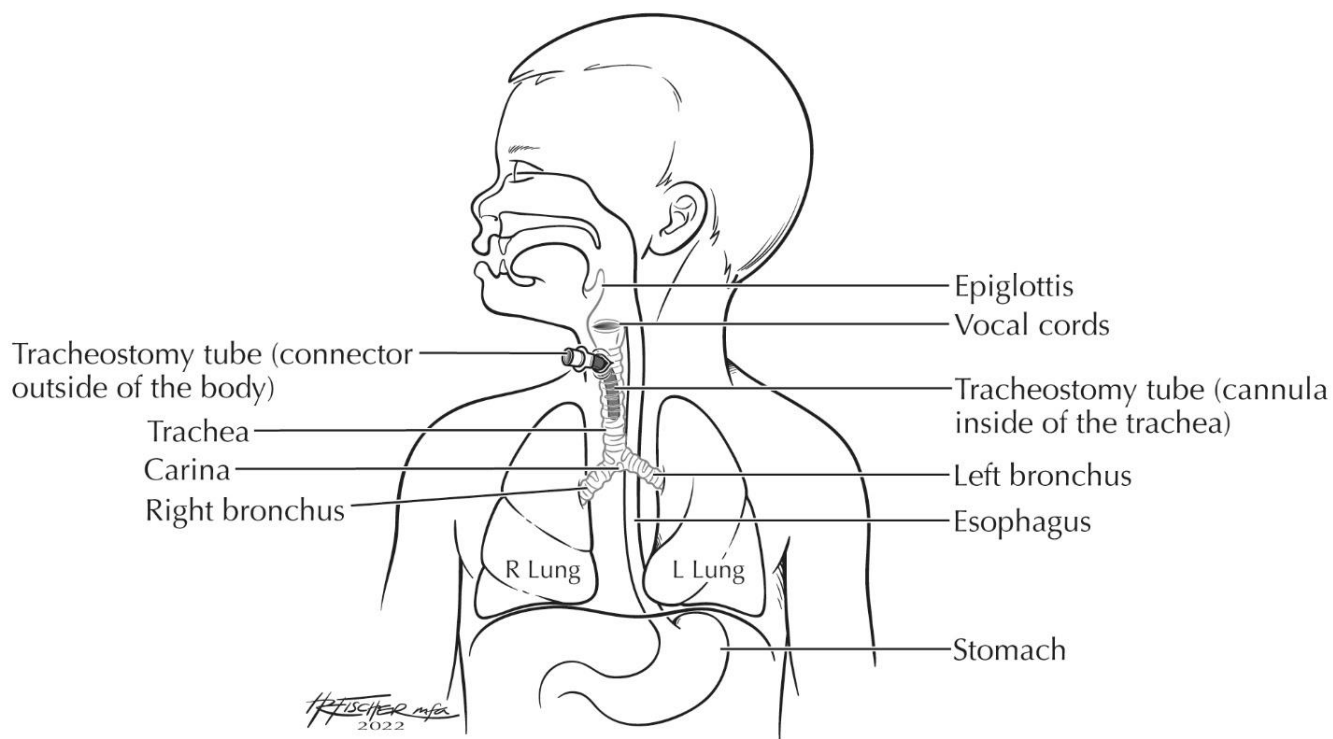


## What is a tracheostomy?

A tracheostomy is a procedure that is performed by your child's surgeon in an operating room under general anesthesia.

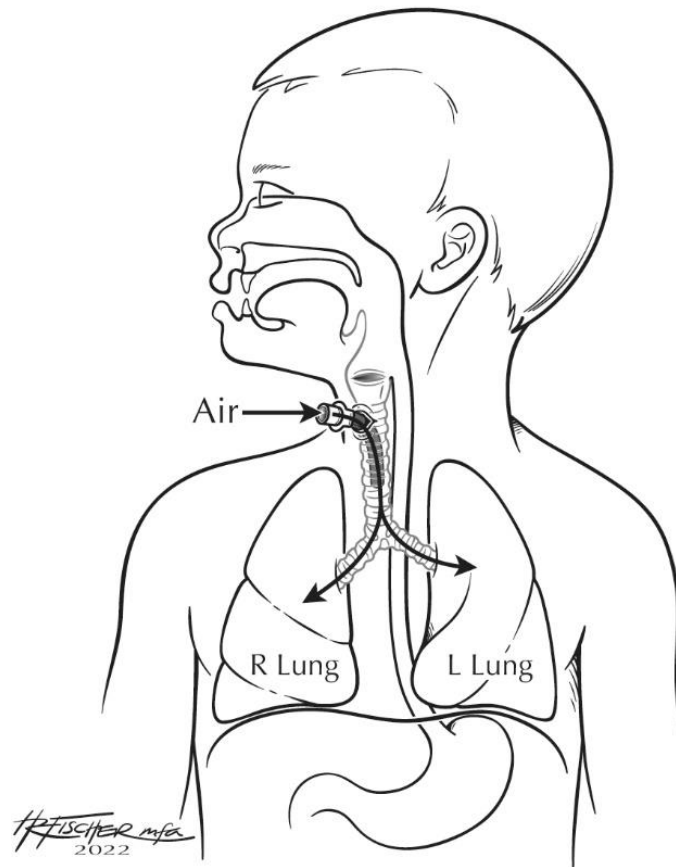
- In a tracheostomy, your child's surgeon makes an opening (incision) in the front of the neck and trachea.
- The opening is made below the vocal cords. The opening in the skin is called a **stoma** and the opening into the trachea is called a **tracheostomy**.
- A tube, called a tracheostomy tube or trach tube, is placed into the trachea through the stoma.



## How will my child breathe?

Once the tracheostomy is made, your child will breathe in and out through the tracheostomy tube.

- If your child has a different breathing tube in place in their mouth before surgery, the tracheostomy tube would replace the breathing tube.
- If your child is unable to breathe effectively on their own, a breathing machine (ventilator) can be attached to the tracheostomy tube.



### **What should I expect during and after surgery?**

- The actual surgery takes about 60 minutes. However, your child will be in the operating area for a longer period of time to prepare for surgery and to recover.
- After surgery, your child will stay in the intensive care unit (ICU). Your child will be kept quiet to allow the tracheostomy to heal.
- Some children may need to be sedated to keep them comfortable and help them stay quiet. You may not be able to hold your child for a while to keep movement to a minimum.

- Some surgeons stitch (suture) the tracheostomy tube in place to keep the tube from accidentally falling out during the healing period.
- Typically, 3 to 7 days after surgery, the surgeon will remove any sutures and change the tracheostomy tube for the first time.
- After the first trach tube change, your child may be moved to a general care unit if they no longer need to be in the intensive care unit for other medical reasons. They will be allowed to move around after this time if their tracheostomy is well-healed.

### **How will I learn to care for the tracheostomy?**

- Children with tracheostomy tubes must **always** have an adult caregiver immediately available to them that knows how to care for the tracheostomy tube.
- It is required that two adult caregivers become trained on the care related to the tracheostomy. The tracheostomy team nurses will help to coordinate this training for you.
  - During your training, you will learn more information about your child's tracheostomy, tracheostomy tubes, and safe practices for home. You will also practice tracheostomy care skills including:
    - Suctioning the tracheostomy tube
    - Cleaning the skin around the stoma
    - Changing the tracheostomy ties
    - Changing the tracheostomy tube on a doll
  - Once you have completed this training and your child has completed their first trach change, you may begin to participate in your child's tracheostomy care.
  - The two caregivers will also complete at least 3 tracheostomy tube changes together before going home.
- Caregivers also complete a trach CPR class before your child is discharged from the hospital.

## **Will my child be able to eat with a tracheostomy?**

Children with tracheostomy tubes can eat by mouth if it is safe for them to do so. A speech therapist will see your child and assess their swallowing after the first trach change to determine if eating by mouth is medically appropriate.

- Your child may need a swallow study to see if they are swallowing safely and not **aspirating** (when substances such as food or liquids that do not belong in the airway leak into the airway or are breathed in).
- Some children are not able to eat enough calories by mouth that they need to grow and require tube feedings for home.

## **Will my child be able to talk with a tracheostomy?**

Most older babies and children can make sound if they do not have severe blockage around the vocal cords or other health conditions that may cause a problem with speech.

Sound is made with our voice when air is pushed over the vocal cords causing them to vibrate. The tracheostomy tube blocks some of the airflow to the vocal cords. Airflow may be further blocked if:

- There is swelling or narrowing in the airway
- A child needs a larger size trach tube to supply enough air to the lungs
- A child has a cuffed trach tube, which is sometimes needed if the child is on a ventilator

Some younger infants will make no sound while others will only make sound when breathing out is forceful, such as when they are crying, coughing, or excited.

## **Who should I contact for questions?**

The Trach Team nurses, or your child's surgery team can help with questions about the tracheostomy. Please ask your nurse to contact them if you have questions.

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