

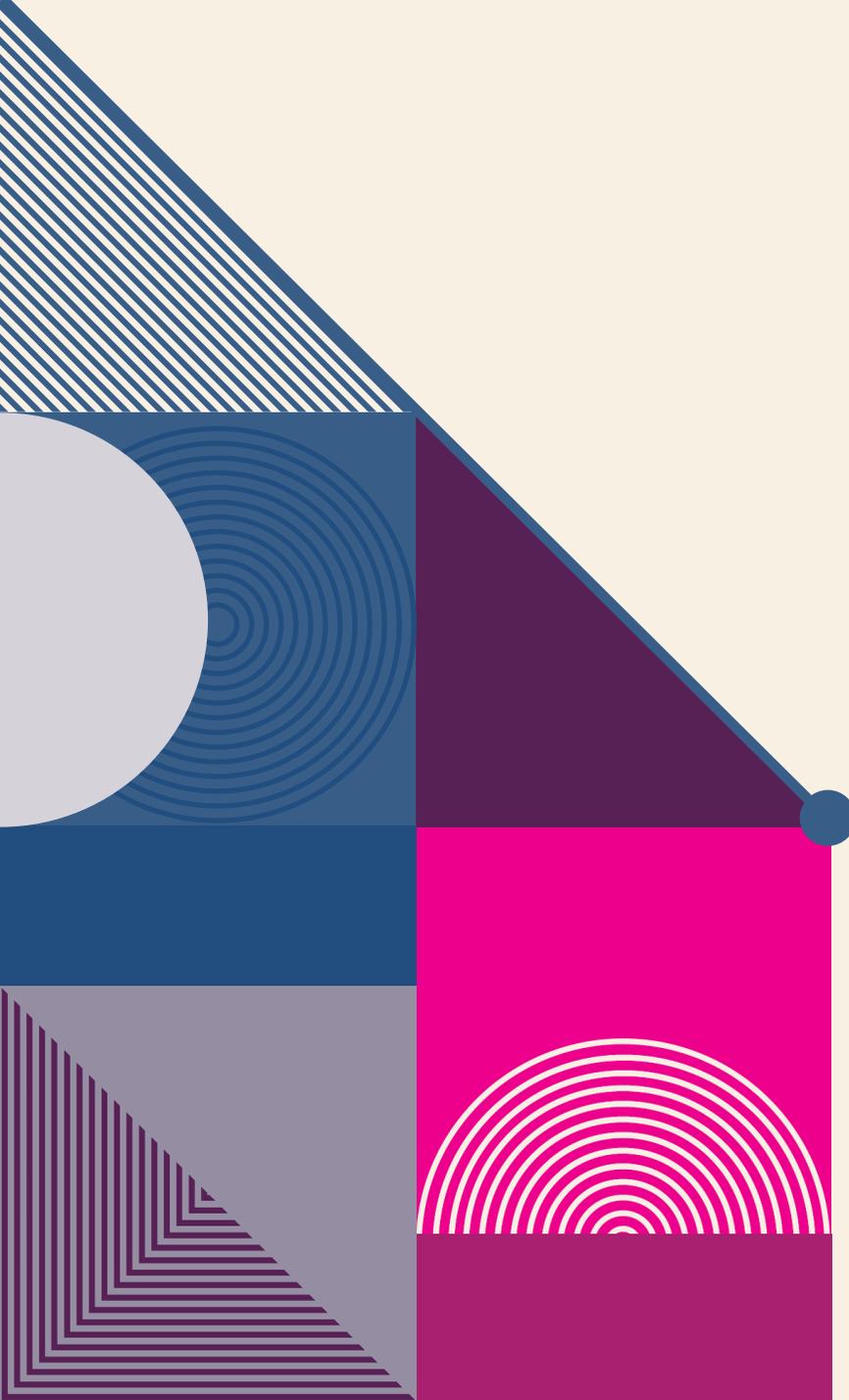


**TRACHEOSTOMY
&
LARYNGECTOMY
UPDATE 2025**

THIS PRESENTATION WAS RECORDED

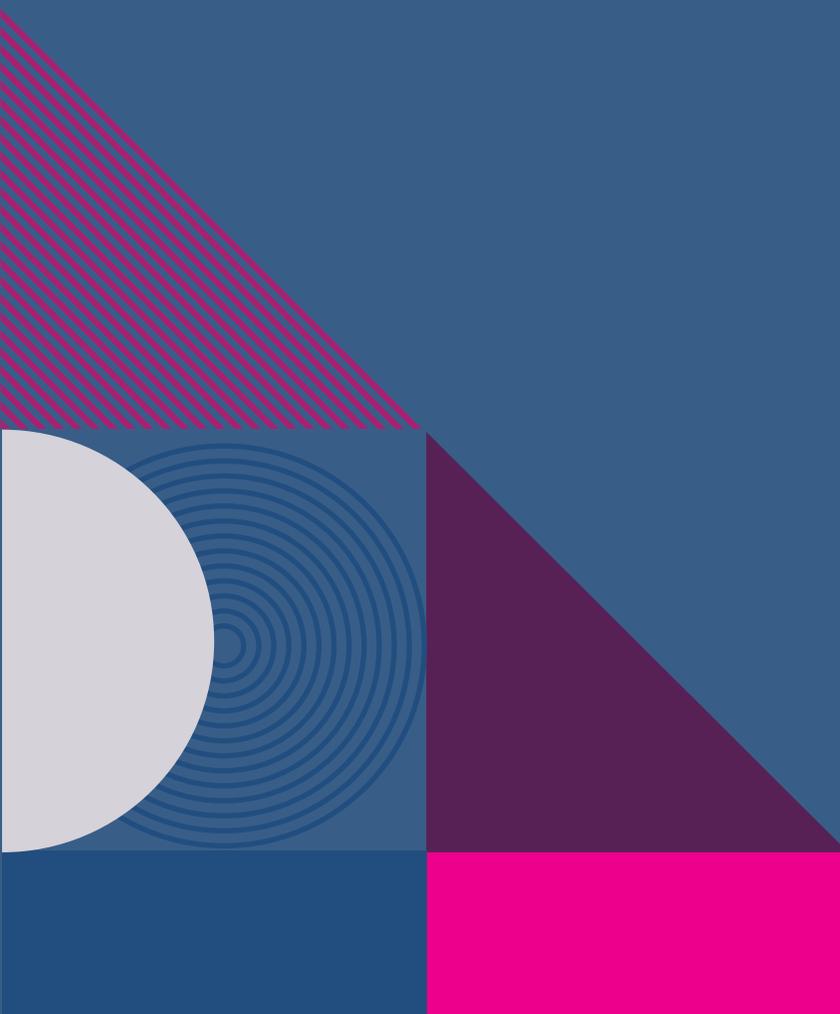
Recording on "Video Professor"





CONTENT

- Tracheostomy update
 - Bedside equipment
 - Shiley sizing
 - Shiley XL
 - Bivona
 - Trach care
- The difference between tracheostomy and laryngectomy
- Laryngectomy emergencies
- Laryngectomy tube care and maintenance
- Educating the laryngectomy patient



TRACHESOTOMY UPDATE 2025



ANSWERS TO YOUR QUESTIONS ARE IMPORTANT

Feel free to ask questions
or comment as we go.

TRACHEOSTOMY BEDSIDE EQUIPMENT

- Suction set-up
- Suction catheters
- Same size trach
- Smaller size trach
- Ambu bag & Mask
- CO2 Detector
- Spare inner cannulas
- Suture removal kit (if applicable)
- Obturator taped over bed
- Trach care kits
- Oxygen flowmeter
- Extra Velcro trach holder



SHILEY SIZING

Shiley™ Flexible Adult Tracheostomy Solutions

Product code logic and sizing for Shiley™ Flexible tracheostomy tubes

The first letters indicate a cuffed tube (CN) or uncuffed tube (UN)

The first number is the Jackson size

8 CN 85 H

The second set of numbers indicates the ISO size as well as the inner diameter of the outer cannula

The last letter indicates disposable (H) or reusable (R) inner cannula

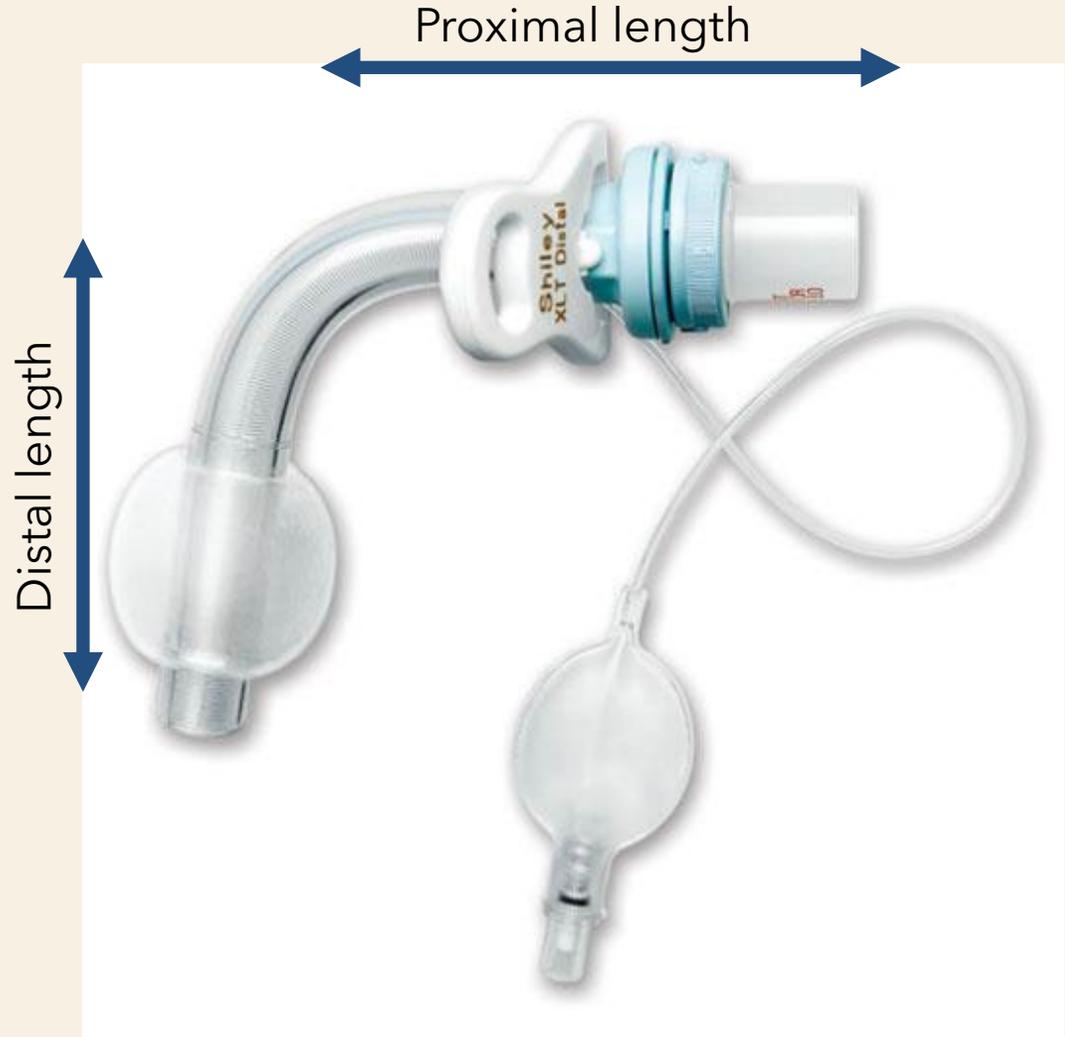
COLOR CODED

SIZE	CUFFED	UNCUFFED
4	4CN65H	4UN65H
6	6CN75H	6UN75H
8	8CN85H	8UN85H



SHILEY XL

- 2 Types:
 - Proximal & Distal (where's the extra length)
 - Cuffed or cuffless
 - Disposable inner cannula



BIVONA TTS (TIGHT TO SHAFT)

- Flexible silicone trach
- Inflate cuff with water
- No inner cannula

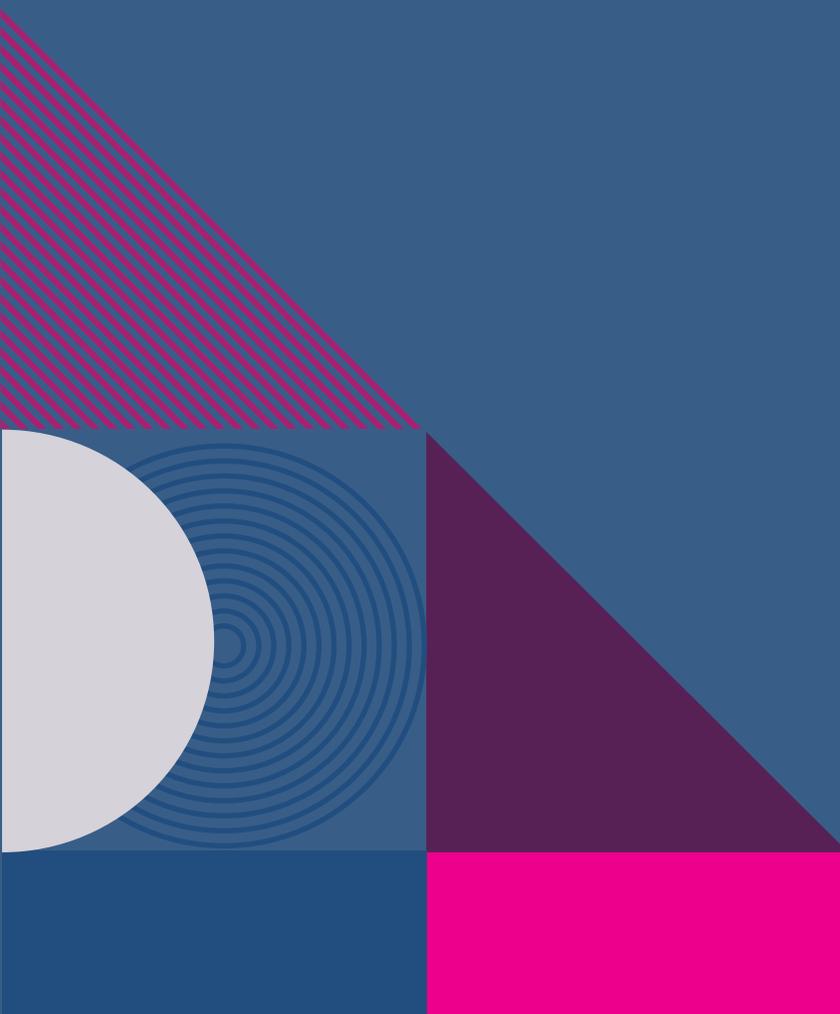


TRACH CARE: Q SHIFT

- Clean around the trach with water
- Suction the patient
- Change the inner cannula
- Change split gauze if necessary
- Change the Velcro trach holder



**QUESTIONS?
CONCERNS?
COMMENTS?**



THE DIFFERENCE BETWEEN TRACH AND LARYNGECTOMY

TRACH VS LARYNGECTOMY

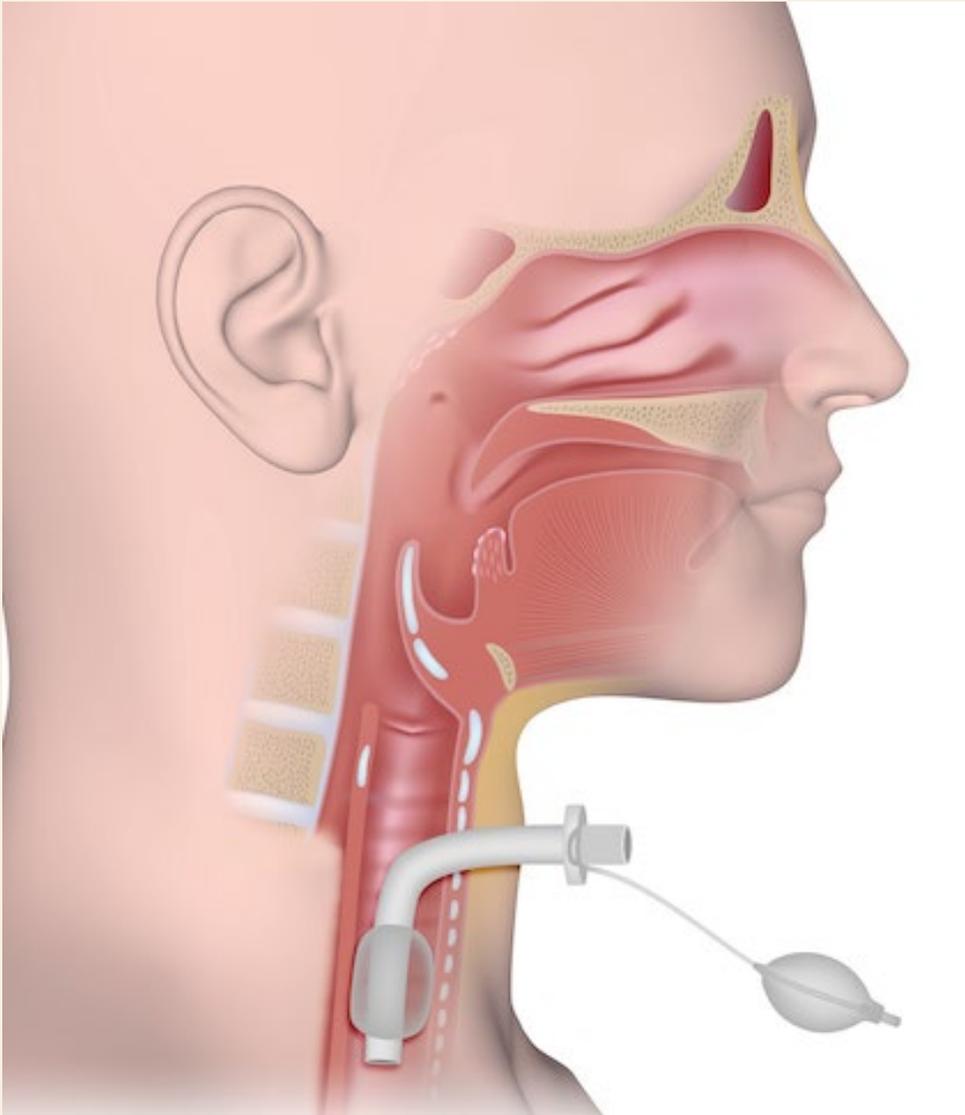
Tracheotomy

- Indicated for maintenance of ventilatory support by lowering resistance, deadspace, and provide access for bronchial hygiene.
- Reversible
- Airway necessary to prevent closure of surgical opening
- Speaking accomplished through speaking valve

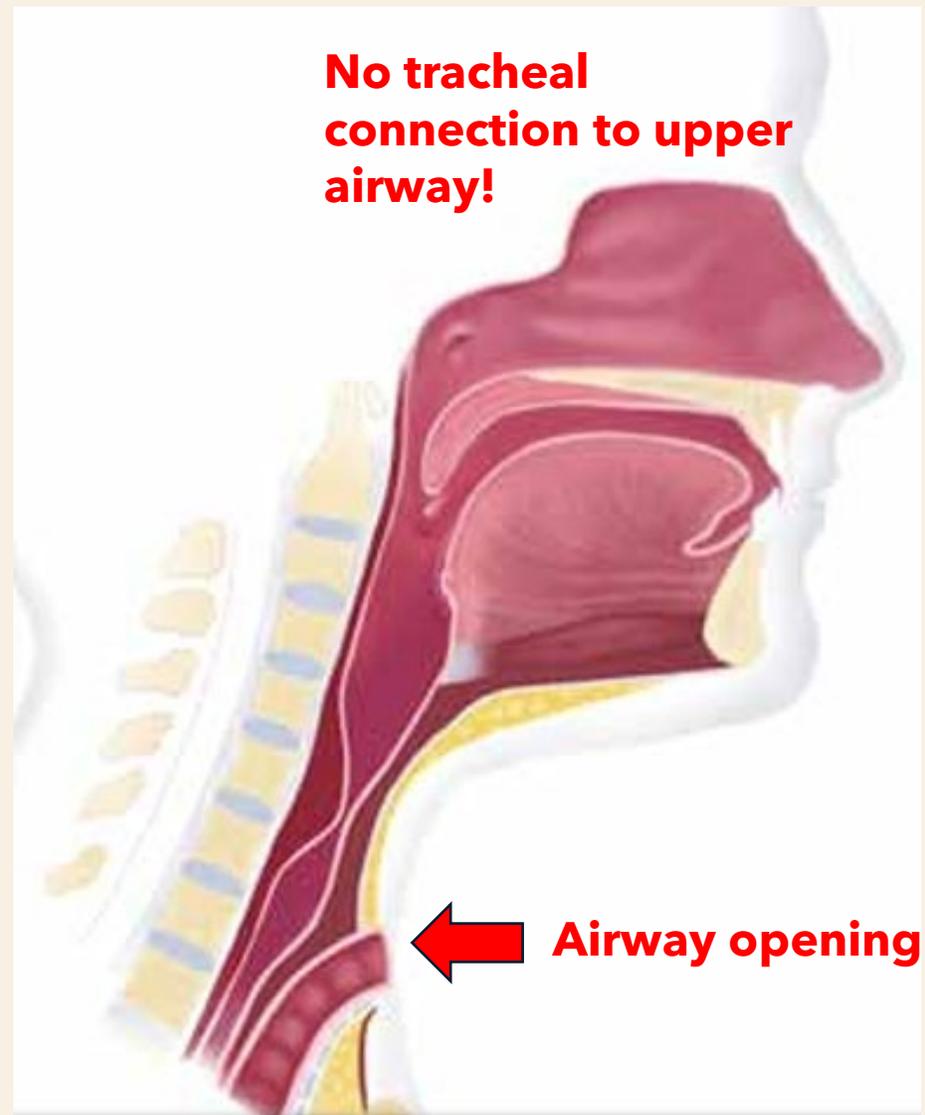
Laryngectomy

- Removal of the larynx indicated in certain cancers involving the throat.
- Irreversible
- Permanent opening does not require an airway after the surgical site has healed.
- Speaking can only be accomplished with additional mechanical devices
 - Electrolarynx
 - Esophageal speech
 - Tracheo-esophageal puncture with a voice prosthetic

Tracheostomy

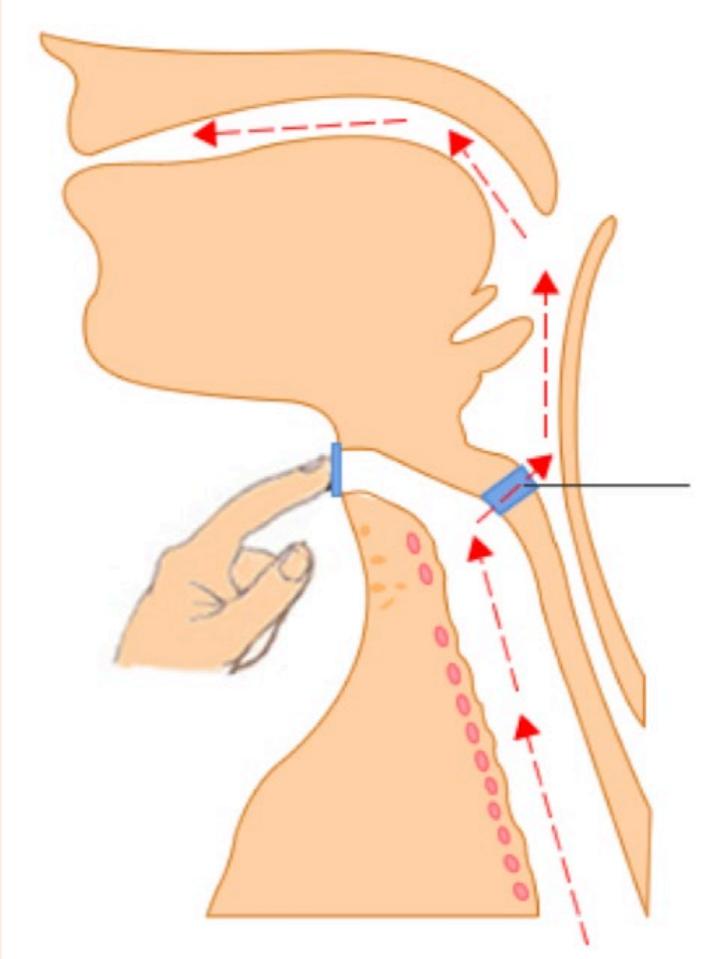


Laryngectomy



VOICE PROSTHETIC

Two parts: 1) tracheoesophageal channel
2) Button





Includes a
Built-in HME

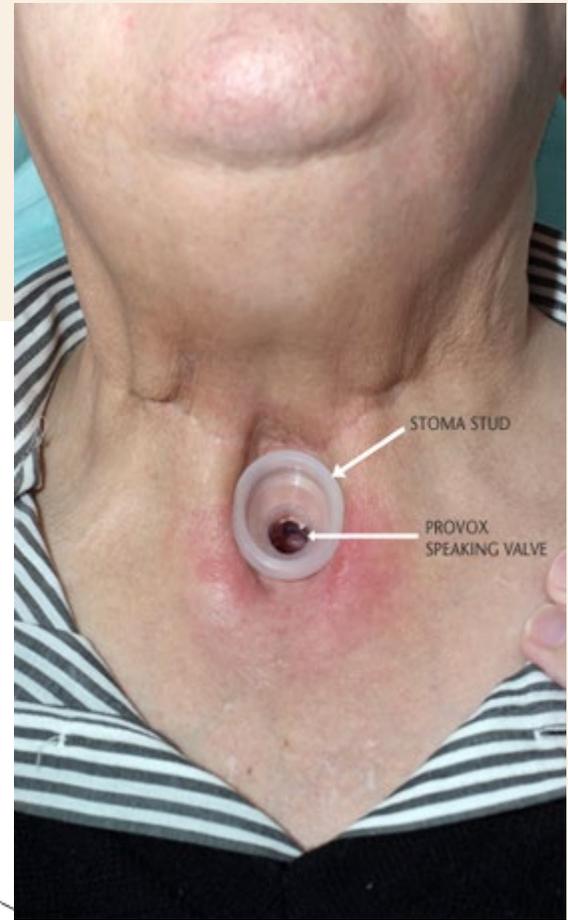
What is a Laryngectomy Tube? “Lary”

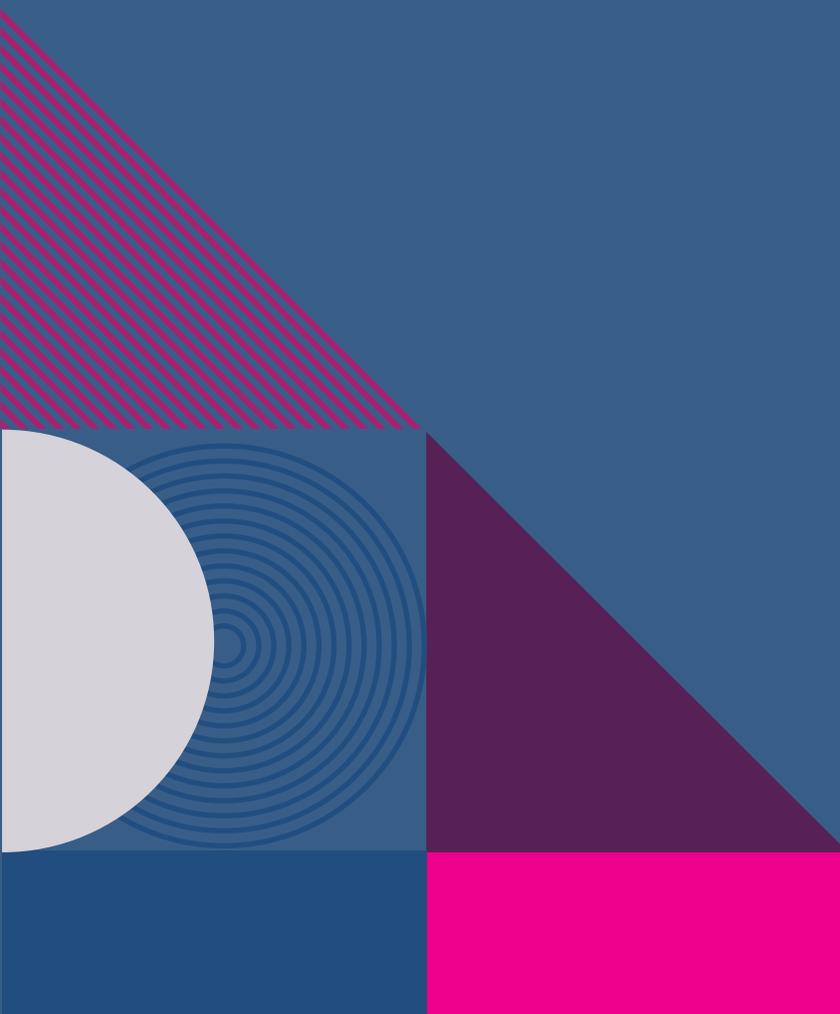
- A lary tube is a flexible silicone tube designed to maintain the stoma right after the laryngectomy surgery.





Identification of a "Lary Tube"

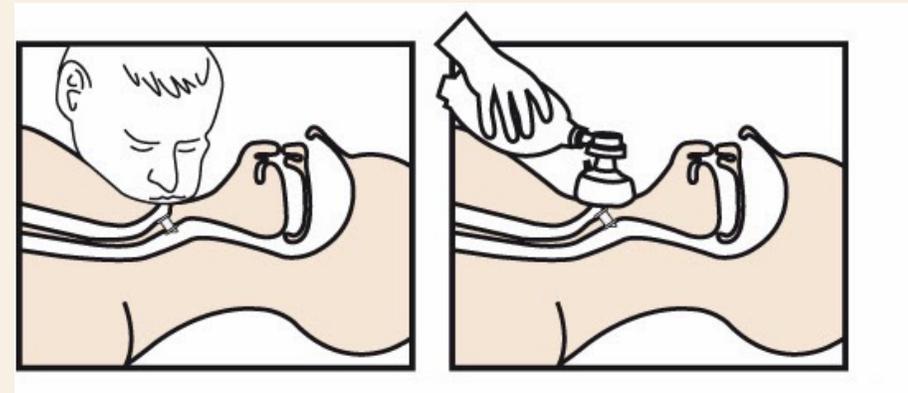




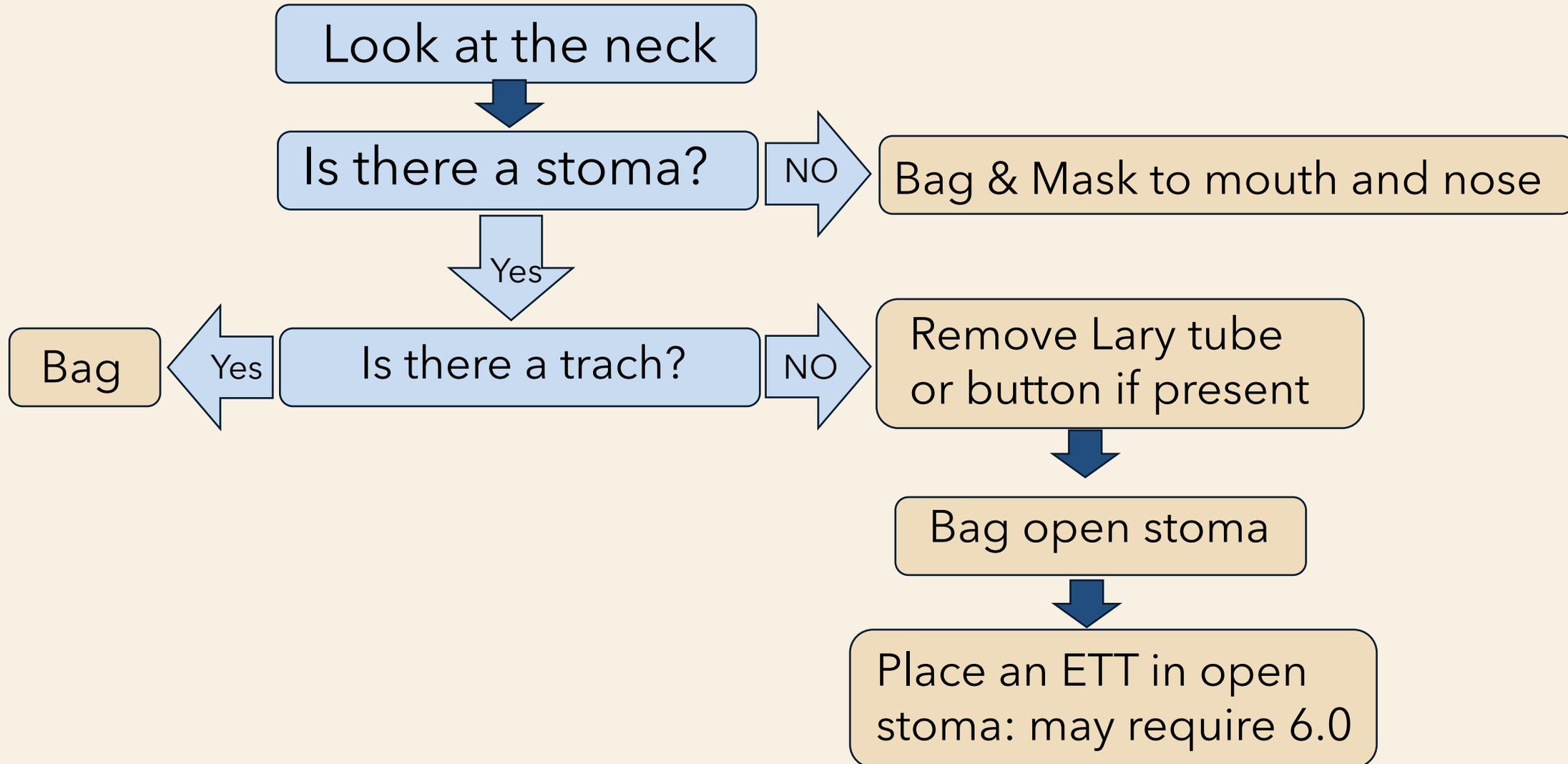
RESUCITATION OF THE LARYNGECTOMY PATIENT

MANUAL RESUSCITATION:

DO NOT BAG & MASK VENTILATE THE FACE OF A LARYNGECTOMY PATIENT

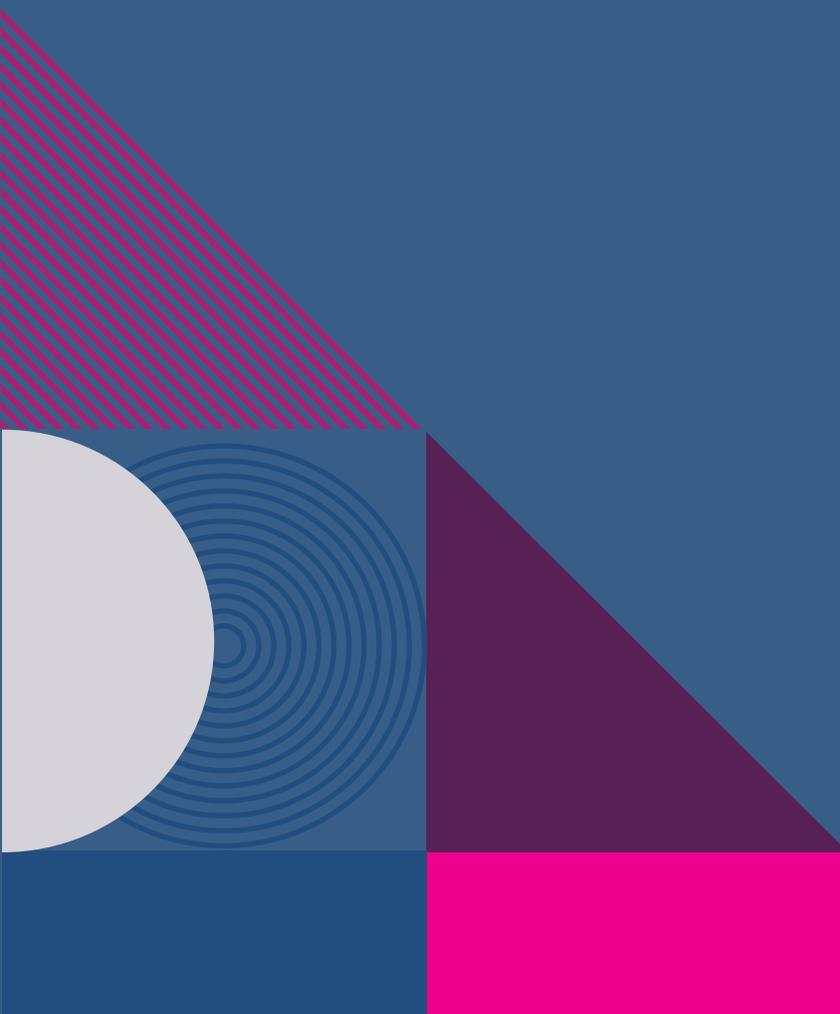


STEPS FOR MANUAL VENTILATION OF THE LARYNGECTOMY PATIENT:



MANUAL VENTILATION OF THE STOMA

<https://www.youtube.com/watch?v=aU19N1rEUIc>



LARYNGECTOMY CARE

HOW TO REMOVE, CLEAN, AND REINSERT A LARYNGECTOMY TUBE

Clean the laryngectomy tube regularly to help to keep it free of secretions. We recommend cleaning it at least once a shift or more often as needed.

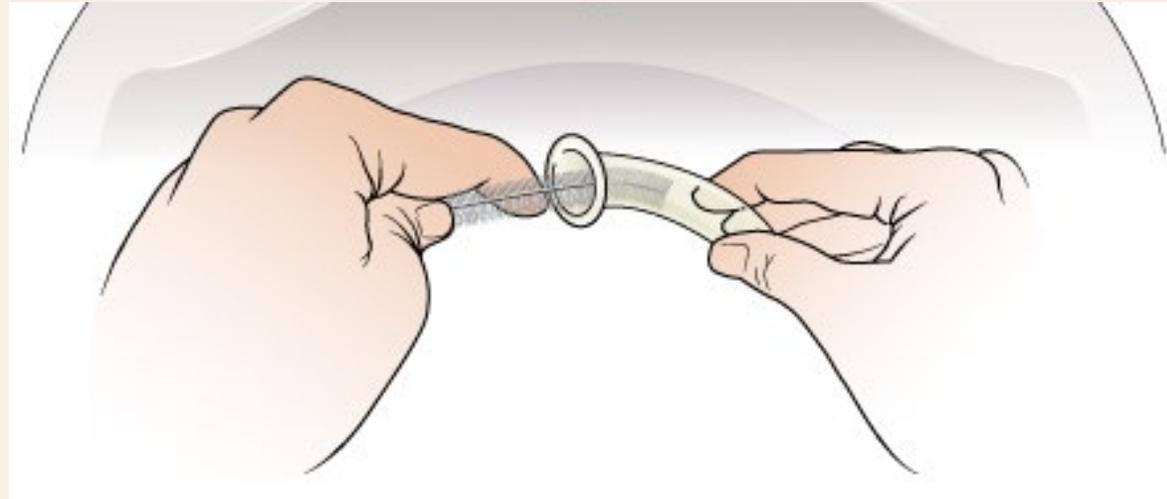
1. Gather your supplies. You'll need:

- Sterile Water
- A nylon tracheostomy brush
- Normal saline
- Cotton-tipped applicators
- Water soluble gel
- Clean, dry gauze pads



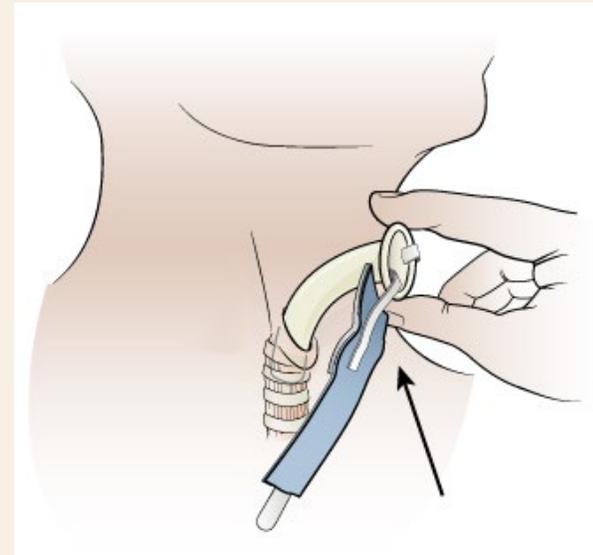
HOW TO REMOVE, CLEAN, AND REINSERT A LARYNGECTOMY TUBE

2. Wash your hands well with soap and water.
3. Cut or untie the neck tape.
4. Remove the tube from the stoma.
5. Rinse with sterile water
6. Use the nylon brush to clean the inside of the laryngectomy tube
7. Rinse with sterile water

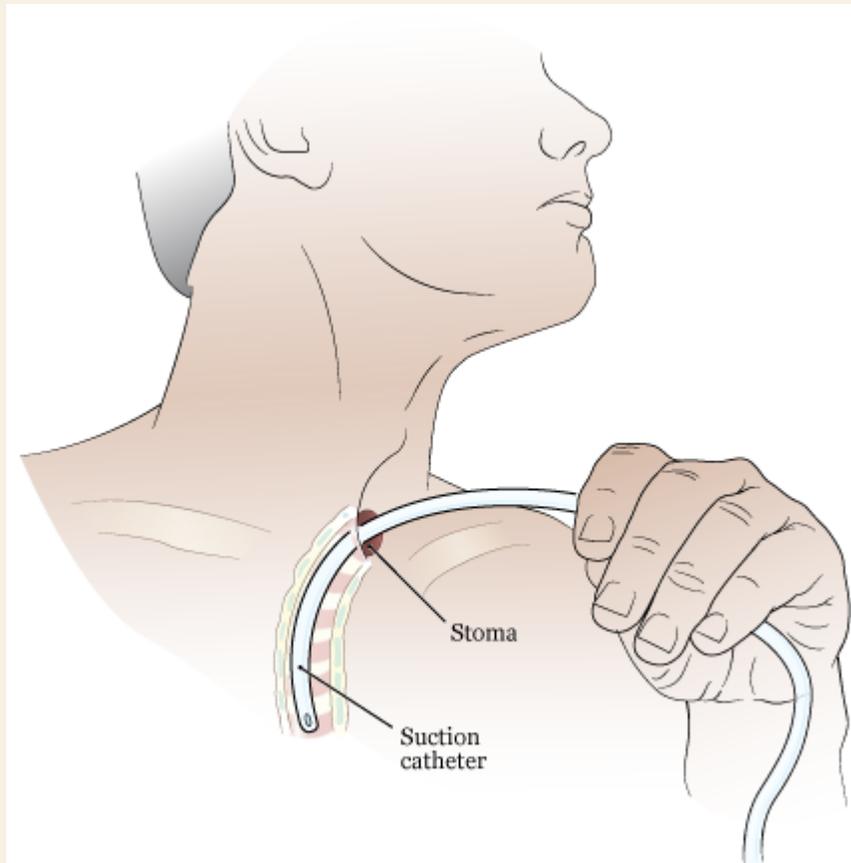


HOW TO REMOVE, CLEAN, AND REINSERT A LARYNGECTOMY TUBE

8. Once the tube is clean, shake out the extra water. Dry the tube with a gauze pad.
9. Put clean neck tape in the slots on the side of the tube.
10. Gently clean the skin around your stoma with normal saline using cotton-tipped applicators.
11. Tilt the head back slightly in order to expose the stoma.
12. Reinsert the Lary tube.
13. Water soluble gel may be used for reinsertion
14. Tie the neck tape leaving 1 finger space between the tape and the neck.



EDUCATING THE LARYNGECTOMY PATIENT : KEEPING THE AIRWAY CLEAR



Keeping the airway clear of sputum is important to help prevent infection due to retained secretions.

Whenever possible, it is recommended to avoid suctioning by learning to cough up the secretions on your own. Drops of normal saline may be used to loosen and mobilize secretions.

If mucus becomes exceedingly thick and hard to cough up on your own, suctioning may be required.

You can learn to suction yourself provided that you have all of the necessary equipment.

CLEANING THE STOMA AND LARY TUBE IF PRESENT

You will need to follow your discharge instructions on care and maintenance of your stoma.

There is lots of good resources available on the internet like the instructions from Memorial Sloan Kettering Cancer Center on "Caring for Your Laryngectomy Stoma" <https://www.mskcc.org/cancer-care/patient-education/caring-and-suctioning-your-laryngectomy-stoma>





**QUESTIONS?
CONCERNS?
COMMENTS?**



THANK YOU

Special thanks to Memorial Sloan Kettering Cancer Center for providing patient education materials.