

## Post-operative care for patients after tracheostomy surgery

This information sheet deals with tracheostomy, usually performed when the upper airway is not able allow the easy passage of air in/out of the trachea (wind pipe). A tracheostomy is when a permanent stoma (hole) is made into the trachea on the underside of the neck. The trachea is sutured to skin to give a permanent means of the patient breathing through their neck rather than through their mouth and/or nose. Tracheostomy is most often performed on brachycephalic dogs, the “flat-faced” breeds like bull dogs, pugs etc, as these are the breeds that more commonly have irresolvable upper airway issues. Patients requiring tracheostomy often present with respiratory difficulties, and it is often breathing in that causes more problems than breathing out. These dogs usually have a history of collapse when they are hot, excited or exercised. They usually have obvious loud breathing sounds. The goal of the surgery is to improve the patient’s tolerance of exercise and excitement rather than to necessarily decrease the airway noise, though this is expected. Vocalisation (barking) is likely to be much reduced or absent after tracheostomy.

We may need to remove folds of excess skin which might otherwise obstruct the stoma (the artificial opening in the trachea)

If the trachea is too narrow over some or all of its length, this may mean that a tracheostomy won’t be effective. We consider that surgery to address a narrow trachea problem is a specialist procedure and having identified this problem (with scoping etc) we would then refer these cases onwards for specialist attention.

**Medication:**

**Antibiotics:** Antibiotics like claviseptin are usually given for a few days (usually tablets given twice daily).

**Anti-inflammatories:** Steroids such as prednisolone (tablets, given by mouth), or non-steroidal anti-inflammatory drugs (NSAIDs) might be used. NSAIDs would not be given alongside steroids. NSAIDs would typically start/resume the morning after surgery, and these are tablets (eg carprofen, Onsior or Previcox), or liquid (meloxicam). They should be given with food. If vomiting or diarrhoea is noted, stop this medication and seek prompt advice.

**Analgesics:** We occasionally dispense tramadol, (tablets given twice daily) for 5-7 days.

**Wounds;** Sutures may be visible at/near the stoma. They will have been cut short. Any sutures can be allowed to fall out on their own. The sutures may gather mucous and debris, and gently blotting the opening with a piece of damp gauze swab can be done to keep the wound clean. Avoid rubbing the wound. Avoid bathing/soaking the wound, though use of a damp swab is ok. Avoid applying any chemicals / antiseptics. After blotting the wound dry, apply a thin smear of petroleum jelly (eg Vaseline) to skin surrounding the stoma to stop it getting sore. Avoid getting any Vaseline into the stoma and avoid using too much, as this will gather dirt.

### Short term restrictions and rechecks:

**Restricted activity should be enforced for two weeks** to avoid over exertion and heavy breathing while healing occurs. Walking exercise on a lead a few times a day is allowed. Use a harness, not a collar. **Rechecks** a few days after discharge from our clinic may be with your own vet to save un-necessary travelling. We can do this check-up where travelling is not an issue. All our post-op check-ups are free under our “fixed price” schemes. We would like to see all cases back 2-3 weeks post-operatively at the latest, when we can remove sutures if needs be and check that all is going to plan. **Excitement and barking should be avoided** wherever possible during first month or two **Hot weather the patient should be kept in the shade to minimise heat stress and panting. A cotton neckerchief can be useful to reduce the likelihood of dust and particles like plant matter from getting into the stoma.**

### Long term restrictions:

**IT IS ESSENTIAL THAT THE PATIENT NEVER SWIMS OR HAS A SUBMERGED BATH EVER AGAIN AS WATER WILL ENTER THE STOMA AND THIS WILL BE FATAL. FOR DOGS THAT LIKE SWIMMING USE A HARNESS AND LEAD ANYWHERE NEAR LAKES, PONDS, RIVERS etc. SHOWERING THE DOG CAN BE ALLOWED BUT EXERCISE EXTREME CAUTION.**

**Be cautious before allowing exercise in hot weather to minimise heat stress and panting which will be much less effective at cooling your dog down after tracheostomy.**

**Food and water:** Try to get your pet to eat slowly and steadily rather than gorging in the first week or two after surgery. Consider limiting the amount available at one time. Food with the consistency of meatballs that stays in a lump when squeezed without exuding liquid is easiest for these patients to swallow. Dry food is an alternative but liquid food should be avoided (eg gravy). It is a good idea to be present during feeding, especially if using dry food in the unlikely event of some lodging in the airway. Avoid feeding your pet with other animals around, as feeding competition is likely to encourage overly rapid intake of food. Water may initially need to be given in small volumes, offered frequently to prevent excess coughing in some dogs. The aim is not to limit the water intake. It is to limit the speed at which water is consumed.

### Complications

Some retching/gagging/coughing may be seen following surgery.

**Our fixed prices include any follow up consults with us, but don’t include further medication or revision surgery.**

For further details please see [www.wm-referrals.com](http://www.wm-referrals.com), “about us”, “FAQs”.

For further advice please contact us by phone on 07944 105501 or at [enquiries@wm-referrals.com](mailto:enquiries@wm-referrals.com). Consider texting/emailing pictures.