

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.*

Tracheotomy or Tracheostomy

Definition

Trache = refers to the trachea

-otomy = make a hole in or divide

-ostomy = an operation to create an opening from an area inside the body to the outside

This procedure involves making an opening into the trachea or windpipe.

Purpose of Procedure

This procedure is done for several reasons: to relieve obstruction caused by an infection, a tumor, trauma or foreign body, to reduce the chances of injury to the voice box during long term need for assisted breathing, to help reduce chances of pneumonia due to inhaling foreign substances and to help increase air exchange in cases of chronic lung disease.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves making an incision in the front of the neck. The incision is usually made along the natural skin lines to reduce the appearance of a scar. The incision is extended through the soft tissue and the muscles are retracted to expose the thyroid gland. The thyroid gland is retracted upward or divided to expose the trachea. An opening is then made in the trachea and a tube is inserted. Sutures are used to secure the tube to the skin. A dressing is placed underneath the tracheotomy tube.

Post Procedure

Following this procedure pain medication will be prescribed to manage discomfort. You will remain in the hospital for a few days. The tracheotomy tube will be cleaned regularly. The dressing will be changed as needed. Sutures will be removed in about ten days and the tube may then be changed to a more long-term tube if necessary. There is no airway protection from water exposure so care must be taken during baths or showers. Speech will be difficult but manageable.

Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

This procedure should result in improved breathing capabilities and easier pulmonary care.

Possible Complications of the Procedure

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding - significant bleeding can occur that would require returning to the operating room to control, although this is rare.
- Infection
- Injury to the nerves that move the vocal cords.
- Scar tissue formation around the trachea

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).