

Tracheostomy Tube Removal (Decannulation) and Stoma Care



When your healthcare provider is certain that you no longer need a tracheostomy (trach) tube to help you breathe, they will remove the tube from your neck and windpipe (trachea). This procedure is called decannulation.

Before removing the trach tube, your healthcare provider will make sure that you are ready for this change. They will first make sure you meet certain safety requirements. And they will do some tests to be sure you can safely handle breathing on your own.

After the trach tube is removed, you will still have an opening (stoma) in your neck. This will start to heal and close up on its own. You will be shown how to care for the stoma. Read on to learn more about how a trach tube is removed. And how to care for your stoma after the procedure.

How will I know that I'm ready to have my trach tube removed?

Your healthcare provider will decide when you are ready to have your trach tube removed. First they will make sure that you can meet certain safety measures. They will want to be sure that:

- The reason you needed the tracheostomy has been resolved
- You have no upper airway blockages
- You no longer need a machine (ventilator) to help you breathe
- You can cough and clear your secretions on your own
- You have very few, thin secretions

Weaning off the trach tube

Once you can meet the safety measures above, the healthcare provider will do some tests to be sure you can safely breathe on your own. This is called weaning you off the trach tube. These tests or weaning methods may include:

Capping method

- The trach tube's cuff is deflated.
- A cap is placed over the trach tube to block any airflow through it.
- Your breathing is observed with the capped tube. At first, this may be done for 2 to 4 hours. Then the time will gradually increase.
- If you can breathe well through your nose and mouth when using a capped tube for 24 to 48 hours, then the tube can be removed.

Progressive downsizing method

- Smaller and smaller trach tubes are slowly used every 1 or 2 days. This decreases the amount of airflow through the tube.
- After each smaller tube is used, the healthcare provider assesses your ability to tolerate the reduced airflow.

- If you can breathe well through your nose and mouth while using the smallest tube for a few days, then the tube can be removed.

How a trach tube removal is done

This procedure may vary based on your own needs and the type of trach tube that you have. In general, here is what you can expect:

- You will be sitting up or in a semi-reclined position.
- If needed, you may be given supplemental oxygen over your nose and mouth.
- The healthcare provider will check you for any signs of breathing trouble during the procedure.
- If your trach tube has an inner cannula, it is gently pulled out and removed first.
- If your trach tube has an inflatable cuff to seal the airway, it is deflated. This is done by releasing the air through a valve or syringe. This helps to make sure the airway stays open during tube removal.
- The provider carefully removes the trach tube from the stoma. They may ask you to take a deep breath and then breathe out as they remove the tube.
- Once the tube is taken out, the healthcare provider will check the stoma site. They will clean the stoma site with saline.
- The healthcare provider will closely watch your breathing. And they will watch your stoma for any signs of infection, trouble breathing, or bleeding. Your oxygen saturation levels will also be checked.
- The healthcare provider will put a dressing over the stoma.
- They will show you how to put pressure on the stoma site when you cough or talk. This helps to protect the stoma.

Caring for your stoma after the trach tube is removed

After the trach tube is removed, you will still have a stoma. This will heal and close up on its own. Your healthcare provider will give you instructions on how to care for the stoma. Follow all directions from your provider. Here are some general guidelines:

- Change the dressing daily. Follow your healthcare provider's instructions for changing the dressing.
- Take any pain medicines advised by your healthcare provider.
- Keep the stoma site dry. It's vital that you don't get any water in your stoma. Water could get into your trachea and into your lungs. This could result in a chest infection.
- Don't swim or take a bath until the stoma is closed.
- Apply gentle pressure with your fingers over the stoma dressing when you talk or cough.
- Don't put any objects into the stoma.
- Don't spray perfume or other aerosols near your stoma.

How long does it take for a stoma to close?

This will vary depending on how long you had a trach tube. In most cases, the stoma will heal and close in 1 to 2 weeks. But the longer you had the tube, the longer the stoma can take to heal. If your stoma does not close after 3 or 4 weeks, call your healthcare provider.

When to call your healthcare provider

Call your healthcare provider if any of these occur:

- More redness, swelling, or soreness around the stoma
- Pain gets worse or doesn't go away
- Bad-smelling odor or discharge around the stoma
- A lot of bleeding at the stoma site
- Changes in your voice, such as becoming hoarse, weak, or more of a whisper
- Trouble swallowing
- Skin around the stoma has a rash, gets very dry or itchy, or has sores

Call 911

If you or someone with a stoma has any of the following, **call 911** right away:

- Struggling to breathe or gasping for air
- Uncontrolled bleeding from your stoma or your mouth
- Loss of consciousness
- Choking or coughing that won't stop
- Noisy or squeaky breathing
- Severe pain or injury to the stoma or nearby area

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