You have been given this leaflet because there is a risk that your breathing pattern could change in the near future. This can happen due to the cancer growing close to your airway, or can be made worse by swelling caused by the treatment for your cancer (such as radiotherapy).

Your breathing could become noisy and at the same time you may notice that it becomes harder to breathe. This is known as stridor. In the early stages you may notice this more when you are lying down.

It is important that you seek urgent medical help if you start to get stridor because if left untreated your situation could become life-threatening.

Normally stridor comes on gradually and you will have time to attend your nearest casualty department to seek help. However, occasionally it can be more sudden and if this happens you should call an ambulance to your home urgently.

Once medical help has arrived, you can be given oxygen therapy via a face mask to help you breathe more comfortably. Stridor can be helped with medications that can reduce the swelling in your airway such as a course of steroids. However, depending on the severity of the swelling, a tracheostomy is sometimes needed.

**Information about a tracheostomy**

A tracheostomy is an opening (called a stoma) through the front of the neck and into the windpipe (trachea). A curved plastic tube is then placed through the opening and into the trachea. The end of the tube remains outside of the opening and is held in place with tapes around the neck. This is called a tracheostomy tube.

Breathing becomes easier with a tracheostomy, because it allows air to bypass any swelling or blockage in the airway above it.

Once in place, breathing takes place through the tube, rather than through the mouth and nose. It can look and feel strange at first. In the early stages the tube can feel uncomfortable and may make the person cough, but this will gradually settle as he/she gets used to having the tube in place.

At first it will not be possible to speak with the tracheostomy tube in place. This is because the tube will be preventing the air that is exhaled from reaching the vocal cords above it.

A tracheostomy tube with a specialised speaking valve can sometimes be used at a later date to help a person produce speech, however this type of valve use is not always suitable for everyone. The nurses and speech and language therapist can help with other ways of communication if this option is not available.
A tracheostomy tube can sometimes make swallowing more difficult. The food pipe (oesophagus) is directly behind the trachea and can sometimes be squashed by the tracheostomy tube. This can make it difficult for food to pass down, in addition to any problems caused by the treatment side-effects and the cancer itself.

If the tube is affecting eating and drinking a speech and language therapist may recommend techniques to help, or alternatively, recommend other methods of providing dietary needs.

The lungs and the trachea produce mucus/phlegm (also called secretions). This is a normal way of cleaning the air as we breathe. These secretions are often worse when a tube is first used, lessening with time. The secretions collect both inside and around the tracheostomy tube. At times, a ‘bubbling’ noise can be heard from the tube and breathing can become more difficult. These secretions then need to be removed so that the tube does not become blocked.

In the early stages a person may need help from nursing staff to clear these secretions with suctioning. A slim tube (catheter) is passed down the tracheostomy tube and the secretions are removed using a suction machine. This can trigger a cough and cause some breathlessness at the time, but will allow the person to breathe more easily afterwards. A person can often clear these secretions by coughing alone overtime.

The tracheostomy tube is fitted with an inner tube (or inner cannula). This can be removed to clean any build up of secretions. The tracheostomy tube needs to have the inner tube in place at all times, to avoid the risk of the tube blocking off completely. This is vitally important, as a person will have difficulty breathing again, if the tube becomes blocked.

When we breathe normally through our mouth and nose, the air that we breathe is moistened, warmed and filtered by our mouth and nose. This provides protection for the lining of our lungs. With a tracheostomy tube in place, the air can travel directly to the lungs without being humidified. Without humidification, secretions can become difficult to remove as they are likely to become thicker and dryer. To avoid this, an artificial method of humidification needs to be used. There is a variety of equipment available to help provide artificial humidification, the most suitable of which is selected and explained to each patient depending on their individual needs.

It is very important that the skin area around the tracheostomy stoma is kept clean and dry. A nurse can teach this care. A dressing can be used to absorb any secretions that can leak out from around the stoma and can also help make the tube feel more comfortable.

The nurses on the head and neck ward are experienced in the care of tracheostomy tubes and in helping a person/family to become confident with all aspects of tube care.

The specialist tracheostomy nurse team at Addenbrooke’s will be available to provide ongoing support at the point of discharge and beyond. District nurses can also provide support to a person once they are at home.
If the tube is required over a longer-term basis, it will need to be replaced at periodic intervals depending upon the manufacturer recommendations. Changing the tube will also ensure that that the most suitable tube is used depending on medical circumstances. A member of the medical team or a specialist nurse would undertake the tube change and would discuss a suitable time and place for this.

We hope that this leaflet explains why it is important to seek urgent medical advice if your breathing becomes more effortful or noisy, particularly at night. We also want to reassure you that we would only recommend the insertion of a tracheostomy tube if there were serious medical concerns about your ability to continue to breathe without one.

If you have any further questions or concerns as a result of reading this leaflet, please contact your specialist nurse, or other team member listed in your ‘support team contact’ leaflet (PIN725) so that we can advice you further.

**Privacy & Dignity**

We are committed to treating all patients with privacy and dignity in a safe, clean and comfortable environment. This means, with a few exceptions, we will care for you in same sex bays in wards with separate sanitary facilities for men and women.

In some areas, due to the nature of the equipment or specialist care involved, we may not be able to care for you in same sex bays. In these cases staff will always do their best to respect your privacy and dignity, eg with the use of curtains or, where possible, moving you next to a patient of the same sex. If you have any concerns, please speak to the ward sister or charge nurse.

We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

**Help with this leaflet:**

If you would like this information in another language, **large print** or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.info@addenbrookes.nhs.uk

**Document History**

| Authors | The Head and Neck Cancer Team (Lead Macmillan ENT Nurse) |
| Department | Oncology Centre, Box 193, Addenbrooke’s Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 0QQ [www.cuh.org.uk](http://www.cuh.org.uk) |
| Contact number | 01223 216551/2 |
| Publish/Review date | 11/02/13 (Reviewed without changes 18/01/2013,10/08/2015). |
| File name | PIN1629_v3_h&n_stridor.doc |
| Version number/Ref | PIN1629 rev.3 |
| MediaID | 4846 |