

# Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

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## Decannulation

### What is decannulation?

A tracheotomy tube, or trach, is a special breathing tube. Decannulation is the process to remove this tube. After deciding that your child no longer needs the tracheotomy tube to breathe well, your doctor will tell you when you can safely start this process. This process is done slowly to make sure that your child is truly ready for decannulation and will adjust to breathing without the tracheotomy tube. The steps leading up to decannulation might be different for each child, and may include using a speaking valve, capping the tracheotomy tube, using a smaller tube or putting a hole (fenestration) in the tube.

### Before the Procedure

After checking your child's airway with a procedure called a microlaryngoscopy and bronchoscopy, your doctor may decide that your child can safely begin the decannulation process. Your child will be admitted to the hospital for this procedure, usually for 2 nights.

### During the Procedure

The decannulation process will begin with your child completely awake, either in the recovery room or on the floor in the child's own room. When the time comes to take the tracheotomy tube out, your child's nurse will be in the room and a respiratory therapist may be there also. A gauze bandage will be placed over the stoma (the hole in the neck that the tube was in) and taped to your child's neck.

### After the Procedure

Your child's breathing will be watched closely during the next few days and nights in the hospital. The stoma will become very small, almost pinhole in size over the next few weeks. It may or may not close completely on its own. Your child can gently use a fingertip to put pressure over the stoma dressing when coughing or talking to help the stoma become smaller more quickly. A bandaid can be used over the stoma site when it is very small but still open. If you can still see an opening at the stoma, see or feel air coming out of the stoma or notice mucous coming out of the stoma or on the dressing, then the stoma is not completely closed. If the stoma doesn't completely close on its own, your doctor may talk with you about surgery to close it in the future.

### Stoma Care

**Supplies you will need: Mild soap and water, small gauze pad with tape or bandage.**

To clean the stoma:

1. Wash and dry hands.
2. Remove the dressing or bandage.
3. Clean the stoma and surrounding skin with mild soap and rinse carefully with water.

\* Do not get water in an open stoma.

4. Dry the area completely.
5. Place a clean gauze or bandaid over the stoma.
6. Wash and dry your hands.

### Diet and Activity

Your child is not allowed to swim or go underwater until the stoma is completely closed. Your doctor will tell you if the stoma is closed when you come back for the next visit.