trach tube, using gentle, curved, forward pressure



9. Holding the neck plate, immediately remove the obturator to allow breathing

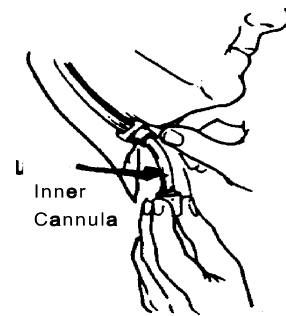


10. Fasten the trach tube holder. Only allow 1-2 fingers to fit between the trach tube holder and patient's neck.

11. Insert the clean inner cannula.

12. Place a gauze trach dressing under the trach tube to protect your skin

13. Clean or dispose of the old trach tube as directed.



\* "Changing the Trach Tube"  
images reproduced with permission  
from The Ohio State University  
Medical Center

**\*Bring your spare trach tube (provided by your DME agency) with you to your appointments with your Head & Neck surgeon**

### **Cleaning the Trach Tube for Re-Use**

1. Clean visible debris from the tube.
2. Metal tubes should be boiled for 5 minutes, allowed to dry on a lint-free towel, and stored in a Ziploc plastic bag until needed.
3. Plastic tubes should be cleaned free of debris, soaked in a solution of 1:1 hydrogen peroxide and sterile water for 1 minute. Rinse with sterile water. Soak in sterile water for an additional hour, allow to dry, and store for re-use. Do not re-use a tube that is cracked or stiff.

**\*Note: Shiley trach tubes are only approved for 29 days of use before they should be discarded**

## DISCHARGE PLANNING

Before you are discharged, the hospital case manager will assess your discharge needs and review available resources with you. Medical equipment, such as a portable suction machine, will be ordered and a visiting nurse may be arranged to follow you at home, according to your doctor's orders. The visiting nurse will reinforce the information taught while in the hospital until you, and your family, are comfortable with your routine. Referrals to other community resources can be made as needed.

Basic supplies to get you started will be sent home with you. These include:

1. Saline solution
2. Suction catheters
3. 4x4 Gauze sponges to use when coughing
4. Saline "bullets" for instilling saline
5. Spare trach tube
6. Trach tube holder

Tracheostomy supplies will be ordered through a medical supply company and delivered to your home. The hospital case manager will provide you with contact information for both the medical supply company and visiting nurse agency. You can refer to our resource list in this booklet for other options to purchase tracheostomy supplies. If you have any problems obtaining any supplies, please contact the Dance Center and someone will be able to direct you.

Supplies that are needed for daily care may include:

1. Cup for saline
2. Saline solution \* [see recipe on page 5](#)
2. Saline bullets
3. Suction machine and tubing
4. Suction catheters
5. Gauze sponges
6. Cotton-tipped applicators (Q-tips)
7. Trach tube holder
8. HME or speaking valve, if indicated
9. Trach care kit

Make an appointment with your physician for the week following your discharge or as instructed by your physician.

## **NOTIFY YOUR HEALTHCARE TEAM...**

The following may be early warning signs of infection or other problems. Notify your physician or another member of your healthcare team if you experience:

### **Possible signs of infection:**

- Changes in sputum color, volume, odor and consistency
- fever

### **Breathing Problems:**

- Shortness of breath
- Wheezing
- Increased coughing
- Increased respiratory rate
- Increased use of accessory muscle use when breathing

### **Sputum Changes:**

- Change in the typical color of your sputum (yellow, green, tan or brown)
- Increased quantity of sputum
- Change in the consistency of your sputum
- Bloody sputum

### **Stoma Symptoms:**

- Pulsating trach tube
- Bleeding from the trach or around the trach tube
- Malodorous drainage from the trach site
- Swelling or redness at the trach site
- Pain at the trach site
- Tissue breakdown at the trach site

**\*Note:** If at any time you are having trouble breathing and cannot clear your airway, notify your doctor immediately. If unable to reach the doctor, go to the nearest hospital for help. **IF YOU ARE IN DISTRESS, CALL 911 IMMEDIATELY!**

## **CHECKLIST OF NECESSARY SUPPLIES**

The following supplies should always be kept accessible:

### **Tracheostomy Supplies**

- Spare tracheostomy tube of the appropriate type and size
- Trach tube ties or Velcro trach tube holder
- Dressing supplies, gauze sponges
- Hydrogen peroxide, normal saline (salt water)
- Water soluble lubricant such as Surgilube or KY Jelly
- Tweezers or hemostats
- Q-tips
- Trach care kits

### **Suction Equipment**

- Portable battery-powered suction machine
- Suction connection tubing
- Suction catheters
- Normal saline solution
- Sterile or clean paper cups
- Saline ampules (“bullets”)

### **Contact Information**

Prior to discharge to home, the hospital case manager/social worker will provide contact numbers for the following:

- Visiting nurse agency
- Medical supply/equipment agency
- Tube feeding formula/equipment agency (if indicated)

## HEAT-MOISTURE EXCHANGER (HME)

### What is a Heat Moisture Exchanger or HME?

After a tracheostomy the airway is exposed to the environment through the trach tube, lowering the temperature and moisture in the lungs. The HME is a filter that is worn over the trach and is designed to replace some of the functions of the nose. The HME is sometimes referred to as the 'artificial nose'. The HME filters the air that enters the lungs and conserves the moisture in the lungs. A Speech-Language Pathologist will assess candidacy for HME use.



Medtronic



Smith's Medical

### Using the HME System

Change the HME cassette at least once every 12 hours, and more frequently if it becomes soiled or clogged with secretions.

Try to remove the HME cassette before coughing.

Remove the HME cassette and instill sterile normal saline into the stoma at least 4 times daily. This will help to maintain a moist airway as well as aid in expectoration of mucous.

Additional HME cassettes can be ordered through your medical supply company.

Observe the tracheostomy and report any signs of crusting, bleeding and mucous plugging.

\*Report any problems to your physician, nurse or speech pathologist.



## SPEAKING VALVES

Speaking valves are small, lightweight adaptors that fit over the end of the tracheostomy tube. A speaking valve allows a patient to breathe in through the trach tube and valve. Exhaled air is redirected up through the voice box, rather than out through the trach, allowing a patient to speak.

Benefits of a speaking valve include:

- Restores a more “normal” closed respiratory system
- Improves speech/voice
- Improves swallowing function
- Aids in secretion management
- Infection control
- Improves quality of life



Photo courtesy of Passy-Muir,  
Inc., Irvine, CA

Care of the speaking valve:

- Wear the speaking valve only when awake
- Clean the valve daily by swishing in mild soap and warm (not hot) water. Rinse with warm water and allow to air dry. Do not use peroxide, bleach, vinegar, alcohol, brushes, or Q-tips to clean the speaking valve.
- When removing the valve, hold the neck plate of the tracheostomy tube in place with one hand, and with the other hand, gently twist the valve in a clockwise motion off the hub of the trach tube.

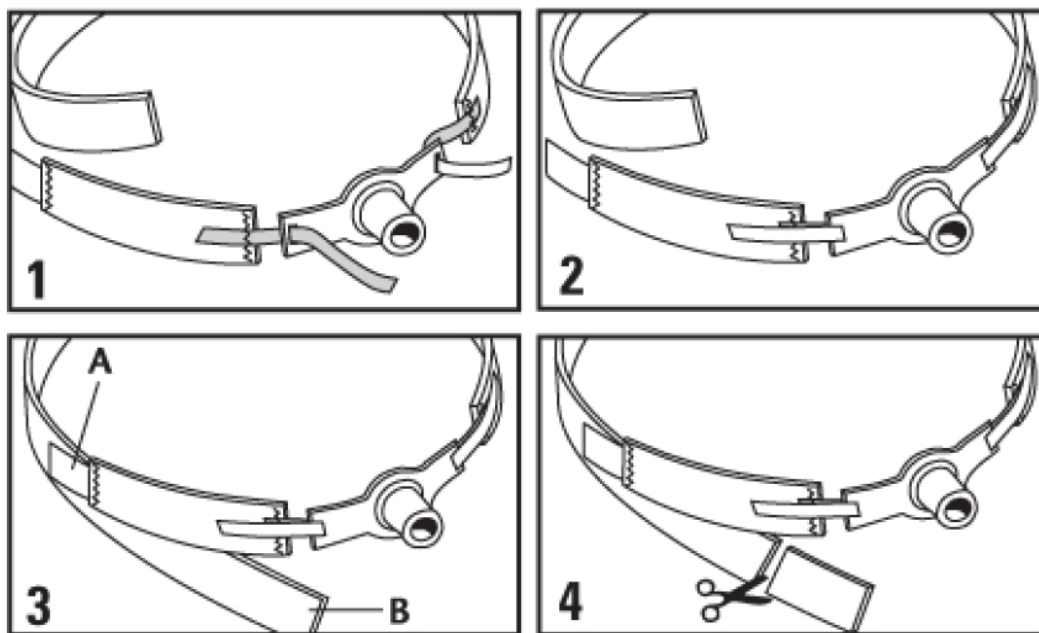
\* Not every patient can safely use a speaking valve. The health care team will assess each patient prior to using the valve to ensure safe use.

\* Remove the speaking valve **immediately** if you have any difficulty breathing, and notify your physician, speech pathologist, or nurse.

## Dale® Trach Tube Holder

**Picture  
Not  
Available**

\*Changing the Dale® Trach Tube Holder is a 2-person procedure. The patient should stabilize the trach tube by holding the neckplate securely against the neck to prevent accidental dislodgement while a caregiver manipulates the Velcro strap.



Unthread the narrow fastener tabs from the flanges on the tracheostomy tube neckplate and remove the soiled trach tube holder

1. Thread the long narrow fastener tabs through the flanges on the trach tube neckplate, threading from behind and working out
2. Bring the tabs back over the flange and adhere to the neckband
3. Secure the fastener tab of the short section (A) to the long neckband section. Adjust strap so only 1-2 fingers can slip between the patient's neck and the neckband.
4. Trim any excess material (from the long "B" side only)

## **DAILY ROUTINES**

### **SHOWERING, BATHING, and SHAMPOOING**

Do not allow water to enter the trach while showering or bathing. Use a hand-held shower spray or adjust the showerhead so that the stream of water hits your body below the level of your trach. You may choose to protect the trach with a rubber shower shield or baby's bib that is plastic on one side and terry cloth on the other, wearing the plastic side out.

When taking a tub bath, keep the water level low in the tub. Use a shower curtain to increase the steam level and humidity.

Shampoo your hair while bending over a sink or while showering. Stand with your back to the shower, head tilted back to avoid getting soap and water into your trach. Wet your hair and then apply shampoo and rinse. Some patients wear a shower shield or stoma bib while shampooing.

### **SHAVING**

Protect your tracheostomy when shaving. Do not allow shaving cream, lotion, aerosol sprays or loose hair to enter your trach tube. This can irritate your airway and cause violent coughing. If possible, use an electric razor until the neck incision is healed. Do not use talcum powder around the trach. Wear a stoma bib or towel around the neck when shaving. When using a safety or straight razor, be careful not to cut the skin. Your neck may be numb for several months after your surgery.

## TRACHEOSTOMY STOMA COVERING

Trach patients may be sensitive to cigarette smoke, dust, fumes, and aerosol sprays (such as hair spray). A bib or stoma cover may be worn to filter unwanted particles and maintain humidity. **A stoma cover will not be as effective as an HME in providing filtration or maintaining humidity.** A cover will help maintain an attractive appearance. It is important to wear a cover in all types of weather. Avoid wearing materials that contain loose threads or feel uncomfortable in any way. Generally, cottons or cotton knits are most comfortable. [The pattern for making crocheted stoma bibs and a list of resources for stoma wear appear in this booklet on pages 26-29.](#)

\*Tip for the Men: Do not stop wearing a shirt and tie! Have the second button on a dress shirt sewn over the buttonhole to give the appearance that the button is fastened. This will provide an opening through which you can insert a handkerchief when coughing occurs.

## DEALING WITH AIRWAY DRYNESS

People with a tracheostomy need to increase humidification to counteract airway dryness. Since your nose no longer warms or moistens the air that you breathe, it is necessary to humidify the air in other ways to prevent mucous plugging/crusting and difficulty breathing. Some patients find that they need to take special precautions during the winter months when gas heat and forced air tend to create a very dry atmosphere, making breathing difficult. Here are some suggestions that may be helpful.

- Place a vaporizer/humidifier by your bed at night and in your living area during the day. **Clean the vaporizer/humidifier per manufacturer's instructions to prevent the spread of bacteria.**
- Always wear a stoma cover or HME.
- Instill 1 firm squeeze of saline “bullet” into the stoma 4-6 times a day to stimulate coughing and add moisture to the airway. Over-the-counter **STERILE** saline nasal sprays can be used to instill and provide a convenient and portable source of humidity.
- Sitting in a steam-filled bathroom will help loosen thick secretions. Turn on hot water in the shower, close the bathroom door, and allow steam to fill the room.  
\*Don't wear the HME while sitting in a steam-filled room!
- Keep the humidity level in your home at about 50% to ease breathing and reduce coughing. Consider purchasing a built-in humidistat to regulate the relative humidity.
- A home nebulizer or humidity collar may be indicated for patients with excessively thick secretions. Discuss this with your doctor, if necessary.
- Check with your doctor before taking over the counter medications such as diuretics, allergy medications, and anti-depressants. These medications may cause dryness of the mucous membranes.
- To keep secretions thin, drink plenty of fluids and avoid caffeine products, which tend to dehydrate. Water is best! Keep a glass of water by your bed to ease any night cough or dryness.

## EMERGENCY PREPAREDNESS

**Prior to discharge or as soon as you arrive home** have a friend or family member contact the local police and fire department to notify those agencies that you have had a tracheostomy and are a neck breather. Some patients have a family member record a message to be played to “911” in case of an emergency. Family members should learn “mouth to trach” resuscitation.

Contact your local utility company to request identification as a “special needs customer”, in case of a power failure or other emergencies.

Always carry identification and wear a Medic Alert Bracelet. These can be ordered through a local pharmacy. [See Miscellaneous Resources, p. 28](#)

Applications are available on “smart phones” to manage your personal medical history, and share (if necessary) with first responders.

Consider purchasing a combustible gas detector. A person with a tracheostomy is less able to detect a gas leak due to the decreased sensitivity to odors. Information can be obtained through the local utility company or at [www.safehomeproducts.com](http://www.safehomeproducts.com) .

The IAL has a booklet, “Rescue Breathing for Layngectomees and Other Neck Breathers” that is available online. It reviews the principles of rescue breathing for total and partial neck breathers. Please review as part of routine emergency preparedness

<http://webwhispers.org/library/documents/BWRescueBreathing2-05.pdf>

## **HEALTH AND SAFETY**

**DO NOT SWIM** due to the danger of getting water into the lungs. People with a trach cannot tread water because of the low-lying stoma. Boating, water activities, or even being near the water should be done with extreme caution. Falling in deep water may be fatal!

Frequent mouth care is needed to prevent infection and avoid bad breath. Use a saline solution or alcohol-free mouthwash to prevent mouth dryness.

Your sense of smell and taste may be decreased since most of the air is inhaled through the trach instead of through your nose. For safety reasons, have smoke and carbon monoxide detectors installed. Check the batteries frequently. Ask friends and family members not to smoke around you. Also, consider purchasing a combustible gas detector.

Some trach patients are unable to gargle, whistle, blow their nose and strain (as in moving your bowels), lift heavy objects, or perform strenuous activity. Eat a high fiber diet (if able) to avoid constipation and ask your doctor to recommend a stool softener, if needed.

Report the following signs and symptoms to your doctor: bleeding from or around the trach, shortness of breath, redness around the trach, persistent moistness or skin breakdown around the trach site, change in the color, amount or consistency of secretions, fever, difficulty swallowing and pain.

# FREQUENTLY ASKED QUESTIONS

## Airway and Stoma Management

### **How long should I keep my suction machine?**

Ideally, you should always keep the suction machine in your home just in case of an emergency. During times of respiratory infection, suctioning needs may increase. It is always wise to check with your physician prior to returning the suction machine.

### **How often should I instill saline into my stoma?**

Trach care, including saline instillation, should be completed 4 times daily, and more often if needed to clear secretions.

### **When should I stop instilling saline?**

You should continue to instill to maintain a healthy airway.

### **How do I use my inhaler?**

Inhalers must be used over your trach tube. Please consult your pulmonary/respiratory physician to obtain the proper dispensing method and device.

### **I feel constricted when my trach is covered. Why is it so important to wear a stoma cover or HME?**

Stoma covers help protect your clothing and keep foreign matter from entering your airway. HME filters help to maintain humidity in your airway. Stoma covers can provide a more presentable social appearance.

### **Gauze 4x4 squares are too expensive. Why can't I use tissues?**

Tissues tend to fall apart when wet. Tissue particles may enter your airway. This is not healthy for your lungs and can irritate your airway.



## **General Health and Personal Care**

### **How will I know if I have a cold?**

You may notice a change in the thickness, color and odor of your secretions. These symptoms may or may not be accompanied by a fever. Consult your physician.

### **Will I be able to sneeze, cough and blow my nose?**

Sneezing and coughing now occur through the trach. Be sure to cover your trach. Blowing your nose in the traditional fashion is no longer possible. Trach patients may be able to blow their nose by covering the trach tube, allowing lung air to travel up into the throat and nose.

### **Are there any special concerns for personal hygiene after a tracheostomy?**

See section entitled Health and Safety ([page 22](#))

### **Will the tracheostomy affect physical intimacy?**

It is common to worry about sexual adjustment after a tracheostomy. You will certainly be able to continue to have physical intimacy with your partner after the surgery. However, some adjustments will be necessary, such as dealing with the trach, airway odors, and ways to communicate. Specific suggestions for enhancing the experience may include changing positions, using a stoma cover, avoiding foods that could bring on strong smells. The social worker is available for counseling or referrals on specific issues.

### **Before my surgery, I smoked cigarettes and drank alcohol, why should I quit now?**

Smoking interferes with circulation and wound healing. Tobacco use will decrease the body's ability to heal after surgery. Continued cigarette use also increases the risk of tobacco-related cancers and diseases. Alcohol will dry and irritate the lining of the mouth and throat. Heavy alcohol use will negatively affect nutrition status and delay healing.

### **Can a trach patient enjoy swimming and boating?**

Common sense should be used when considering water activities. After a tracheostomy your airway/lungs are exposed to the outside environment through the trach tube. This places you at high risk for drowning because water can very easily enter the lungs.

## SUPPORT GROUPS

The Milton J. Dance, Jr. Head and Neck Center offers support groups for patients and family members. All the Center's groups meet at the Greater Baltimore Medical Center. If you wish, your name will be placed on our mailing list to notify you of the date, time, and location of each support group meeting.

### **Patient and Family Support Group (Dance Center)**

The Patient and Family Support Group meets on the third Tuesday of each month from 6:30-8:00 PM. This group is open to patients, family members and significant others of patients who have been diagnosed with cancer of the head and neck. The focus of this group is on sharing the experience and feelings associated with the head and neck cancer diagnosis in a supportive environment. The group is co-led by the Social Worker and Head and Neck Nurse Specialist.

### **Tracheostomy Warriors Support Group**

Avenue to post questions or advice regarding management of patients with a Tracheostomy. Those who know the answers may also choose to answer them.

<https://www.facebook.com/groups/301662863238067/>

### **Tracheotomy.info**

Website for patients with a tracheostomy. Includes discussion forums and news articles related to tracheostomies, as well as links to trach-related information.

[www.tracheotomy.info](http://www.tracheotomy.info)

### **Yahoo Online Support Group, "Neckbreathers"**

Online support group – For people with trachs: tracheostomy, tracheotomy, stoma and/or laryngectomy

<http://health.groups.yahoo.com/group/NeckBreathers>

**DISCLAIMER:** THE INFORMATION RE: ONLINE SUPPORT GROUPS DOES NOT NECESSARILY CONSTITUTE ENDORSEMENT OF THE GROUP. CONSULT WITH YOUR PHYSICIAN REGARDING ANY INFORMATION OR RECOMMENDATIONS FOUND ONLINE.

## MEDICAL SUPPLIES

### AMAZON.COM

<https://www.amazon.com/>

- Resource for variety of medical supply items
- Can purchase sterile “saline bullets” for inhalation ~\$15/box of 100

### BRUCE MEDICAL SUPPLIES

<http://www.BruceMedical.com/>

411 Waverly Oaks Road, Suite 154, Waltham, MA 02452

Phone Toll Free: 800-225-8446, Fax: 781-894-9519

- Distributors for general wound care supplies (gauze, saline), tracheostomy supplies

### KAPITEX HEALTHCARE, LTD.

<http://www.kapitex.com/>

1 Sandbeck Way, Wetherby, West Yorkshire, LS22 7GH, England –

Tel +44(0) 1937580211; Fax +44(0) 1937 580796

- Focuses on Head and Neck cancer and airway management for laryngectomy and tracheostomy patients. Stoma filters, tracheostomy tubes and associated equipment. Email at: [info@kapitex.com](mailto:info@kapitex.com) Kapitex products are distributed in the USA by Lauder Enterprises and Luminaud, Inc.

### LUMINAUD

<http://www.luminaud.com/>

8688 Tyler Blvd., Mentor, OH 44060 Phone: 440-255-9082 Toll Free: 800-255-3408 (US and Canada) Fax: 440-255-2250.

- Stoma covers, shower shields, and laryngectomy/tracheostomy supplies.

### THE MEDICAL SUPPLY COMPANY, INC.

<http://www.medsupplyco.com/index.cfm>

The Medical Supply Co. Inc., 1275 First Ave, Suite 269, New York, NY 10065, Toll Free 1-888-MED-8282

- Tracheostomy, tube feeding, and wound care/dressing supplies.

## **NEILMED PHARMACEUTICAL**

<http://www.neilmed.com>

1221 Farmers Lane, Ste 500 Santa Rosa, CA 95405 Phone: 1-877-477-8633

- Distribute “Sinus Rinse”, with pre-measured saline mixture packets. Can be mixed with boiled water or distilled water to make saline solution.
- Packets of easy to dispense USP Grade, Preservative Free Sodium Chloride and Sodium Bicarbonate mixture.

## **NORTHERN PHARMACY & MEDICAL EQUIPMENT**

[www.northernpharmacy.com](http://www.northernpharmacy.com)

6701 Harford Road, Baltimore, MD 21234

Toll free: 800-486-0714 or 410-832-2719

- Medical equipment including Tracheostomy supplies, suction supplies, trach tubes, and 4x4 gauze. Will order supplies upon request.

## **STERLING MEDICAL**

[http://www.sterlingmedical.com/customers/customer\\_solutions.asp](http://www.sterlingmedical.com/customers/customer_solutions.asp)

To order, call 1-800-229-0900 or order online by sending an e-mail to place your order: [Order@sterlingmedical.com](mailto:Order@sterlingmedical.com)

- Provides a source for medical disposable products ranging from wound care dressings, gauzes, and tapes to tracheostomy supplies. Specialized service programs provide products to your home. Sterling Medical serves to bill your insurance company directly for all covered and medically necessary items.
- Sterling is a PARTICIPATING Medicare provider and can help with all your benefit needs and questions. Sterling Medical accepts assignment for items and services furnished to Medicare beneficiaries. Accepting assignment means accepting Medicare's approved amount as payment in full except for any deductibles or co-pay.

## **VITALITY MEDICAL**

[www.vitalitymedical.com/](http://www.vitalitymedical.com/)

800-397-5899

- Vitality Medical supplies Discount Hospital Equipment and Wholesale Medical Products to consumers from coast to coast

## MISCELLANEOUS RESOURCES

**Bows Gallery** <http://www.bowsgallery.com/>

One of a kind medical jewelry/necklace

**The Global Tracheostomy Collaborative** <http://globaltrach.org/>

A multidisciplinary team of physicians, nurses, respiratory therapists, speech therapists and patients working together to disseminate best practices and improve outcomes around tracheostomy care

**Inflatable PFD with L.I.F.T.**

<https://www.machovec.com/mustang/documentation/lift.htm>

Personal Flotation Device: Mustang Survival developed the revolutionary Lifesaving Inflatable Flotation Technology - LIFT - inflatable cell, which can provide up to 9 inches of distance between the mouth and the surface of the water. This distance elevates the head and chest up and out of the way of waves.

**My Medical™** <http://www.mymedicalapp.com/> My Medical is a comprehensive record-keeping app for your personal medical information. Data is stored right on your device, not on remote servers.

**MedicTag** <http://www.medictag.com/> MedicTag is a digital USB personal medical alert and information device that combines your emergency information with today's technology. A digital memory chip is used to store all your information on the easy to use MedicTag medical history and alert form and the distinctive styling and bright logo will alert medic personnel to your special needs and existing medical conditions.

**Safety Products and Medical Jewelry** resources are also available at:

<http://www.webwhispers.org/suppliers/safetyaids.asp>

**DISCLAIMER:** THE INFORMATION CONTAINED ON THIS LIST DOES NOT NECESSARILY CONSTITUTE ENDORSEMENT OF THESE PRODUCTS.

## **CROCHETED STOMA COVER PATTERN**

### **MATERIALS NEEDED:**

- Amount of Yarn: 250 Yard
- No. 10 Steel Crochet Hook

### **SUGGESTED YARN:**

- Clark's ONT Bedspread Cotton. The yarn is available in a variety of colors to match shirts and blouses.

### **DIRECTIONS:**

1. Make a chain of 60 stitches.
2. Turn, double crochet in the second chain from the hook.
3. Double crochet in every other stitch across using a chain stitch in between. This should make 30 boxes.
4. Turn; repeat as for the first row, only from now on go in between the boxes.
5. Single crochet for four rows.
6. Break off the yarn. Single-crochet three rows across the bottom.
7. To make the ties, attach the yarn at the end of the top of the cover.
8. Using a single crochet stitch, make the tie as long as needed. It must be long enough to go around the neck and tie comfortably.