

Tracheostomy Care at Home

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Tracheostomy Care at Home

My tracheostomy tube:

Size: _____

Model: _____

Date last changed: _____

- **Your tracheostomy tube needs to be changed regularly.** This helps to:
 - › Prevent infection
 - › Check the condition of the tube
 - › Assess your stoma (the opening in your neck)
- Your health care team will talk with you about how often your tube should be changed.

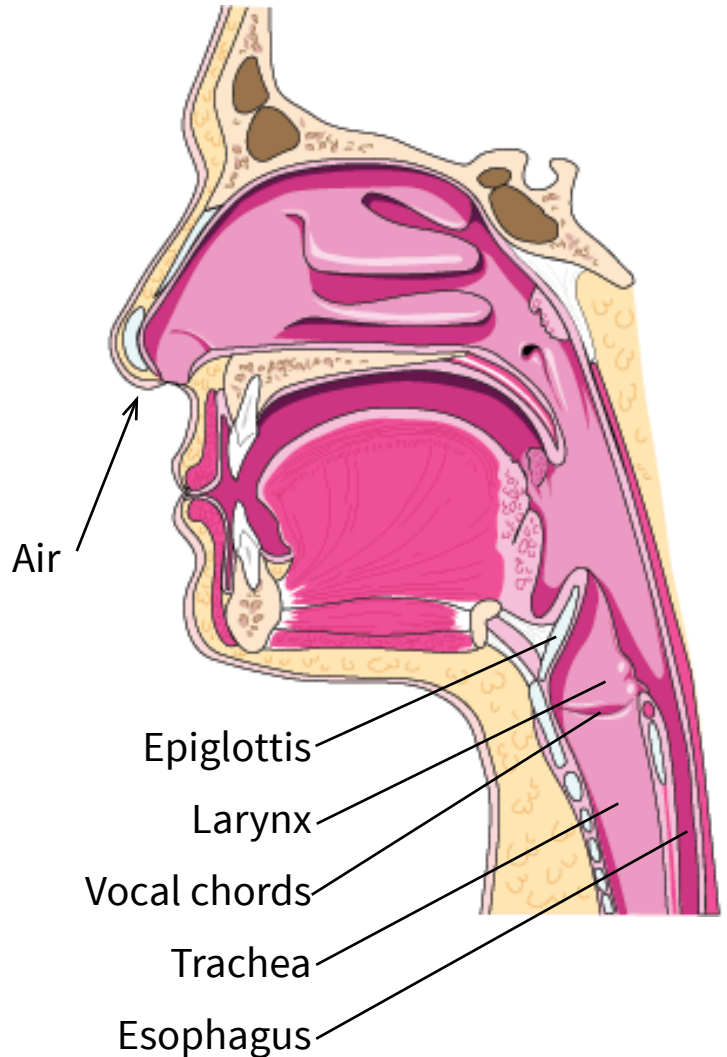
What are your questions?

Please ask a member of your health care team. We are here to help you.

To understand your tracheostomy tube better, it helps to know how breathing works.

Breathing

- When you breathe in, air enters your body through your nose and mouth.
- It moves down your throat, through a tube called the **trachea** (windpipe), to your lungs.
- As air moves through your nose or mouth, then your throat and trachea, it is:
 - › Warmed
 - › Filtered
 - › Moistened
- Oxygen from the air enters your lungs, and carbon dioxide leaves your body when you breathe out.
- When you swallow food or liquid, a small flap called the **epiglottis** closes over your trachea. This guides the food or liquid into your **esophagus** (tube that connects your mouth to your stomach) instead of your trachea.



What is a tracheostomy?

- A tracheostomy is surgery to make a small opening in the neck into the trachea. This opening (called a **stoma**) helps you to breathe.
- A tracheostomy tube is put into the stoma to keep it open. The tracheostomy tube lets air move directly into your trachea instead of through your nose or mouth.
- Since air will be going through your tracheostomy tube into your trachea, it will not be warmed, filtered, or moistened by your nose or mouth.
- You will need to breathe **humidified air**. **This means the air is moistened to help keep your airway clear and comfortable.** See page 14 for tips on how to humidify your air.

Why do I need a tracheostomy?

- There are many reasons why someone may need a tracheostomy. Common reasons include:
 - › A blocked airway
 - › Damage to the airway
 - › Needing a ventilator (breathing machine) to help with breathing
- Your primary health care provider (family doctor or nurse practitioner) will talk with you about why you need a tracheostomy. Please tell a member of your health care team if you have any questions.

How does a tracheostomy work?

- There are different types of tracheostomy tubes. Your tube may not look exactly like the ones in this pamphlet, but it should be similar. Your health care team will talk with you about any differences.

Parts of a tracheostomy tube:

1. Flange
2. Outer cannula
3. Inner cannula
4. Obturator
5. Tracheostomy ties

1. Flange

- The flange is the flat, plastic plate that rests against your neck and holds your tracheostomy tube in place. It has information about the type and size of your tracheostomy tube.
- There are holes on each side of the flange for Velcro® tracheostomy ties. These keep the tube in place.



2. Outer cannula

- The outer cannula is the main tube that goes into your trachea. It keeps your stoma open. **It must stay in place at all times.**
- The outer cannula connects to the flange and holds the inner cannula in place.

3. Inner cannula

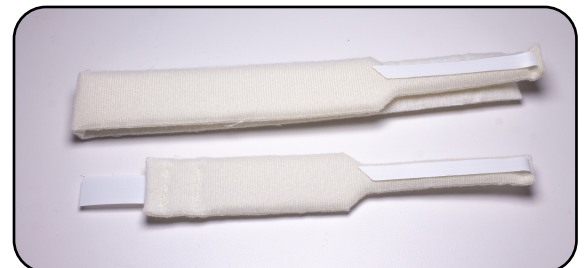
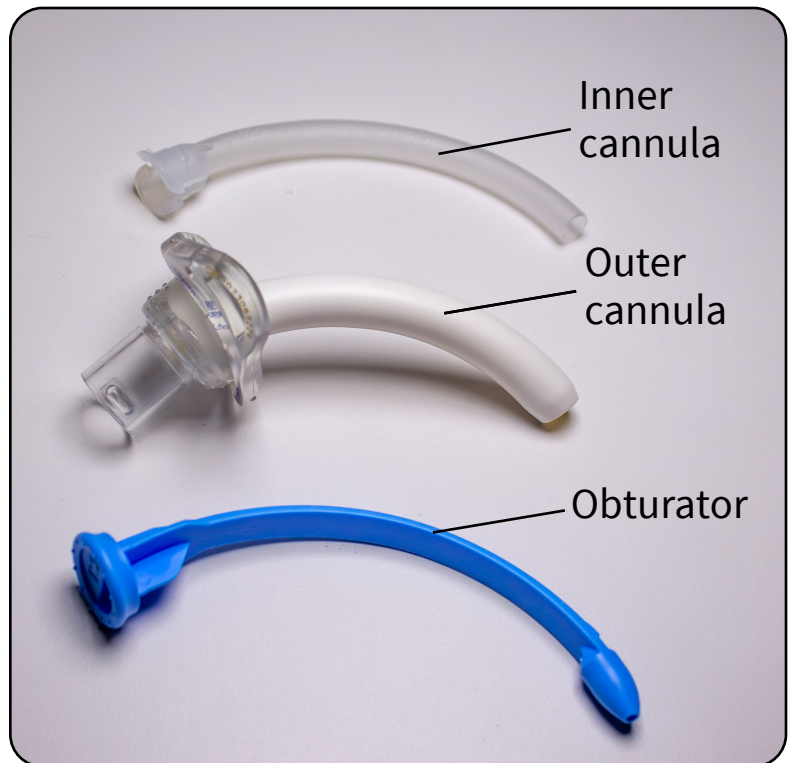
- The inner cannula is a smaller tube that fits inside the outer cannula. **It is important for safety and must stay in place at all times.**
- You should clean the inner cannula:
 - › At least 2 times a day
 - › Any time it gets dirty
- This will help to keep your airway clear of mucus.

4. Obturator

- Your health care team will use a tool called an **obturator** when replacing your tracheostomy tube. The obturator fits inside the outer cannula and helps to guide the tube in safely.

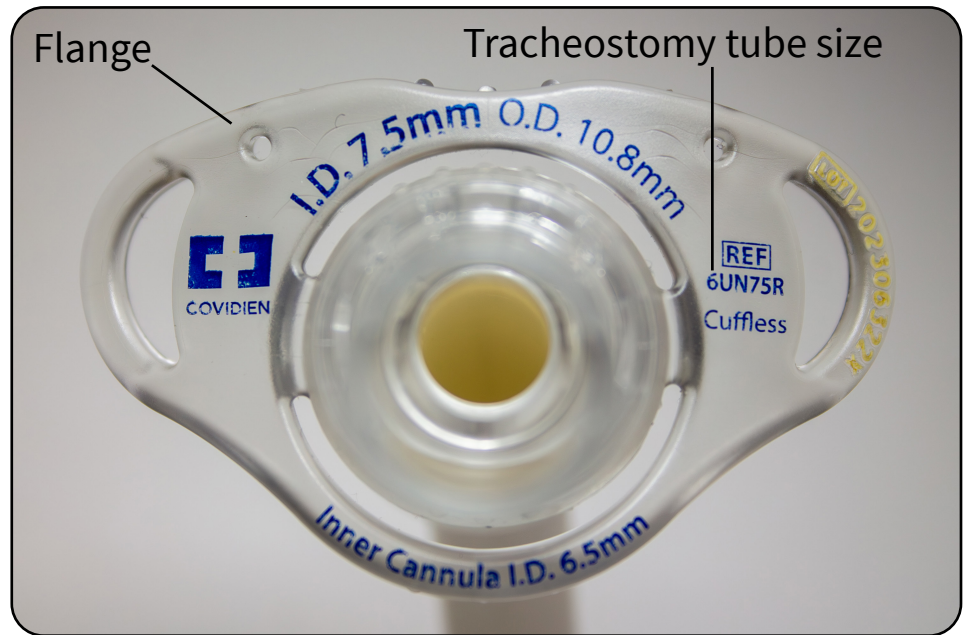
5. Tracheostomy ties

- Tracheostomy ties are soft straps that wrap around your neck to hold the tracheostomy tube in place.
- The ties should not be too tight. You should always be able to slide 2 fingers between the ties and your neck.
- You should replace the ties if they get:
 - › Wet
 - › Dirty
 - › Damaged
 - › Worn out



Knowing your tracheostomy tube size

- It is important to know the size of your tracheostomy tube. This helps health care staff give you the right care and makes sure your tube fits safely and comfortably.
- You can find the size of your tracheostomy tube on the flange. It is the first number under “REF”. For example, this tube is a size 6.



How do I care for my tracheostomy?

- Before you leave the hospital, your health care team will show you and/or your support person (someone you live with) how to care for your tracheostomy. You will practice how to:
 - › Clean your inner cannula
 - › Care for your stoma
 - › Clear your secretions (like mucus) through your tracheostomy tube
- Your health care team will also give you a **list of supplies** you will need at home to care for your tracheostomy tube (see page 23).
- **Regular care is important.** It can help to:
 - › Keep your airway clear
 - › Make breathing easier
 - › Lower your risk of infection
- We will guide you through each step and support you until you feel confident. **You are not alone.** As you practice these steps, they will become a part of your daily routine.

Important

- **Always wash your hands before and after caring for your tracheostomy tube.**
 - › Wash your hands well with warm water and soap for at least **30 seconds**, then rinse and dry them well.
- If someone else is helping with your care, they should wash their hands **and** wear gloves, if possible.

Cleaning the inner cannula

- **It is important to clean the inner cannula of your tracheostomy tube at least 2 times a day (morning and night), or more often if needed.** This helps to keep it clean and free of secretions.

To clean the inner cannula, you will need:

- › 2 clean bowls (one for cleaning and one for rinsing)
- › A clean inner cannula
- › Hydrogen peroxide
- › Sterile (clean) water (see recipe on page 24)
- › A tracheostomy brush
- › 4 × 4-inch gauze pad



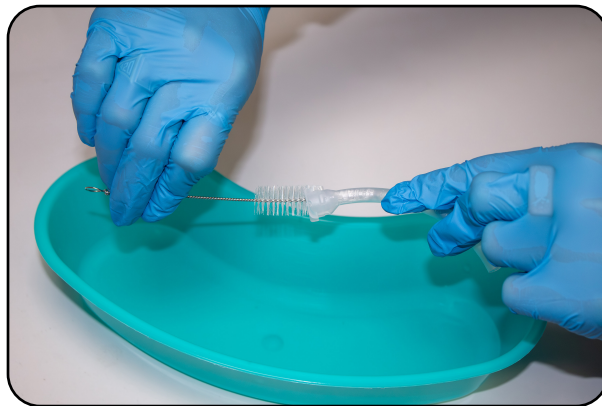
To clean the inner cannula:

1. Wash your hands.
2. Put your supplies on a clean surface. In the 1st bowl, make a **hydrogen peroxide solution**:
 - › Mix ½ cup sterile water and ½ cup hydrogen peroxide
3. In the 2nd bowl, put sterile water **only**.
4. Cough or suction, if needed, to clear secretions from your airway. Take a few deep breaths.

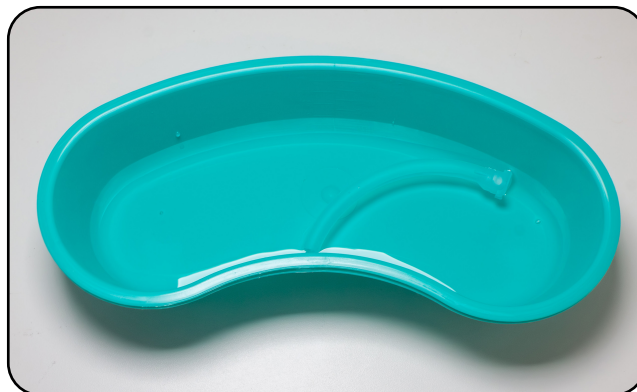
5. Hold the flange of the tracheostomy tube with 2 fingers to keep it steady. Use your other hand to pinch the inner cannula and gently remove it. It should slide out easily.



6. Put the dirty inner cannula in the bowl with the hydrogen peroxide solution. Let it soak if there are thick secretions.
7. **Put the clean inner cannula of the same size into your tracheostomy tube.** Pinch and push until it slides into place.
8. Clean the dirty inner cannula using a tracheostomy brush. Brush both the inside and the outside of the tube to remove mucus.



9. Rinse the inner cannula in the bowl of sterile water.



10. Check that the inner cannula is clean. If not, repeat steps 8 and 9.
11. Pat the inner cannula dry with a 4 × 4-inch gauze pad, or let it air dry on a clean surface.
12. Wash the bowls well and leave them to air dry in a clean place. If you used a tracheostomy brush, soak it in hydrogen peroxide, then rinse it with sterile water and leave it to dry.
13. Wash your hands.

Caring for your stoma

- Clean your stoma (the skin around the outer cannula) **at least 2 times a day** and as often as needed to keep the area clean and dry.

If you use a tracheostomy dressing:

- Change it when it gets soiled or **at least once a day** during stoma care. You do not have to use a tracheostomy dressing, but it may help to prevent skin irritation and keep your clothes dry.

To clean around your stoma, you will need:

- › A mirror
- › Sterile water
- › 1 clean bowl
- › 2 clean face cloths
- › Cotton swabs (like Q-tips®)
- › A tracheostomy dressing (if you use one)

To clean around your stoma:

1. Choose a comfortable position, like sitting in front of a mirror.
2. Remove the old dressing (if you have one) and throw it away.
3. Wash your hands.
4. Put your supplies on a clean surface.
5. Pour sterile water into the clean bowl.
6. Wet a clean face cloth with sterile water.

7. Use the face cloth to gently clean your tracheostomy flange and the skin around it using a gentle, sweeping motion.



8. Use a cotton swab to clean areas under the flange that are hard to reach.
9. If there are dried secretions around your stoma, moisten a cotton swab with sterile water and gently remove them.
10. Dry the skin with a clean face cloth.
11. If you use a tracheostomy dressing, put a clean one under the flange.



Important: Do not cut gauze to make your own dressings. Loose fibers can enter your tracheostomy tube and cause breathing problems. **Only use dressings made for tracheostomy tubes.**

12. Look closely at your stoma site to check for signs of infection, like:
 - › Redness, swelling, or irritation around your stoma
 - › Bleeding from your stoma
 - › Secretions that are thicker than usual or yellow or green
 - › Pain around the stoma site**If you have any signs of infection, call your health care provider.**
13. Wash the bowl well and leave it to air dry in a clean place. Wash your hands.

Changing your tracheostomy ties

- It is important to change your tracheostomy ties when they become wet, dirty, damaged, or worn out.
- **Before removing the old ties, always put the new ties in place first.** If you remove the old ties before the new ones are secured, your tracheostomy tube may fall out.

To change your tracheostomy ties, you will need:

- › Velcro® tracheostomy ties
- › Someone to help you

To change your tracheostomy ties:

1. Wash your hands.
2. Leave the old tracheostomy ties in place.
3. Put 1 end of a new tracheostomy tie through the opening on 1 side of the flange.
4. Close the Velcro® strap.
5. Repeat steps 3 and 4 on the other side of the flange.
6. Wrap both ties around your neck and fasten the Velcro® straps.
7. Make sure the ties are snug on your neck. You should be able to fit 2 fingers between the ties and your neck.



If you have someone helping you:

- Your helper can hold the flange against your neck using their thumb and index (pointer) finger.
- Once they are securely holding the flange in place, you can remove the old ties. Your helper should keep holding the flange until the new ties are fully fastened.

Clearing secretions from your tracheostomy tube

- **To help keep your tracheostomy tube clear of secretions, it is important to clear mucus from your airway.** This should be done as often as needed and before cleaning your inner cannula.

To clear the secretions from your tracheostomy tube:

1. Try to clear the secretions by coughing. Take a deep breath and give a strong cough. You may notice secretions coming out of both your tracheostomy tube and your mouth. You can wipe these secretions away with a tissue.
2. If you cannot cough up the secretions or you are having trouble breathing, you may need to suction your tracheostomy tube to clear them. **Most people do not need suctioning at home.**

You may need a suction machine if:

- › You have a lot of secretions
- › You needed suctioning often in the hospital
- › You get mucus plugs often
- **Suctioning should only be done when needed**, as it can sometimes irritate the airway.
- You may need suctioning if:
 - › You have noisy or gurgling breathing
 - › You can feel mucus in your tracheostomy tube
 - › You have trouble breathing
 - › You cough often but it does not clear the mucus
 - › You have thick secretions that you cannot cough up

To suction, you will need:

- › A suction machine
- › A suction catheter (tube) that is the right size for your tracheostomy tube
- › Sterile water (see recipe on page 24)
- › A clean bowl
- › A mirror

To suction:

1. Wash your hands.
2. Put your supplies on a clean surface. Place the mirror so you can clearly see your tracheostomy.
3. Pour sterile water into the clean bowl.
4. Follow the manufacturer's instructions to set up the suction machine and supplies. Turn on the suction machine.
5. Attach the suction catheter to the suction tube. Keep the catheter in its package until you are ready to use it.



6. Put on gloves.
7. Remove the suction catheter from its package.

8. Moisten the catheter by suctioning a small amount of sterile water from a bowl or cup.



9. Sit comfortably in front of the mirror and take at least 5 deep breaths.
10. Gently put the catheter into your tracheostomy tube. Keep your thumb off the suction control port while you are putting the catheter in, so you do not apply suction until you are ready. Guide the catheter in about 4 to 6 inches.



11. Cough.
12. Put your thumb over the suction control port to apply suction for **only 10 seconds**. Slowly remove the catheter while turning it.
13. Rest and take a few deep breaths.
14. Rinse the catheter with sterile water.
15. Repeat steps 10 to 14 as needed until the secretions are cleared and it is easier to breathe.

16. Put the suction catheter in the garbage.
17. Take off your gloves and wash your hands.
18. Follow the manufacturer's instructions to clean the suction machine.

Living with a tracheostomy

- Many people can go back to their usual daily activities after having a tracheostomy. Having a tracheostomy does not prevent you from doing the things you enjoy.

Living safely and comfortably with your tracheostomy tube

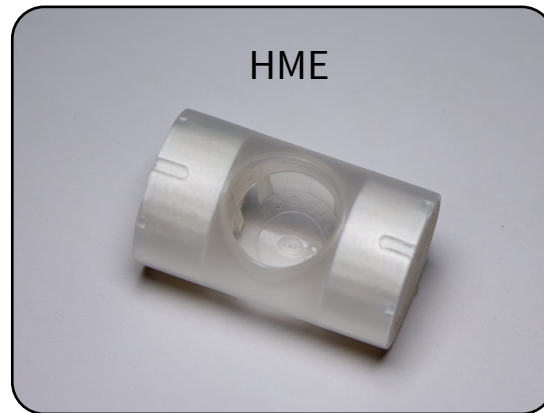
Tips to humidify your air

- Without humidity, your secretions can get thick and hard to cough up. This can:
 - › Make it harder to breathe
 - › Lead to mucus plugs which can block your airway
- **It is important to keep your secretions thin so you can clear them easily.**

To prevent your secretions from becoming thick:

1. **Drink plenty of fluids, about 6 to 8 glasses of water or other liquids a day,** unless your health care team says not to because of another health condition.
2. **If you have a feeding tube, flush it with water** in addition to your tube feedings, as told by your health care team.
3. **Try to keep the humidity in your home at 40 to 60% relative humidity.** You can buy a humidity monitor (called a **humidistat**) at most hardware stores.

4. **Use an ultrasonic humidifier with distilled water** at home. Keep it running nearby or use a hose with a tracheostomy mask attached. Follow the manufacturer's instructions for use and cleaning, and clean the humidifier regularly (**at least once a week**).
5. **Use a Heat and Moisture Exchanger (HME)** during the day when you are not using your humidifier.



6. **Carry a small mist bottle with sterile water** for short trips away from your humidifier.
7. **Sleep in a cool room at night.** This can help to keep your airway moist.
8. **Use extra humidity as needed, if:**
 - › Your secretions are thick or hard to cough up
 - › There are small streaks of blood in your secretions
9. **Ask for help if needed.** If you have any problems, a nurse or a respiratory therapist can teach you how to instill (put drops in) **normal saline** (0.9 % salt water) drops into your airway.

This pamphlet is just a guide. If you have questions, please talk to your health care provider. We are here to help you.

For safety, you may want to keep a recorded emergency message on your phone that includes:

- › **Your name**
- › **What has happened**
- › **Your address**
- › **That you need emergency help**

If you have trouble breathing

This is an emergency. You may have mucus in your tracheostomy tube that is making it hard to breathe.

Follow these steps:

1. Stay calm and try to breathe slowly.
2. Tell someone in your home, if possible.
3. Remove your inner cannula and check for a mucus plug. Replace it with a clean one, if needed.
4. Try to cough strongly to clear any secretions.
5. If coughing does not help, suction your tracheostomy tube, if you can.
6. Instill normal saline, if needed.
7. If your breathing gets better, keep using humidity to help keep your secretions thin (see page 14).
8. **If your breathing does not get better, call 911 right away.**

If you cannot breathe through your tracheostomy tube

This is an emergency.

- **This is not likely to happen.** If it does, it may be because your tracheostomy tube is blocked by mucus or it has moved out of position (less likely).

Follow these steps:

1. Stay calm.
2. Tell someone in your home, if possible.
3. Remove your inner cannula and check for a mucus plug. Replace it with a clean one, if needed.
4. Try to cough strongly to clear any secretions.
5. If you can breathe, keep using humidity to help keep your secretions thin (see page 14).
6. **If you still cannot breathe after replacing the inner cannula, call 911 right away.**

If your tracheostomy tube comes out

This is an emergency.

- This can happen when changing your tracheostomy ties or if the ties are too loose.

Follow these steps:

1. Stay calm. **Your stoma will not close right away.**
2. Tell someone in your home, if possible.
3. Tilt your head back slightly. This will help to keep your stoma open.
4. Breathe through your stoma and try to stay relaxed.
5. If you have been shown how, use the obturator to put your tracheostomy tube back in.
6. **If you are having trouble breathing or you cannot put the tracheostomy tube back in, call 911 or have someone take you to the nearest Emergency Department right away.** Bring your spare tracheostomy tube with you.

Talking and communication

- As you breathe out through your mouth, air passes through the vocal cords in your windpipe and lets you talk. Since your tracheostomy tube is below your vocal cords, most of the air you breathe out goes through the tracheostomy tube instead of your vocal cords. In some cases, a small amount of air may pass around the tube and allow for limited speech. The amount of speech you can make will depend on how much air reaches your vocal cords.
- We understand how scary and frustrating it can be to not be able to talk. There are several ways to communicate without talking, including:
 - › A speaking valve that can be attached to the end of your tracheostomy tube
 - › Text-to-speech apps (like on a smartphone or a tablet)
 - › Writing on paper
 - › Using a picture or an alphabet board
- A Speech-Language Pathologist (SLP) can work with you to:
 - › Help with communication
 - › Support you with speaking options (like a speaking valve) that are right for you

If you are interested, ask your health care provider for a referral to an SLP.

Clothes

- You can wear any clothes that are loose around the neck.
- Avoid fuzzy fabrics and loose fibers near your tracheostomy tube, as you could breathe fibers into your airway.

Daily activities

- Be careful to prevent anything from entering your tracheostomy tube. This includes dust, fumes, smoke, powders, aerosols, and hair.
- If you have a pet that sheds, make sure they are well-groomed and that your home is cleaned often, including vacuuming and dusting.
- When you are outside, take care to prevent insects, leaves, and other particles from entering your tracheostomy tube. You can wear a stoma or tracheostomy cover to help protect your airway. You can buy these at most pharmacies and online, and you can also make your own.

- Avoid exposure to very cold air, as it may irritate your airway.
- Think about wearing a **MedicAlert® bracelet or necklace** to tell emergency services that you have a tracheostomy tube. This can help them care for you if you cannot communicate.
- If you are travelling and will be away from home, make a travel kit. Include all the supplies you use daily, as well as extra supplies in case of an emergency or if your tracheostomy tube needs to be changed.
- If you will be going on an airplane, tell the airline in advance and ask what is allowed in your carry-on luggage. You may also wish to bring a letter from your health care provider explaining your need for these medical supplies.



Eating and swallowing

- Swallowing food and liquids can be hard for some people with a tracheostomy.

To help make swallowing safer:

- Sit upright when eating.
- Focus on swallowing and avoid distractions.
- Eat healthy foods.
 - › Eat slowly and chew your food well.
- Drink plenty of fluids to keep your secretions thin.
 - › Sip liquids slowly, as they may be harder to swallow. If you are having trouble swallowing, talk to your health care provider. They may refer you to a swallowing specialist.
- **If you see food or liquids in your secretions when you cough, call your primary health care provider right away.**

Mouth care

- **It is important to keep taking care of your mouth**, as it is no longer naturally moistened by airflow. Good mouth care can help to:
 - › Prevent infection
 - › Keep your mouth healthy
 - › Make breathing and swallowing more comfortable
- Brush your teeth at least 2 times a day.
- Clean your gums, tongue, and mouth regularly.

Bathing and showering

- You can bathe or shower with a tracheostomy, but **it is important to prevent water from entering your airway.**
- Use a shower shield to help keep water out of your tracheostomy tube.



- When you shower, point the showerhead at your lower body or back instead of at your chest or neck.
- When you bathe, only use shallow water and avoid splashing water into your tracheostomy tube.

Safety around water

- **Do not let water enter your tracheostomy. It can go directly into your airway and cause drowning.**
- **Do not swim with a tracheostomy.**
- Avoid boating and other water activities to lower the risk of water entering your tracheostomy.

Medications

- If you use an inhaler (puffer), you will need a special adapter to connect the inhaler to your tracheostomy tube. Contact your local pharmacy to ask for the right adapter. They will show you how to use it.

Preventing infections

- Unless you are allergic to them, we recommend getting these vaccines:
 - › **Flu (influenza) vaccine:** Get this vaccine every fall
 - › **Pneumonia (lung infection) vaccine:** Follow your primary health care provider's recommendation
- Talk with your primary health care provider about these vaccines.
- Avoid crowded spaces and people who have the flu.
- During the fall and winter, stay 6 feet away from other people, including your loved ones.
- Anyone caring for you should wear a mask if they have a cold or the flu.

Call your primary health care provider if you have:

- › A fever (temperature above 38 °C or 100.4 °F)
- › Shortness of breath or trouble breathing
- › Wheezing
- › More secretions
- › A change in the colour of your secretions (they are green or yellow)
- › Redness, swelling, or more pain in or around your tracheostomy tube

If you cannot reach your primary health care provider, go to the nearest Emergency Department right away.

Emotions

- Many people feel a wide range of emotions before surgery, during their hospital stay, and after leaving the hospital. These feelings are normal and expected.
- It can help to talk with someone who understands, like another person living with a tracheostomy. Tell a member of your health care team if you would like to talk to someone.
- **It is important to explore your feelings and find what helps you feel better.** Sharing your thoughts with a family member, a friend, or a trained professional (like a counsellor, nurse, or therapist) can give you support and guidance.
- **Remember:** asking for help is a sign of strength. You do not have to manage these changes alone.

Intimacy

- After a tracheostomy, it is common to have concerns about intimacy with your partner. It can take time to adjust to changes in your body or your daily routine.
- Be patient with yourself and your loved ones. Talking openly about your feelings and encouraging your partner or family to do the same can help strengthen your connections and support emotional closeness.
- **Remember:** intimacy is about connection, trust, and care, not just the physical body.

Supplies for home

- Before you leave the hospital, your health care team will go over the supplies you will need and where to get them. You will get a prescription for these items.
- The list may include:
 - › Ultrasonic humidifier
 - › Tracheostomy ties
 - › Tracheostomy brushes
 - › Tracheostomy dressings (if needed)
 - › Sterile water
 - › Cotton swabs (like Q-tips®)
 - › Hydrogen peroxide
 - › Shower shields (you can buy these online)
- Ask your support person to collect these supplies before you leave the hospital. They can find these supplies at:
 - › Shoppers Drug Mart pharmacy, Halifax Infirmary
 - › Your local pharmacy
 - › Medigas Atlantic
 - › VitalAire
 - › Medline Canada
- Keep your supplies in a clean, dry area. It is best to have a space used only for storing your tracheostomy supplies.

To make sterile water:

1. Pour tap water into a clean pot with a lid.
2. Cover the pot with the lid. Bring the water to a boil and boil it for 15 minutes.
3. Let the water cool with the lid on so no germs get in.

To store sterile water:

1. Clean your jars and lids.

- › Place clean jars and their lids in a large pot.
- › Fill the pot with water to fully cover the jars.
- › Bring the water to a boil and boil it for at least 1 minute.

2. Cool and fill the jars.

- › Use tongs to remove the jars and lids. Be careful not to drop or break the jars.
- › Place the jars upside-down on a clean towel to air dry.
- › Once the jars have cooled, pour the sterile water into the jars.
- › Put the lids on and close them tightly.

3. Store the water.

- › Put the jars in the fridge.
- › Use the water within 48 hours (2 days).

Follow-up care

- You will get an appointment to see your surgeon at the ENT Clinic:

Victoria General (VG) Site, QE II
Dickson Building, 3rd floor
5820 University Avenue
Halifax, NS B3H 1V7



- At this appointment, your surgeon will make other follow-up appointments, if needed.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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