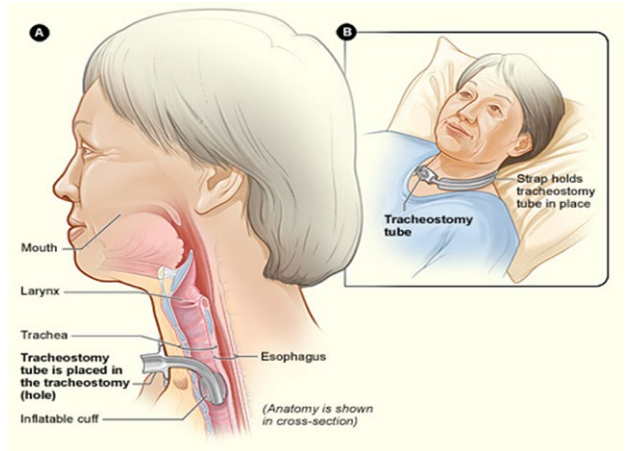


Speech Pathology
Royal North Shore and Ryde Hospitals

Tracheostomy

A tracheostomy is an opening that goes directly into the airway through the front of the neck. There is a tube placed through this opening. It is often used to help breathing.

The tracheostomy allows air to go in and out of the lungs without going through the larynx (voice box) or mouth and nose. The tube goes through a hole (or stoma) in the front of the neck into the trachea (windpipe).



In intensive care or during surgery, the tracheostomy is often used for mechanical ventilation (assisted breathing via a machine).

There is a cuff (balloon) around the tube inside the airway, which can be deflated or inflated depending on the needs of the person with the tracheostomy. When it is inflated, no air can pass between the upper and lower parts of the airway. This means you will find it hard to talk, smell and taste.

Instead of coughing normally, someone with a tracheostomy will cough through the tube. They may also need to be suctioned through the tube.

Communication—when the balloon is inflated a tracheostomy can make talking hard. This is because no air can pass through the voice box. A person may need to communicate differently through mouthing words, writing or signing. A speech pathologist can help you choose a way to communicate that meets your needs.

If the cuff is deflated, air may pass around the sides of the tube to allow you to talk. People can sometimes use a cap or speaking valve to redirect the air back through the voice box and mouth.

Swallowing—you can eat and drink with a tracheostomy tube, however people may not be able to eat for medical reasons. The doctors will advise when a person with a tracheostomy is able to eat. They might ask a speech pathologist to assess the person to ensure they are receiving the most appropriate food and drink.

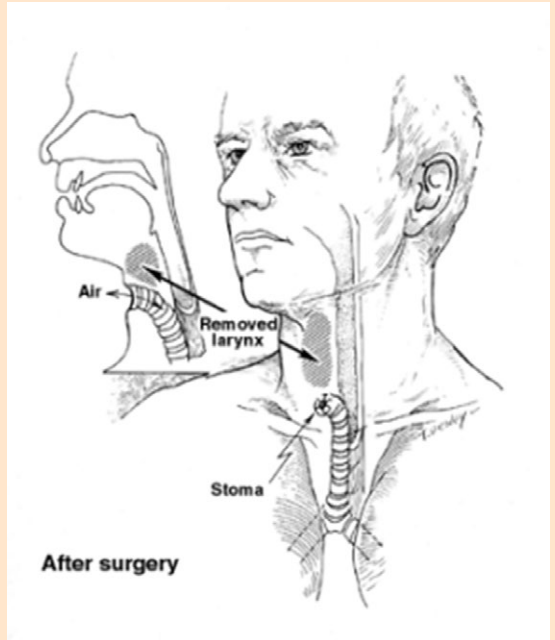
There are many professionals who are involved in managing the tracheostomy and planning for the removal of the tube. The stoma (hole) will then be covered until it heals once the tube is removed.

Words you might hear

- Bronchus/bronchi – the two branches of the trachea that lead to the left and right lungs
- Cuff – a balloon that can be inflated to help isolate the lungs from the throat
- Cap – a plastic lid that closes the trachea tube
- the lungs from the throat
- Decannulation – taking out the tube to allow the hole (tracheostoma) to close and heal
- Deflation of cuff – taking all the air out of the cuff so it is flat to hopefully allow you to speak
- Larynx – voice box
- Laryngectomy – see below
- Mucus – is produced by the lungs and is slimy. It should be clear
- Speaking valve – a one way valve that allows air to be breathed in through the tube but closes off so the air is breathed out through the mouth (eg a Passy Muir valve)
- Sputum – saliva, often frothy, from the mouth that is swallowed
- Stoma – hole
- Occlusion – blocking off the air from passing through the tube
- HME – Heat moisture exchanger, which acts to filter and moisten air passing into the lungs
- Portex, Traceo – brand of tracheostomy tubes
- Suction – a special tube used to suck mucus out of the tube or the bronchus
- Trachea – windpipe
- Trache (“tracky”) tube – the name for the tube that holds the stoma open
- Ventilated – when air is put under pressure into the lungs to support breathing

Laryngectomy

A laryngectomy is a type of permanent tracheostomy. People with a laryngectomy have had their larynx removed. Therefore they are permanent 'neck-breathers'; this means they have an opening from the neck directly to their lungs. People who have had a laryngectomy do not always need a tube to keep their stoma open.



If you have any concerns or questions, please contact the Speech Pathology Department:

RNSH – 02 9463 1622

Ryde – 02 9858 7812