



Patient and Family Education

Caring for your Tracheal T-Tube

A guide for you and your family

This book is a guide for how to prepare and care for a Tracheal T-tube at home. Please read it carefully and share with your family. Talk with your surgeon or nurse if you have questions.

September 2026

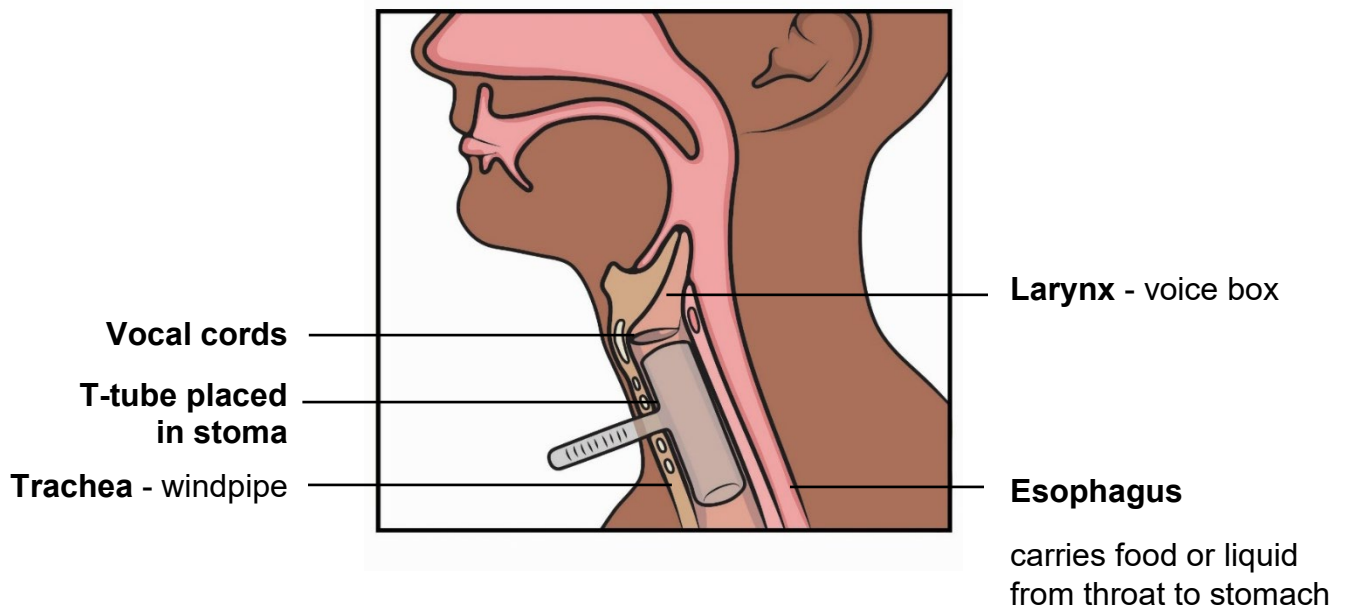
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This info is a general resource. It is not meant to replace your doctor's advice.
Ask your doctor or health care team any questions. Always follow their instructions.

What is a Tracheal T-Tube?

A tracheal T-tube is a soft, T-shaped device that helps keep your airway open. It is placed into a small, surgically made hole that goes through the front of your neck into your windpipe (trachea). The hole is called a **stoma**.

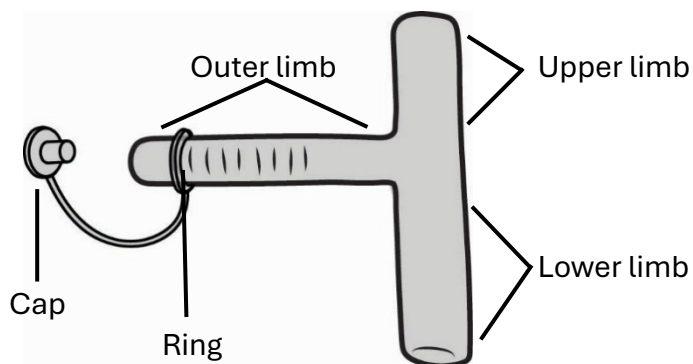


Parts of a T-tube

The parts of a T-tube are:

1. **Upper limb:** Extends upward toward your vocal cords.
You cannot see the upper limb.
2. **Outer limb:** Extends out through your neck from an opening called a stoma.
The outer limb is used for cleaning, suctioning, and capping.
3. **Lower limb:** Extends downward into the trachea.
You cannot see the lower limb.
4. **Rings or washer** – help keep the tube from moving in the stoma and often holds a plug or cap.
5. **Cap or plug:** Fits on the outside limb.

Parts of a T-tube



Daily life with a T-tube

Preventing infections

Always wash your hands with soap and water for 20 seconds **before** doing any T-tube care. Always use clean suction catheters and equipment. These simple steps can help prevent infections from germs.



T-tube daily care overview

Your surgeon may adjust these directions but here is a general overview of T-tube care:

Task	When to do it	How it helps
Suction the T-tube	2 to 3 times a day and as needed for mucus build-up or problems breathing	Removes mucus from the tube and keeps your airway clear
Clean inside of the T-tube	2 to 3 times a day and as needed if mucus is thick and hard to clear	Loosens mucus, makes you cough and cleans the inside of the tube
Skin care	2 to 3 times a day	Keeps skin clean and dry
Use prescribed medicines or saline treatments	As prescribed by your surgeon	Loosens mucus and makes cleaning the tube easier

Day and night use

- Keep the T-tube capped during the day when you can. This lets you breathe through your nose and mouth. Doing so helps keep mucus moist and prevents mucus plugs from blocking your airway.
- At night, the cap may be either capped or left open if your doctor says to do so.
- Use a humidifier or tracheostomy collar in your bedroom to prevent dryness and crusting. One hour before going to bed, turn on the humidifier in your bedroom and close the door. This helps keep the moisture in the room. Humidifiers must be drained and cleaned daily because bacteria can grow in standing water.

Important safety information

- Keep the T-tube and skin around it dry. Do not submerge the tube in water.
- Always carry an emergency kit when leaving home – the kit should include: portable suction machine and charging cord, suction catheter, saline vials and this handout. Keep your suction machine plugged in when able so it stays charged.
- Suction your T-tube before leaving home. Take your emergency kit and suction machine wherever you go.
- You may want to buy and wear a medical alert bracelet that says you have a tracheal tube (T-tube).
- Your sense of taste and smell may not be the same. Make sure your smoke detectors work. You may also want to buy a home gas leak detector.
- Call the services listed below and tell them that you will have a tracheal T-tube trach and medical equipment. For electric, gas and phone companies, ask if there is a priority list for people with medical needs in case of a power outage or natural disaster.
- Tell your local police and fire department that there will be someone in the home with a tracheal T-tube who may not be able to talk. Tell them that if you call 911, they should send help right away even if no one says anything to the operator.



Service to call	Date	Number you called	Who you talked to
Local fire department			
Local police department			
Electric company			
Gas company			
Phone company			

Supplies

Your surgeon orders T-tube care supplies for you to use at home. Your care team connects you with a medical supply company that delivers the items to you. Some insurance companies may only pay for 1 suction catheter each day. This means that you may need to re-use your suction catheters. Ask your medical supply company how many supplies you get each month.

If you re-use bowls or cups for your T-tube care, wash them after each use with warm water and soap and let air dry on a lint free towel.

If you re-use suction catheters, follow the cleaning steps on page 10.

Cleaning your T-tube and skin care

During lavage you squirt saline into your T-tube and then cough to clean the inside of the T-tube. **Do not inhale (breathe in) when the saline is inside your T-tube.**

Gather these supplies

- ☐ Mirror
- ☐ 2 normal saline vials
- ☐ Bottle of normal saline
- ☐ Bottle of 3% hydrogen peroxide
- ☐ Cotton swabs (Q-tips)
- ☐ Gauze pads
- ☐ 2 clean bowls or cups – such as Dixie cups
- ☐ For caregivers: latex-free gloves

Prepare

1. Wash your hands with soap and water for at least 20 seconds.
Caregivers: put on gloves after washing and drying your hands.
2. Put supplies on a clean surface with good lighting and a mirror.
3. Fill 1 clean cup at least half-way with normal saline.
4. Prepare half strength peroxide solution by pouring equal amounts of normal saline and hydrogen peroxide in the other clean cup.



Important: The half-strength peroxide solution is only for cleaning **the outer limb and skin**.
Do not put hydrogen peroxide into the T-tube/airway.

Clean the T-tube

1. Remove the T-tube cap.
2. Dip a clean cotton swab in the saline solution.
3. Place the cotton swab inside the outer limb of the T-tube.
Gently swirl it around to clear away mucus or crust.
4. Cough to clear mucus from the tube.
5. Dip a clean cotton swab in the half strength peroxide solution.
Use it to gently clean the **outer limb**. Remove any mucus or crust.
6. Open the saline vial. Hold your breath and squirt 1 to 3 mL of normal saline from the vial into your T-tube. **Do not inhale (breathe in) during this process.**
7. Cough to clear mucus from the tube.
8. Hold your breath and use another saline vial to squirt 1 to 3 mL of normal saline into the T-tube.
9. Cover the end of the tube with your finger or the cap and cough mucus out through your mouth.
10. Remove the cap or your finger and cough again.

Skin care

1. Gently move the ring away from the skin.
2. Dip a clean cotton swab in the half strength peroxide solution.
3. Use the swab to gently clean the skin around the tube.
4. Check the area for signs of infection – look for redness, swelling, drainage, or odor. If you have any of these problems, or other concerns, call your surgeon.
5. Dip a clean cotton swab in the saline only solution and use it to rinse the skin around the tube.
6. Pat skin dry with clean gauze.

How to suction your T-tube

Suctioning uses a small tube, called a catheter, to remove mucus from the tube that cannot be coughed up. Reasons you need to be suctioned include:

- Seeing mucus or secretions in the tube that you cannot cough out
- Having trouble breathing or noisy breathing
- Feeling short of breath or restless
- Coughing often or throwing up

What to expect

Coughing when you suction a T-tube is normal. Take some deep breaths and wait for 1 to 2 minutes between suction attempts. When you suction, look at the mucus. It should be clear or white. It is normal to see a small amount of blood in your mucus. Call your surgeon if your mucus changes in color or it smells bad - these may be signs of infection.

Gather these supplies

- ☐ Mirror
- ☐ Suction machine, tubing and catheter
- ☐ 2 or 3 normal saline vials
- ☐ Bottle of normal saline
- ☐ Clean gauze pads
- ☐ Cotton swabs (Q-tips)
- ☐ Clean cup or tray
- ☐ Lint-free towel and Ziploc bag - if you are re-using your suction catheter
- ☐ Nebulizer - if prescribed
- ☐ Medicines - if prescribed: may include Mucomyst, Ciprodex, saline or 3% saline
- ☐ For caregivers: latex-free gloves

Prepare to suction

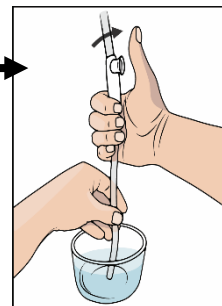
1. Wash your hands with soap and water for at least 20 seconds.
Caregivers: put on gloves after washing and drying your hands.
2. Put supplies on a clean surface with good lighting and a mirror.
3. Fill a clean cup at least half-way with normal saline.
4. Open suction catheter package and put items on a clean surface.
If re-using a suction catheter, make sure it is clean.
5. Attach suction catheter to suction tubing. Try to avoid touching the catheter tip.
6. Turn on the suction machine – turn the dial to set the pressure between 80-120 mmHg.
7. Sit up in front of a mirror so you can see your T-tube.
8. If your surgeon orders medicines to be given through your T-Tube before suctioning, give as prescribed.

Suction your T-tube

1. Test suction by putting the catheter tip into the cup with saline. Cover suction tube hole with your thumb so that saline moves through the catheter.



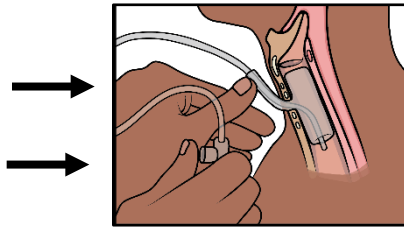
2. Take your thumb off the hole to stop suction.



3. Gently bend the outer limb of the T-tube up

to suction down towards the lungs.

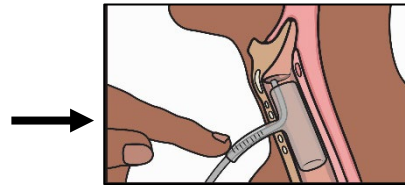
4. Leave the suction hole **uncovered** as you slowly put the catheter in the T-tube.



5. Remove catheter slowly - at the same time, quickly move your thumb on and off the suction hole.
Do not suction for more than 10 seconds.

6. Dip catheter in saline rinse cup, cover suction hole with your thumb and let saline to pass through the catheter to clear mucus.

7. Gently push the outer limb of the T-tube down to suction up towards the voice box.



8. Leave the suction hole **uncovered** as you slowly put the catheter in the T-tube.

9. Remove catheter slowly - at the same time, quickly move your thumb on and off the suction hole.
Do not suction for more than 10 seconds.

10. Dip catheter in saline rinse cup, cover suction hole with your thumb and let saline pass through the catheter to clear mucus.

11. If needed, clean the outer limb again with a clean cotton swab.

12. If your insurance only pays for 1 catheter a day, wipe mucus off the catheter with a gauze pad. Let catheter air dry on a lint-free towel. Once dry, put catheter in a Ziploc bag so you can re-use it. In the morning, throw away used catheter and Ziploc bag and use new ones.

13. If your surgeon orders medicines to be given through your T-Tube after suctioning, give as prescribed. If no medicines are ordered, go to step 14.

14. Wash hands for 20 seconds with soap and water.
Caregivers: Remove gloves and wash hands.



If your tube does not clear of mucus at 2-3 suction attempts and you're having trouble breathing, call 911 right away.

Medicines – if prescribed

Your surgeon may prescribe medicines or treatments to help loosen mucus or promote wound healing.

Medicine	Purpose	How and when to use it
Mucomyst	Loosens mucus	Place 3 drops in T-tube before suctioning Cap tube or cover opening Gently breath in, cough or hum
Normal saline or Hypertonic (3%) saline	Loosens mucus	Place 3 drops in T-tube before suctioning Cap tube or cover opening Gently breath in, cough or hum
Ciprodex	Promotes wound healing	Place 3 drops in T-tube after suctioning Cap tube or cover opening Gently breath in, cough or hum

Nebulizer treatments - if prescribed

- Place 1 to 3 mL of medicine into the nebulizer.
- Inhale and exhale the mist until the medicine is finished.
- Clean the nebulizer after use. Follow the cleaning instructions that come with the nebulizer.



Look at the mucus that was suctioned and note the color and smell.

Clear mucus that does not smell – ok

Yellow or green mucus that smells bad – this could be a sign of an infection. Call your surgeon.

A few streaks of blood is ok, but **bright red or old dark blood** could be a sign of a problem. Call your surgeon.

When to call your surgeon

- Signs of an infection such as redness, swelling, bad odor, or drainage at the site or a fever of 100.4°F (38°C) or higher
- If you go to the emergency room
- If you have questions or concerns about your T-tube



Signs of a blocked T-tube emergency

- Noisy breathing, noise from T-tube or crowing sounds from throat
- Problems speaking or a change in your ability to speak
- Fast or shallow breathing
- Feeling anxious
- Pale or blue skin or skin feels cold and damp to touch

What to do in an emergency

- Check airflow by placing your hand over the tube and listening for breath sounds.
- Squirt 1 to 3mL of saline into the T-tube, then suction T-tube 3 times.
- If breathing does not improve:
 - Call 911 right away.
 - Continue to saline lavage and suction the T-tube if you can.
 - Tell emergency staff that you have a T-tube and show them this handout or your T-tube wallet card (see page 15).



For emergency medical providers

In the event of complete airway obstruction:

If stable - attempt to suction through the T-tube.
Lift the outer limb up to suction down and press the outer limb down to suction up.

If unstable, remove the T-tube – Grab the T-tube outer limb while stabilizing the nearby skin.

Pull hard and steady to remove the T-tube.

Insert ET tube or a size 4 or 6 tracheostomy tube, remove the obturator, and suction as needed.



Home going checklist

- ☐ If you didn't call your utility companies and local police and fire departments before surgery, have a family member or friend call them. See page 4 for details who to call and what to ask.

T-tube care

- ☐ Suction mucus from T-tube 2 to 3 times a day and as needed
- ☐ Suction T-tube before leaving home
- ☐ Clean inside the T-tube and do skin care 2 to 3 times a day and as needed

Supplies and emergency kit

- ☐ Keep emergency kit with you at all times – see page 4 for details
- ☐ Keep suction machine plugged in when you can so it stays charged
- ☐ Drain and clean humidifiers each day. Humidifiers must be drained and cleaned daily, because bacteria can grow in standing water.
- ☐ Empty suction machine canister into the toilet from time to time. Replace canister twice a month.
- ☐ Keep T-tube care supplies in a clean place. If you re-use bowls, cups, trays and/or a bottle brush for your T-tube care, wash them after each use with warm water and soap and let air dry on a lint free towel.

T-tube discharge teaching checklist

Use this form to keep track of teaching from your hospital team. Have your nurse check off the topics they teach you, and initial and date the form when you correctly teach back key points.

Teaching topics	Teach-back complete Nurse initial and date
Days 1 - 2	
☐ Parts of a T-tube	
Days 2 - 3	
☐ Suctioning T-tube	
☐ Cleaning inside T-tube	
☐ Cleaning skin around the T-tube	
☐ Signs of a blocked T-tube	
Days 4 - 5	
☐ Signs of an emergency	
☐ What to do in an emergency	
Days 6 - 7	
☐ When to call surgeon and when to call 911	
Before leaving the hospital	
☐ Follow-up plan with surgeon	
☐ How to reach your surgeon	
☐ Items in emergency kit	
Other concerns:	

Comments: _____



Keep a wallet card with you

Keep this card in your wallet. If you have a medical emergency, show the card to the emergency medical team.

For emergency medical providers

In the event of complete airway obstruction:

If stable - attempt to suction through the T-tube. Lift the outer limb up to suction down and press the outer limb down to suction up.

If unstable see other side

For emergency medical providers

If unstable – grab the T-tube outer limb while stabilizing the nearby skin.

Pull hard and steady to remove the T-tube.

Insert ET tube or a size 4 or 6 tracheostomy tube remove the obturator & suction as needed.

If stable see other side