

TRACHEOSTOMY

A tracheostomy is a surgical procedure to create an opening through the neck into the trachea (windpipe). A tube is usually placed through this opening to provide an airway and to remove secretions from the lungs. This tube is called a tracheostomy tube or trach tube.

WHAT THE PATIENT CAN DO

Tracheostomy:

- Use pad and paper for “speaking” with others.
- Do not remove the outer tube of the tracheostomy unless your doctor or nurse tells you to.
- Clean your tracheostomy tube at least once a day as instructed by your nurse or doctor.
- Suction the tube as needed or as directed by nurse or doctor.
- Wash your hands carefully before and after handling your tracheostomy to help prevent infections.
- Be careful to keep water out of the trach while bathing. A child's bib with the plastic side facing outward can be used to keep water out and allow breathing while you shower.
- Do not swim. Being around water that may get close to your neck will be risky for you because water can get into your lungs.
- Wear a scarf or shirt that covers the opening but is made of thin fabric (such as cotton) that allows air to get through. This helps protect the stoma from dust and loose fibers.
- Ask to meet with a respiratory therapist or ostomy nurse if you need more information.

WHAT CAREGIVERS CAN DO

Tracheostomy:

- Learn how to care for the tracheostomy.
- Learn to suction out mucus from the upper airway.
- Moist air helps keep mucus from being too thick and sticky. A humidifier, especially in the bedroom, may be helpful. Check with the doctor or nurse on how to clean the humidifier.

PSYCHOSOCIAL ISSUES

Patient's Concerns about Surgery

The reaction to intestinal or urinary diversion surgery varies from one

individual to the other. To some, it will be a problem, to other, a challenge; where one person considers its life-saving, another finds it a devastating experience. Each person will adapt or adjust in their own way and in their own time.

Body Image/Self-Esteem Concerns

Permanent and significant changes in the body's appearance and functional ability may change the way the person internalizes their body image and self-concept.

Fear of loss is normal and facing any loss is difficult. What are patients giving up by having this operation? Is there any gain? How changed will they be? Such thoughts may lead to weeping or depression, or they may be denied.

It is important to understand the impact of the ostomy surgery on the patient's change in self-image and how they perceive themselves. It may be accepted as the lesser of two evils, or they may refuse to acknowledge its existence, or may hold onto the belief that it is a temporary situation.

Within the rehabilitation process there are times that patients should have the opportunity to express or deny their feelings, about their surgery, the changes in their body or their self-image.

Self-Care Concerns

Patients have to be reassured that they will be taught self-care and that they will be able to master the management process. Basic anatomy and physiology should be explained to new patients, so they can better understand the extent of their surgery. Management options should be offered.

Patients should begin to assist the ostomy nurse with caring for the ostomy as soon as possible. Becoming involved in this process will begin to build confidence and help the patient to regain control of his situation.

Relationship Concerns

Patients may fear that their social role may be changed and that others may not accept them as in the past. One of the first concerns seems to be how to tell others about your surgery, who to tell and when.

Patients should be prepared to explain their surgery with a few brief statements such as,

- "An ostomy is a surgical procedure for the diversion of bowel (or bladder)."
- They should understand that they do not have to tell everyone about the surgery. Be selective about who and how much to tell. It may be only to friends who will be supportive throughout the rehabilitation process.

Returning to the work place may present a concern about restroom facilities, interaction with co-workers, and feelings of being "watched."

- Maybe a few of their co-workers may need to know in the event of an emergency.
- Employability and insurability are issues for some individuals. If these issues develop, seek help from healthcare professionals and/or talk with others who have found solutions to any of these issues.
- Sexuality issues are common concerns for the new ostomate. Linked closely to our feelings of sexuality is how we think about ourselves and our body image.
- Any sexuality concerns should be discussed between the patient and his partner. It is likely that the partner will have anxieties due to a lack of information. An intimate relationship is one in which it matters how well two people can communicate about the most personal of human functions, that is, bodily elimination and sex.
- Ostomy surgery may present more concerns for single individuals. When to tell depends upon the relationships. Brief casual dates may not need to know. If the relationship grows and leads to intimacy, the partner needs to be told about the ostomy prior to a sexual experience.

PHASES OF PSYCHOLOGICAL ADAPTATION

Almost every patient goes through four phases of recovery following an accident or illness that results in loss of function of an important part of the body. The patient, along with the family, goes through these phases, varying only in the time required for each phase. People may experience the various phases of adaptation in a different order and at varying rates. Some people may skip certain phases entirely and some may move up and down at different times.

These phases are shock, denial, acknowledgment and resolution.

Shock or Panic

Usually occurs immediately after surgery. The patient is unable to process information and may be tearful, anxious and forgetful. This phase may last from days to weeks.

Defense/Retreat/Denial

This phase may last for weeks or months and delays the adaptation process. During this phase, the individual denies or minimizes the significance of the event and defends himself against the implications of the crisis. You may note the avoiding of reality and “wishful” thinking.

Acknowledgment

As the patient moves to the next step of acknowledgment, he begins to face the reality of the situation. As you give up the existing old structure, you may enter into a period, at least temporarily, of depression, of apathy, of agitation, of bitterness, and of high anxiety.

Adaptation/Resolution

During this phase, the acute grief begins to subside. The patient copes with their situation in a constructive manner and begins to establish new structures. They develop a new sense of worth. This phase may take one to two years.

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Works Cited:

Adapted from the United Ostomy Association, Inc.

www.uoa.org

Adapted from the American Cancer Society

www.cancer.org