Discharge Instructions: Caring for Your Tracheostomy Tube and Stoma

You have had surgery to create an opening through your neck and into your trachea (windpipe). A tube (cannula) was inserted into the opening so you can breathe. You need to take care of your tracheostomy (trach) tube, the opening in your neck (stoma), and the skin around the stoma once you leave the hospital.

When cleaning your tracheostomy, it's important to have the right supplies in case of an emergency. For example, have extra trach tubes, a manual ventilator bag, an obturator that is your size, and a suctioning device with catheters.

Your healthcare team will teach you how to do this. The guidelines below will also help.

Cleaning your trach tube and stoma

Clean your tube and the skin around it at least once a day, or more often if told to by your healthcare provider. Follow these steps and any other guidelines you have been given. Choose a clean, well-lighted space near a sink and mirror.

Step 1

- Collect the following supplies:
    - Gauze pads or other nonfraying material advised by your healthcare provider
    - Cotton swabs
    - Trach tube brush
    - Bowl filled with the type of solution recommended by your healthcare provider. They may recommend normal saline solution or a mixture of equal parts normal saline and hydrogen peroxide. The normal saline and hydrogen peroxide mixture is used to clean tracheostomy equipment.
- Spread a clean towel and place the supplies on it.
- Wash your hands with soap and clean, running water. Put on clean, disposable, powder-less gloves.

Step 2

- Remove the inner cannula:
    - Hold the neck plate with one hand. With the other hand, unlock the inner cannula. Gently remove the inner cannula.
    - If you have trouble removing the inner cannula, don't force it. Call your healthcare provider to find out what to do.
    - Don’t remove the outer cannula.

Step 3

- Clean the inner cannula (for reusable cannulas only). Disposable inner cannulas don't need to be cleaned, because they are meant to be used only once.
    - Soak the reusable inner cannula in the bowl of solution of normal saline and hydrogen peroxide or what your healthcare provider has instructed.
    - If you have a metal inner cannula, don't use hydrogen peroxide. It can damage the cannula. Use only normal saline in this case.
    - Clean the inner cannula with a trach tube brush. Don’t use a toothbrush. Rinse thoroughly with plain normal saline solution.
    - Put the wet inner cannula back into the outer cannula. Lock the inner cannula in place.

Step 4

- Clean the neck plate and skin:
    - Remove the gauze from behind the neck plate. Check the area for signs of skin breakdown or infection.
    - Clean the neck plate and the skin under it. Use clean gauze pads or other nonfraying material dabbed in normal saline solution. A thorough cleaning method you may consider involves cleaning the stoma in a step-wise fashion, one-quarter at a time. This pattern can also be followed on the surrounding skin and tube flange:
        - Use a new gauze pad for each section.
        - Start at the 12 o'clock position and wipe to the 3 o'clock position.
        - Next, clean from 12 o'clock to 9 o'clock.
        - Next, clean the 3 o'clock to 6 o'clock position.
        - Last, clean from the 9 o'clock to 6 o'clock position.
        - Gently pat the skin dry.
    - Don't use a hydrogen peroxide mixture directly on your skin unless your healthcare provider specifically tells you to do so. Hydrogen peroxide can irritate the skin and increase the risk for infection. If you are told to use a hydrogen peroxide mixture on your skin, be sure to rinse the area with normal saline afterward.
    - Put a clean, precut gauze pad under the neck plate. This pad protects your skin. Don't cut a gauze pad. The frayed edges will increase risk for infection and a loose thread could potentially be inhaled into the trach.

Step 5

- The neck plate is held in place with cloth or Velcro ties. If these become soiled, they should be changed. You will need another person to help you change the ties to make sure the neck plate does not get displaced.

- Your helper should first wash their hands. Then put on a pair of clean, disposable, powder-less gloves.
- Have a clean set of ties ready to be attached to the neck plate.
- While one of you holds the neck plate in place, the other person loosens the ties on the neck plate and removes them. Discard the soiled ties with the rest of the used cleaning supplies.
- While the neck plate is still being held in place, attach the clean trach ties to the neck plate and secure them. Make sure the ties are snug enough to keep the neck plate from moving too much, yet loose enough to be comfortable. You should be able to comfortably insert 1 finger between the trach tie and the skin.

If your trach tube becomes plugged

It's normal to have some mucus in your airway, but mucus can build up and thicken. If this happens, your trach tube can become plugged. Follow these steps and any other guidelines you have been given to clear your trach tube:

- Find a clean, well-lighted space near a sink and mirror.
- Collect the following supplies:
    - Suction machine
    - Clean suction tube (catheter). Your healthcare provider will instruct you on which type of catheter and suction process is appropriate for your trach tube.
    - Small bowl of normal saline solution
- Wash your hands with soap and clean, running water. Then put on clean, disposable, powderless gloves.
- Prepare to suction:
    - Turn on the suction machine to the setting your healthcare provider gave you.
    - Attach the suction catheter to the suction machine. Make sure the suction is working by first suctioning normal saline from the bowl.
- Insert the catheter into your trach tube:
    - Take a few deep breaths to fill your lungs with oxygen.
    - Gently insert the catheter into your trach tube. While you are inserting the catheter, don’t suction. Stop inserting the catheter when you start to cough or are to the distance instructed by your healthcare provider.
- Suction:
    - Apply suction. At the same time, slowly pull the catheter out of your trach tube. Move the catheter tip in a circle as you pull the catheter out.
    - Take 5 to 10 seconds to remove the catheter completely from your trach tube. If you need to suction more, relax and breathe for 30 seconds to a few minutes before you start again.

    - Before suctioning again, rinse the catheter with normal saline.
    - It's typically recommended to limit each suctioning session to a maximum of 3 passes.
- When you are finished, turn off the suction machine. Discard the used catheter, water, and gloves.

When to call your healthcare provider

Call your healthcare provider right away if you have any of the following:

- Coughing
- Red or painful stoma
- Small amount of bleeding that stops promptly from the stoma or tube
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Chills
- Yellow, foul-smelling, bloody, or thick mucus
- Vomiting that doesn’t go away

When to call 911

Call 911 if any of the following occur:

- Large amount of bleeding, or persistent bleeding, from the tracheostomy site
- Coughing up blood
- Swelling around the trach tube
- Trouble breathing