



Guide to Caring for Your Tracheostomy

Caring for Your Tracheostomy

Living with a tracheostomy—or "trach"—is a major life adjustment. When you learn and practice these essential care steps, you take an active role in your health and safety.

This guide provides you and your caregivers with key information about day-to-day living and emergencies. Your care team will support you and your loved ones at every stage.

Important information about your trach

My tracheostomy tube is made by: _____

My tracheostomy tube size: _____

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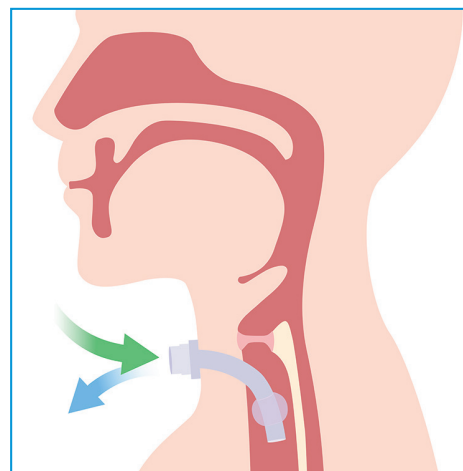
What is a Tracheostomy?

A tracheostomy is a small opening, called a stoma, created by a surgeon in the front of your neck. A curved tube (the tracheostomy tube, or trach tube) fits into the stoma to help you breathe.

With a trach, the air you breathe moves straight to your windpipe and lungs. It bypasses your nose and mouth.

Because your nose and mouth warm, clean, and moisten the air you breathe, you need to take extra steps when you have a trach.

These steps help keep your airway healthy, prevent infection, and avoid problems with thick mucus. See page 3 to learn how to care for your trach.



What is mucus?

Mucus is a sticky fluid made by your body to protect your lungs. It traps germs and dust you breathe in. Usually, mucus is thin and easy to cough up. With a trach, the air is drier and colder, so mucus can become thick. Thick mucus is harder to cough up and may block your airway.

Types of tracheostomy tubes

Your surgeon chooses the tube type that best suits your needs. There are two main types:



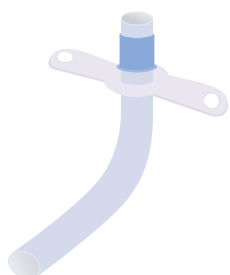
Cuffed Tubes

These have a soft balloon (cuff) at the end. When the cuff is inflated, it creates a seal, so air only moves through the trach tube. Cuffed tubes are used if you

- are new to a trach
- need a breathing machine (ventilator)
- struggle to swallow (the trach protects your lungs from food and liquids)



IMPORTANT: Never use a speaking valve or cap if the cuff is inflated unless your doctor says it's safe.



Cuffless Tubes

These have no balloon. They're used for people who can breathe independently and manage their secretions. They let some air pass around the tube, which can help with speaking.



Parts of a trach tube

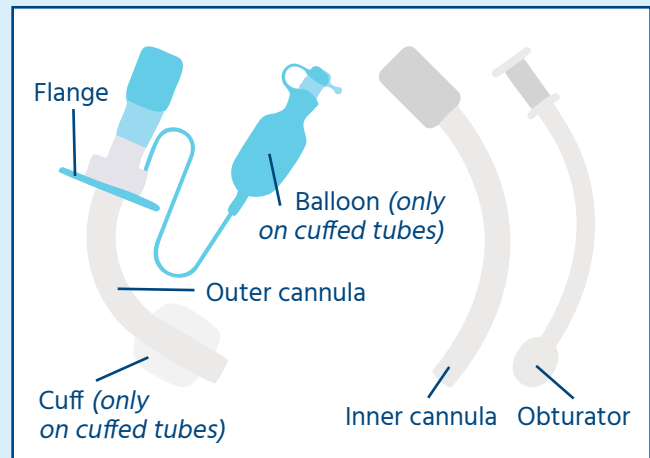
Outer cannula: The main tube that stays in your neck.

Inner cannula: Sits inside the outer cannula. It can be removed for cleaning or changed as needed.

Obturator: Used to help guide the outer cannula into place (needed only during changes).

Flange or faceplate: The flat part securing the tube and where the ties attach.

Ties: Soft bands that wrap around your neck to keep the tube from falling out.



Breathing with a Trach – Why Moisture Matters

With a trach, air bypasses your nose and mouth, so it doesn't get moistened or warmed before it reaches your lungs. This can dry out your mucus and make breathing harder.

4 tips for breathing with a trach

1. **Drink plenty of water** unless your doctor limits fluids.
2. **Use a humidifier, especially at night.** Keep your humidifier clean and change water daily.
3. **Use a Heat Moisture Exchanger (HME),** a small filter placed over your trach to keep air moist and warm.
4. **Drink at least 6-8 glasses of liquids per day** (water or juice), unless your provider tells you something different.



6-8 glasses of water or juice a day



Humidifier

Step-By-Step Trach Care

Cleaning Your Skin and Stoma

Do this at least once a day, or as needed:

1. Wash your hands thoroughly with soap and water.
2. Set up in front of a mirror.
3. Remove old dressing under the flange.
4. Wet gauze or a washcloth with saline.
5. Gently clean around the trach and on the outer cannula.
6. Use moist cotton swabs to clean off dried mucus, especially under the flange.
7. Dry the skin gently and place a new dressing if you use one.
8. Check for redness, swelling, or drainage—these may be signs of infection.



When to Call

Call your provider if you notice:

- reddened or swollen skin around your stoma
- more mucus than usual
- changes in mucus color, especially from clear to yellow, green, or brown
- mucus that smells bad



Set up in front of a mirror.



Gently clean around the trach and on the outer cannula.



Clean off dried mucus, especially under the flange.



Good Hand Hygiene



WET

Use warm or cold running water.



LATHER & SCRUB

Scrub whole hands and under nails 20 seconds.



RINSE

Use clean water, warm or cold.



DRY

Use clean towel or air dry.

Always wash your hands with soap and water before and after any trach care. This helps prevent infection.

Cleaning or Changing Your Inner Cannula

Some tubes do not have an inner cannula. Follow your provider's instructions.

1. Remove

Secure the trach with one hand, then pinch or twist the inner cannula (depending on the type) to unlock and remove it.

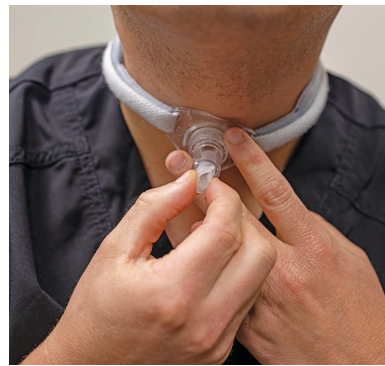
2. Clean

Rinse with saline or use a trach brush if needed. Some can be cleaned with mild peroxide, then rinsed well with saline.

3. Replace

Tap off extra liquid, then reinsert and lock it into place.

Dispose of single-use cannulas as directed. Regularly inspect cannulas for cracks or damage.

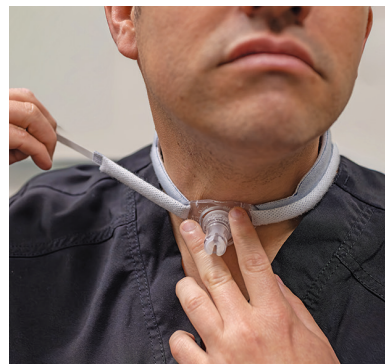
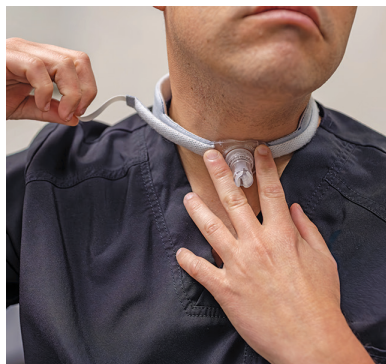


To remove, pinch or twist the inner cannula, depending on the type.

Changing Trach Ties

Do this regularly, when ties are soiled or at least once a week. Have a helper if possible, especially at first.

1. Prepare new ties before removing old ones.
2. Hold the trach steady against your neck.
3. Thread one end of the new tie through the flange and fasten.
4. Wrap around your neck, thread through the other side, and fasten.
5. Remove the old tie.
6. Adjust so you can fit two fingers between the tie and your neck—snug but not tight.



Hold the trach steady, thread the new tie around your neck, fasten and adjust to fit snugly.

Suctioning Your Trach

1. Gather supplies: clean catheter, gloves, saline, suction machine.
2. Wash hands well. Wear gloves if advised.
3. Connect catheter to suction tubing.
4. Turn on and test machine.
5. Pour some saline in a cup for rinsing if needed.
6. Without applying suction, gently insert the catheter into your trach tube as far as recommended (usually to the end of the trach).
7. Apply suction by covering the port with your thumb; slowly withdraw the catheter while rotating it.
8. Clear and rinse the catheter with saline.
9. Rest between passes. Repeat only if needed.
10. Watch for thick mucus, difficulty passing the catheter, or blood—**report these to your provider.**



When to Suction

Suction only when needed. This may be

- when coughing isn't enough
- when breathing sounds noisy
- when mucus is thick



Collect supplies and put on gloves.



Connect catheter to suction tubing and turn on machine.



Insert the catheter into the trach tube, cover the port with your thumb, and slowly pull out the catheter.

Troubleshooting

If you cannot insert the catheter, remove and clean/change the inner cannula using the instructions on page 4.

Speaking Valve Basics

A speaking valve is a one-way cap you place on the end of your trach. Air flows in through your trach, but out through your nose/mouth. This helps you speak.

- **Only wear a speaking valve with provider approval.**
- **Do NOT use with the trach cuff inflated**—that can block your airway.
- Start using it for short periods, then lengthen as tolerated.
- Remove the valve if you are tired, short of breath, or need a breathing treatment.



Clean your speaking valve daily. Rinse with mild soap and warm water, air dry. Never use hot water or harsh cleaners.



Safety Reminders

- Remove the valve if you can't breathe well.
- Do not use the valve while sleeping unless instructed.



Trach Capping Practice

Capping is when you block your trach tube to practice breathing through your mouth and nose. This practice helps you get ready for possible tube removal (decannulation).

- **Only cap your trach if your provider guides you.**
- Start with short times and increase only as directed.
- If you are short of breath, dizzy, or cannot cough up mucus—remove the cap right away.
- Never cap your trach if you have thick secretions or an active infection.



Examples of trach caps

Daily Living, Safety, and Emotional Wellbeing

Bathing and Showering

- You may shower but you must keep water out of your trach tube and stoma. To keep water out, you can:
 - use a shower shield
 - face away from the spray
 - take a tub bath
- Protect your stoma from shaving cream, facial hair clippings, or powders.



Example of a shower shield

Rest and Sleep

- Recovery time is different for everyone. Aim for 8 hours of sleep each night.
- You may need to use a humidifier at night, especially right after surgery.



Communication

- If it's hard to speak, use pen and paper, hand gestures, texting, or communication boards.
- Ask your provider about speech therapy.



Eating

- **Only eat and drink if you are cleared by your care team and speech therapist.**
- To eat and drink safely:
 - sit upright
 - eat slowly and chew well
 - take small bites or sips



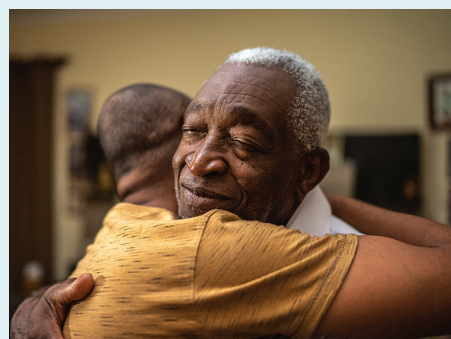
When to Call

Call your provider right away if you:

- cough or choke when eating
- notice food in your secretions

Emotions and Support

- It is normal to feel worried, sad, or frustrated. Seek help from counselors, peer groups, or loved ones.
- Share your feelings with family; remember you are not alone.
- Ask a member of your care team if you need more information about support options.



Physical Activity

- Start with the same activity level as in the hospital.
- Gradually walk further and keep up with any exercises from therapy.
- In cold or dusty weather, cover your trach loosely with a scarf or use an HME or artificial nose.



Traveling

- Bring extra supplies and a trach travel kit. Ask your airline what you can carry on board.
- Carry a note from your doctor that explains your medical needs.
- For emergencies, keep a written message near the phone with your address stating that you have a trach.
- Prepare a checklist for supplies before leaving home (see page 10).



Trach travel kit



Listen Up: Safety and Emergency Precautions

- **Never swim or submerge yourself in water.** Your provider will tell you if you can safely enjoy water activities. Your provider may advise you to use special equipment to be around water.
- Avoid letting anything fall into your stoma (food, small objects, sprays).

Troubleshooting

You may experience one or more of the trach conditions below. Generally, you can resolve them yourself. Follow these steps to help reduce these symptoms.

The information below should not take the place of medical advice from your care team.

Thick secretions

1. Increase fluids and humidity.
2. Use your HME or humidifier.
3. Cough hard and suction if needed.
4. Instill a few drops of sterile saline (if your care team instructs) before suctioning if mucus remains thick.

Trouble breathing

1. Try to cough.
2. Suction your trach (see page 5).
3. Remove and clean/replace your inner cannula (see page 4).
4. Instill sterile saline and try again if allowed.

If you cannot clear your airway, call 911 immediately.

Trach tube comes out

1. Stay calm—your airway will not close right away.
2. Tilt your head back gently.
3. Insert the obturator into the spare trach tube. Lubricate if available.
4. Gently insert the tube into the stoma.
5. Hold in place, remove obturator, secure the ties.

If you can't reinsert, call 911 and breathe through your stoma until help arrives. Try a smaller tube if available.



When to call your provider

Call your provider if you see any signs of infection:

- Fever (101°F or higher)
- Red, swollen, or painful stoma skin
- More/new/foul-smelling mucus, or color changes (yellow, green, brown)
- Mucus is bloody, thick, or hard to remove
- More coughing, trouble breathing, or unusual discomfort



When to call 911

Call 911 if you:

- Have severe trouble breathing
- Your tube falls out and you can't get it back in
- You cannot clear secretions and breathing becomes very hard

Trach Supplies Checklist

Daily supplies

- Extra trach tubes (your current size and a smaller size)
- Extra inner cannulas (if yours is a two-part trach)
- Trach ties or Velcro fasteners
- Gauze pads, saline, sterile water
- Suction machine and catheters
- Q-tips, trach brushes
- Humidifier or HME

Travel or emergency supplies

- Obturator for your tube
- Syringe (if you have a cuffed tube)
- Gloves
- Portable suction machine (if needed)
- Mask, trach shields
- Waterproof shower shield
- Scissors
- List of emergency contacts and medications



Listen Up: Stay Proactive with Trach Care

Remember: Ask questions if you're unsure about any step in your trach care. We want you to succeed.

When in doubt about symptoms or equipment, contact a member of your care team or call the Ochsner Nurse Line any time, day or night, at 1-800-231-5257.

Skills Checklist

Before you leave the hospital, a member of your care team will teach you the skills you will need to take care of your tracheostomy at home.

This checklist shows you've learned these essential skills. If you don't understand something, or feel unsure, ask a member of your care team. They will work with you until you feel more confident.

Respiratory Therapist	1st Return Demo	2nd Return Demo	Skill	Skill Mastered
			Describe type and parts of trach tube	
			Set up for trach care correctly	
			Care for stoma site correctly	
			Describe possible problems, signs and symptoms	
			Clean and change inner cannula	
			Suctioning	
			Instill NS (if appropriate)	
			Change trach ties	
			Use of PMV or trach cap (if appropriate)	
			Humidifier use and care	
			Reinsert dislodged trach	
			When to call provider, when to call 911	



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