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TRACHEOSTOMY

CONTENTS

TRACHEOSTOMY

This information aims to help you understand the operation, what is involved and some common complications that may occur. It may help answer some of your questions and help you think of other questions that you may want to ask your cancer care team; it is not intended to replace advice or discussion between you and your cancer care team.

AN OVERVIEW TO TRACHEOSTOMY

- The trachea is a tube that carries air from the larynx (voice box) to the lungs, it is commonly known as the windpipe.
- A tracheostomy is an opening made from the skin of the neck into the trachea to help with breathing.
- A tracheostomy is usually done at the same time as surgery for cancer and is often a temporary measure to help you recover from surgery. In some types of cancer, it is done as a permanent procedure. Refer to the Head and Neck Cancer Australia website for information about the particular surgery you are having for your cancer.
- A tracheostomy tube (TT) is a special tube that is inserted into the opening that is made from the skin into the trachea. The TT may be held in place by sutures, cotton tapes or velcro bands. The TT has several parts:
    - **An outer tube (cannula):** this contacts the tissue and usually stays in place. It may have a balloon (cuff) that can be inflated with a syringe to create a seal.
    - **An inner tube (cannula):** this can be taken in and out to be cleaned regularly. It may have a special hole (fenestration) to help you talk when the tracheostomy is in.
- Instead of having air going through the mouth and nose when breathing, a tracheostomy allows air to go in and out through the TT instead.
- It can also have a cuff. Whilst the cuff is inflated (to protect your airway and stop the sections going into your lungs) you will not be able to talk. Usually, this cuff will be deflated a day or two after your surgery when it is safe and you should be able to use your voice.
- Occasionally you may need to have the TT exchanged for a smaller one to allow air to bypass the TT and flow back up through your vocal cords allowing you to voice.

WHY IS TRACHEOSTOMY NEEDED

- A tracheostomy provides a safe and alternative way of breathing.
- It is often needed to bypass the swelling caused from the cancer surgery or a blockage or obstruction to the breathing above the windpipe and lets air go directly into the lungs through the opening in the neck.

- A temporary tracheostomy may be needed following the operation to the throat or mouth to help remove phlegm or mucous, to help keep the lungs clean.

HOW TO PREPARE FOR OPERATION

BEFORE THE OPERATION:

- You will be advised by your team when you need to fast from (have nothing to eat, chew or drink) before your operation because the tracheostomy is performed under a general anaesthetic (you will be asleep and will not remember what happens during the operation).

- Your surgeon will explain the details of your operation. Be sure to bring up any questions or concerns and share your needs and wishes with your cancer care team (see box).

- You should speak to your doctor about how to manage aspects of your lifestyle, such as smoking, drinking alcohol and chronic conditions (e.g. diabetes and obesity) that may increase the risk of complications.

- If you take blood thinning medication for a heart condition or blood clots (such as warfarin, Plavix, aspirin or Pradaxa), make sure your surgeon is aware. Some of these medications need to be stopped more than a week before the operation. Sometimes a short-acting blood thinner (such as Clexane) is used before and after the surgery.

- Talk to your surgeon and **cancer care team** about any likely side effects to expect following the operation. You may find it useful to talk to a dietitian, speech pathologist or specialist head and neck nurse about these issues.

- Spend some time planning how to communicate with people including the nursing staff straight after the operation as you may not be able to talk. It may be useful to have a tablet/portable device or pen and paper to write down what you want to say.

Visit the Head and Neck Cancer Australia website for further information on the health professionals who may be part of your **cancer care team**.

WHAT TO EXPECT AFTER THE OPERATION

- After surgery, you will wake up with a TT. Most people can feel the TT, it may make you cough a little until you get used to the feeling but it is not normally painful.

- Nursing staff will help to look after your TT. There are many different types of tracheostomy tubes, and your surgeons will select the most appropriate tube during the operation. It is important to keep a clear airway and avoid any blockage of the TT so that you can breathe properly.

- The TT will be kept clean and this will involve regular cleaning of the inner cannula and suctioning to remove phlegm or mucous that comes from your lungs, to help keep the lungs clean.

- When we breathe in normally through our nose and sinuses it is able to moistened, filtered and warm air at room temperature to 37 degrees before it gets to our lungs. To do this the TT will need to be connected for a small machine that provides warm moistened air, and this helps to avoid any irritation of the windpipe or lungs by dry air.

- While you have the TT inserted, you may not be able to talk or eat normally. After the operation, it may be useful to have a tablet/portable device or pen and paper to write down what you want to say.

- The muscles and structures you use for swallowing, breathing and voice may be impaired. This may make it difficult or not safe to eat and drink normally

- Food and nutrition may be fed through a feeding tube whilst in hospital. This could be a small tube that is inserted into your nose or a tube that is placed directly into your stomach from your abdomen.

- Further information on feeding tubes (Gastrostomy) is available on the **Head and Neck Cancer Australia website**.

- A **speech pathologist** and a dietician will advise and help with swallowing, and your nutritional needs whilst the TT is in place.

- Your anaesthetist and surgical team will give you medicine to help control any pain and nausea after the operation.

- The tracheostomy tube is usually removed before you leave hospital. If this is not the case, you will be trained on how to care for your tube at home.

- The wound or stoma is usually left to close by itself. This can take hours to several days. While you are waiting for it to close, a dressing will be placed on the wound. It is important to put pressure on the dressing to close the hole when you want to speak or when you cough.

- Occasionally the wound needs to be sutured to help it close.

POSSIBLE RISKS OF TRACHEOSTOMY

All operations carry some risks such as blood clots, wound infections, bleeding, chest infection, adverse reactions to anaesthetic, and other complications. These risks will be explained by your cancer specialist and anaesthetist.

Your doctor will explain details of the operation, general risks and side effects of the operation, they may recommend:

- **stopping blood thinners** (e.g. aspirin) before surgery to reduce the risk of bleeding. A blood thinner (called heparin) may be injected before and after surgery to reduce the risk of blood clots

- **antibiotics** to reduce to risk of wound infection
- **early mobilisation** to reduce the risk of blood clots and chest infection
- **special stockings** to reduce the risk of blood clots.

There are some specific risks of tracheostomy that you should know about:

- **Bleeding:** This can be dangerous if the blood goes into the lungs.
- **Air leaking into the tissue (subcutaneous emphysema):** This can be dangerous if the air stops the lungs from expanding (pneumothorax).
- **Narrowing of the wind-pipe:** causing difficulty breathing. This may require further surgery.

SIDE EFFECTS AND THEIR MANAGEMENT

As with all operations, there is a chance that tracheostomy may lead to a number of side effects. You may not experience all or any of the side effects. Speak with your doctor if you have any questions or concerns about treatment side effects.

Side effects common for tracheostomy may include:

- There may be some irritation, coughing and secretions when the tube is first inserted. These usually settle down as your windpipe gets used to the TT.
- Prolonged healing of the wound once the TT is removed, with ongoing leakage of air. Air likes to take the path of least resistance, so occluding and putting pressure on the stoma with your finger once the TT is removed will certainly assist with closure.
- Scarring of the skin where the tube was inserted.
- A change in your voice.

Pain management: Long term pain is not usually common after tracheostomy but can be because of your surgery for cancer. Your anaesthetist will give you pain medicine during the operation to keep you comfortable when you wake up, and you may continue on pain medicines to ensure pain is under control. Ensure you take pain relief medications as prescribed by your doctor and speak to your cancer care team if the pain is not under control, gets worse or if the medication causes any side effects. You may want to download information about **pain management**, which is available on the **Head and Neck Cancer Australia** website.

BEFORE GOING HOME

- The TT is usually removed before leaving the hospital. However, if you have to go home with the TT, it is very important that you know how to look after it. You will be given information and careful instructions in hospital, and you will not be discharged until you and your carers are completely comfortable with looking after your TT.

- If the TT is going to stay in longer term start caring for this whilst in hospital. The nursing staff, speech pathologist and your cancer care team will be able to teach you how to do this safely so you are more confident when going home.

- You will need specialised equipment and supplies to care for this at home such as a suction unit, nebuliser, spare TT and inner cannulas, dedicated cleaning equipment and consumables. You team will give you information and resources to obtain this equipment

- It is very important to keep the TT clean. Regular cleaning of the inner cannula will assist this to stay clean. It can be life threatening if the TT or airway becomes blocked. A medical alarm or pendant may be essential if you have no supports at home.

- If you do require the tracheostomy long term or permanently, then the tube will generally require changing at regular intervals. Your treating team will arrange these times and provide education on how this is performed so that you are as informed as possible.

Possible questions that you may want to ask your cancer care team

- How long will it take before I can eat again?
- Will the tracheostomy be temporary or permanent?
- How long will I need to have a tracheostomy for?
- Can I talk with the tracheostomy tube in?
- How will I communicate?

Additional questions are listed at the end of this factsheet.

- Ask as many questions as you need to while you are still in hospital. To get more confidence, practice looking after the tube as much as you can. It can feel daunting but the more you do your own care you will become more confident and competent. Don't worry and be sure to ask any questions you have.

- It helps if someone else that you live with or see regularly, also learns what you have to do too.

- Your cancer care team and nursing staff will advise you about any particular symptoms you should look out for such as pain and redness around the tube site, bleeding from the tube, difficulty breathing or swallowing, or fever, and what you should do.

- Any particular instructions for **wound care** or medications will be provided to you before you go home. You may want to download further information about wound care on the **Head and Neck Cancer Australia website**.

- You will be assessed by the team involved in your care before you go home and follow-up arranged with your surgeon and GP.

- Follow-up will also be arranged with a speech pathologist and dietitian to help you with speaking, swallowing and eating, and with any other allied health professionals to assist you with supportive care.

FOLLOW-UP CARE

- After your operation, you will continue to have regular follow-up visits with your specialist doctor and **cancer care team**.

- If you do require a long term or permanent tracheostomy, planning for new tube changes will be scheduled based on the expected lifespan on your tube.

- You will have follow-up with the speech pathologist to help you with speaking. A dietitian may also assist with swallowing or eating difficulties.

- Other referrals will be arranged as needed with other health professionals to assist you with any other difficulties or supportive care.

- Any additional treatment for your cancer such as radiation or medical oncology, dental or further surgical procedures that you may need are planned after discharge. This enables time for you to recover from the initial operation, get results of the pathology that examined the tissue removed at the operation, and make the arrangements and appointments for any additional treatment.

For further information about the operation for cancer and what to expect, you can also refer to **Understanding Surgery: a guide for people with cancer, their families and friends.**

QUESTIONS TO ASK YOU DOCTOR

- Is my tracheostomy temporary or permanent?
- If temporary, how long will my tracheostomy tube be in for?
- How would you recommend I communicate whilst my tracheostomy is in place?
- How long will the operation take?
- How long will I be in hospital?
- What are the possible side effects of tracheostomy? How can they be prevented or managed?
- Will I need any extra treatment?
- What lifestyle changes (diet, exercise) do you recommend that I make?
- How much will the operation cost? Will my health insurance cover it?
- Will I be able to lead a normal life?
- What follow-up tests will I need after the operation?

You may want to write additional questions here to ask your doctor, speech pathologist or cancer care team

About Head and Neck Cancer Australia

Head and Neck Cancer Australia is the only national charity dedicated to providing free, trusted and easy to understand information, education and support to people affected by Head and Neck Cancer.

We represent over 5,300 people who are newly diagnosed each year and more than 17,000 people who are living with Head and Neck Cancer across Australia.

We also lead the national effort to advocate for government support to encourage prevention, increase early diagnosis and improve the quality of life of people living with Head and Neck Cancer in Australia.

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