Tracheostomy

In patients who are doing poorly during weaning trials (see Information Sheet on Weaning from Mechanical Ventilation), doctors may suggest taking the breathing tube out of the nose or mouth and, instead passing a tube through a small hole, made in the throat, called a tracheostomy. The opening in the throat can be done in the operating room or in the intensive care unit. The tracheostomy may allow the patient to come off the ventilator more quickly and may be more comfortable. A tracheostomy can be taken out when the patient is able to breathe well without the help of the ventilator.

Common reasons for its use and benefits:

- Long-term mechanical ventilation - In patients who cannot be weaned (see Information Sheet on Weaning from Mechanical Ventilation) from the ventilator after a few weeks, a tracheostomy is used to continue mechanical ventilation (see Information Sheet on Mechanical Ventilation).
- To help with weaning - Some patients cannot be weaned from the ventilator (see Information Sheet on Weaning from Mechanical Ventilation) with the usual breathing tube placed in the mouth or nose. Some of these patients can be weaned successfully with a tracheostomy.

Risks:

Some of the common risks of a tracheostomy include:

- Bleeding - This can occur from the skin immediately after the tracheostomy is placed or at any time later. Bleeding from the skin is common and is usually mild. Much less commonly, a major blood vessel can rupture, causing life-threatening bleeding.
- Inability to speak - In the first days after the tracheostomy is placed, the patient will not be able to speak. Some patients can have the tracheostomy changed later to a special kind called a "talking tracheostomy," which allows them to speak.
- Inability to eat - In the first few days after the tracheostomy is placed, the patient will not be able to eat because the tracheostomy often interrupts swallowing. Swallowing can be abnormal the entire time the tracheostomy is in place. Many patients will require feeding through a feeding tube placed through the nose or mouth (see Information Sheet on Stomach Tubes). If a patient is expected to have trouble with feeding for more than a couple weeks, the doctors may pass a feeding tube through the skin of the abdomen into the stomach or intestines.
- Infection - An infection of the skin can occur, especially in the first weeks following tracheostomy.