

Tracheal T-Tube Information & Instructions For Care

What is a T-tube?

A T-tube is a silicone stent for the trachea with an external limb.

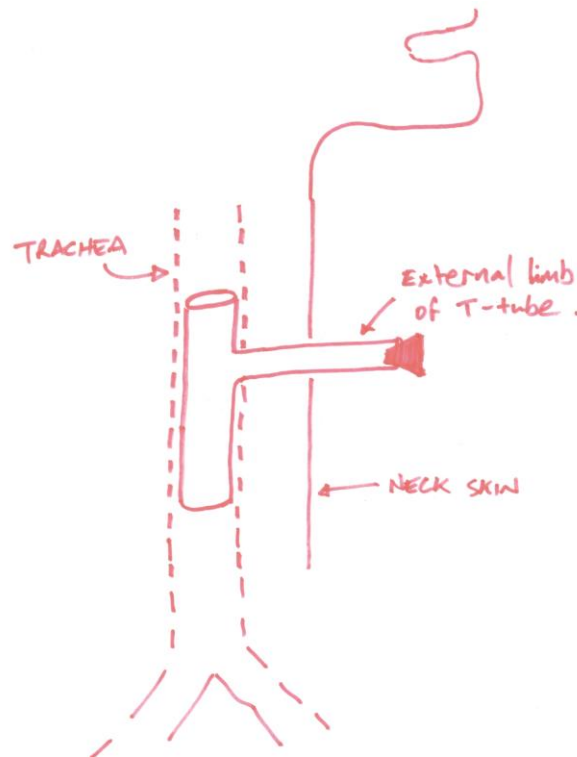
What does it do?

This stent provides airway support for patients with a tracheal stenosis to allow the trachea to heal and avoid the need for a long term tracheostomy tube.

What care does it need?

Blockage of the T-tube will result in respiratory difficulty, and in the worst case scenario obstruction of the trachea. This can be avoided with routine care of the tube. The main cause of obstruction is dried mucous secretions.

The cap on the external limb should always be left on, except when cleaning the tube, to avoid dry air directly entering the tube.



Routine care:

1. Instill 2ml of sterile normal saline into the external limb and cough this back out through the external limb. Then instill 2ml of saline and cough it up through the tube with the external limb cap on.
2. Pass a tracheostomy tube brush into the external limb and then superiorly and inferiorly for 1-2cm



This should be done at least twice per day

If thick secretions are a problem nebulized saline via a face mask may also be helpful.

The patient should be reviewed by the ENT unit at least once per month while the tube is in place.

Emergency treatment for airway compromise/stridor:

1. Remove external limb cap.
2. *If the airway remains unsatisfactory the T-tube should be removed at once* by grasping the external limb firmly and pulling the soft silicone tube out (there are no sutures or other devices holding the tube in place). A standard tracheostomy tube can then be placed via the neck stoma. Alternatively, an endotracheal tube can be passed either via the mouth or via the neck stoma site into the trachea.
3. Contact the ENT registrar at The Alfred immediately for further advice.

