Understanding a tracheostomy during recovery

A tracheostomy is an opening in the neck into the windpipe. If you have a tube in that opening, ask the team what it helps you do today and how to let someone know if you are uncomfortable.

A tracheostomy provides another route for air to reach the windpipe. Some people need it for ventilation, some for airway access and others for secretion management. Ask why the tube is needed in this case.

Lakeview's pulmonary program provides tracheostomy management and ventilator weaning. The team can discuss airway needs alongside communication, swallowing, movement and care after discharge.

What Is A Tracheostomy?

Certain conditions – such as a severe lung disorder, neurological problem, or infection – can make it impossible to breathe effectively. If you are in this situation, your physician may need to insert a tracheostomy to help you breathe.

During a tracheostomy insertion, a surgeon will create a hole in the neck in order to accommodate a breathing tube. The tube, placed inside the trachea (also known as the windpipe), allows air to enter the lungs. The tracheostomy is often combined with mechanical ventilation for breathing assistance.

In fact, the majority of tracheostomies are required because a patient needs prolonged mechanical ventilation to help them breathe. On rare occasions, an emergency tracheostomy is created to help someone whose airway has become blocked suddenly, usually by a traumatic injury to the neck or face.

Why Would Someone Need A Tracheostomy?

There are many reasons why a patient might need to have a tracheostomy.

A few of the conditions associated with this procedure are:

- Bronchopulmonary dysplasia (BPD)
- Chronic pulmonary disease (COPD)
- Diaphragm dysfunction
- Spinal cord injury
- Coma
- Chest wall injury
- Neurological problems
- Stroke
- Disorders of respiratory control
- Prolonged respiratory support
- Heart attack

Besides injuries, respiratory failure is another emergency tracheostomy indication. Respiratory failure happens when oxygen is not passing from the lungs into the bloodstream, or the patient's organs are damaged by too much carbon dioxide in the blood, or a combination of both occurs.

What Are The Possible Complications From Having A Tracheostomy?

Early complications can happen soon after the tracheostomy insertion is performed.

A few early complications include:

- Bleeding
- Air leakage around the lungs (pneumothorax)
- Air trapped in the deeper layers of the chest (pneumomediastinum)
- Air trapped underneath the skin around the tracheostomy (subcutaneous emphysema)
- Damage to the esophagus
- Injury to the vocal cords
- Collapsed lung

Blockages are another tracheostomy complication. Tracheostomy tubes can be blocked by blood clots, mucus or the pressure of the airway walls. However, blockages can be prevented by tracheostomy suctioning, humidifying the air and selecting the appropriately sized tracheostomy tube.

Other breathing tube complications can occur later on while the tracheostomy tube is in place, such as accidental removal and infections in the trachea or around the tracheostomy tube. The windpipe itself may also become damaged for a number of reasons, including pressure from the tube, bacteria causing infections, scar tissue or friction from a tube that moves too much.

Airway care, skin checks, infection prevention, nutrition and communication may all be part of recovery. Ask for supervised instruction before assisting with a tube or equipment and obtain an individual emergency plan before discharge.

Tracheostomy Outcomes And Successes

Tracheostomy care includes monitoring the airway and managing secretions according to the individual plan. Tube changes and suctioning require the appropriate training and instructions. Ask for supervised practice and an emergency plan before taking on care at home.

If the underlying illness improves, clinicians may assess readiness for less breathing support through supervised trials. Weaning from a ventilator and removing a tracheostomy tube are separate decisions.

Ask the respiratory team which changes in breathing or secretions require prompt action and who will provide equipment and follow-up care after discharge.

Archived recovery account

This account describes care in an earlier setting. The course, timing and outcome belong to that individual.

An adult injured in a motorcycle crash had injuries to the spleen and liver and fractures of several ribs, the collarbone and shoulder blade. Respiratory failure required a tracheostomy and mechanical ventilation. After stabilization at a trauma center, he transferred for continued treatment and rehabilitation.

When the patient arrived at the treating hospital, he had multiple complications, including gastrointestinal bleeding and pain from his fractures. His care plan included liberation from the ventilator, but it was touch and go at first. With care from a multidisciplinary team – including respiratory therapy, dietary assistance, skilled nursing and rehabilitation – limitations were identified, goals were set, and a care plan created.

After two months at the treating hospital, the patient was weaned off the ventilator. He had a successful tracheostomy tube removal, meaning that his breathing tube was removed.

The nursing team focused on his wound care and pain management, while the physical therapy team worked on his strength and mobility. Before long, he was able to walk more than 250 feet with only standby assistance. The occupational therapy team then began working with him on living skills, which he was able to perform in no time with minimal assistance.

Congratulations to the patient on his recovery.

Resources:

MedlinePlus explains why a tracheostomy may be temporary or permanent. Ask the treating team how they assess breathing, airway protection and readiness before considering removal of the tube. https://medlineplus.gov/ency/article/002955.htm

MedlinePlus explains a tracheostomy, why it may be needed and what patients and families can discuss with the team managing the airway. https://medlineplus.gov/ency/article/002955.htm

The MedlinePlus guide to tracheostomy care describes training, supplies and questions to raise with the clinician before a person goes home with a tube. https://medlineplus.gov/ency/patientinstructions/000076.htm

Talk with Lakeview

For questions about a possible stay, call Lakeview Admissions at (262) 534-8509. During a stay, ask the bedside nurse who can help with your question.

https://www.lakeviewsystem.com/long-term-acute-care