

Tracheal or Cricotracheal Resection and Reconstruction

Information for patients and families

Read this book to learn:

- How to prepare for your surgery
- What to expect while in hospital
- What to expect when you return home
- Who to call if you have any questions

Your surgery has been scheduled for

Date: _____

Time: _____

Please arrive at the hospital at: _____

You can expect to be at the hospital for: _____



What is tracheal resection and reconstruction?

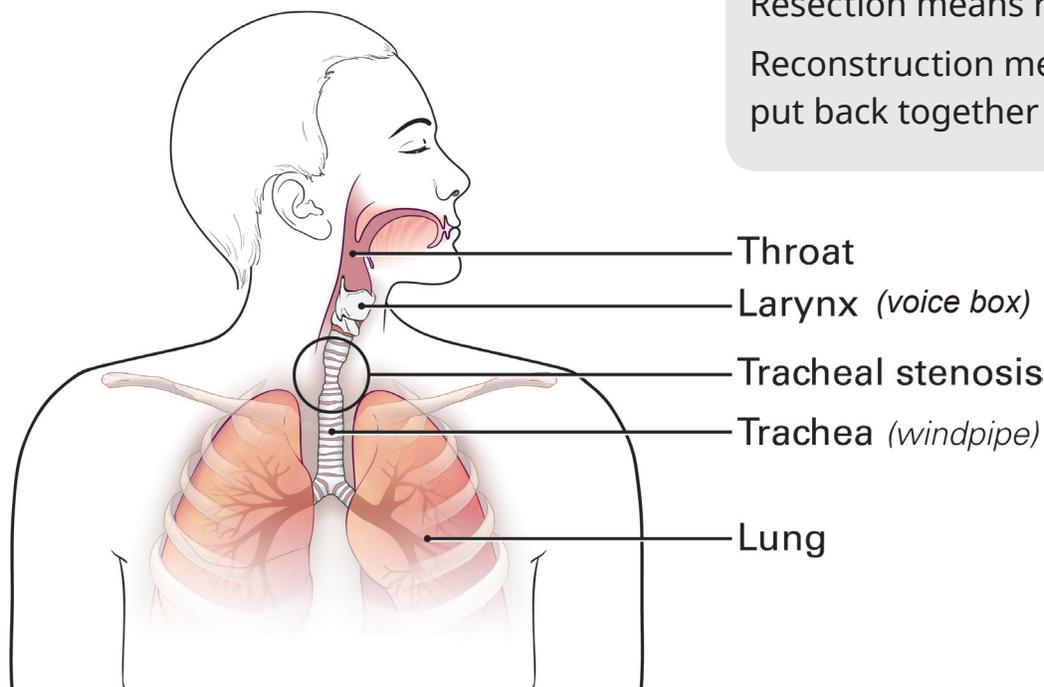
This is surgery to remove a narrow part of your windpipe (trachea) and attach the two ends back together.

What is cricotracheal resection and reconstruction?

This is surgery to remove a narrow part of your windpipe (trachea) just below the voicebox (larynx). The voicebox and windpipe area are sewn back together.

What do the medical words mean?

Resection means remove
Reconstruction means put back together



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Why do I need this surgery?

Your surgeon may recommend a tracheal or cricotracheal resection when part of your windpipe is too narrow. This is called a **tracheal stenosis**. It can cause severe difficulty in breathing, which can be life-threatening.

The narrowing may be caused by:

- Injury to the windpipe from a breathing tube
- Previous surgery to create an opening in your windpipe (tracheostomy)
- A tumour blocking on your windpipe
- Certain inflammatory disorders causing a narrowing of the airway
- Side effects from radiation therapy to the area
- Sometimes the cause of the narrowing is not known

What happens before surgery?

You may need several tests to help the surgeon plan your surgery, such as:

- **CT scan of your chest**
- **Laryngoscopy**
- **Bronchoscopy**
- **Pulmonary Function Test**

We will tell you about the tests that you need and how to prepare for them.

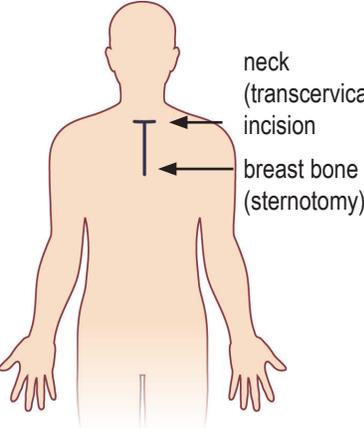
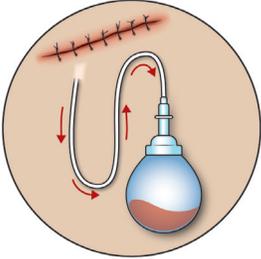
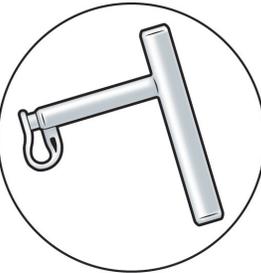
To help you prepare for surgery, you will visit the Pre-Admission Clinic. Read more about this clinic in your "[My Surgery Guide](#)".

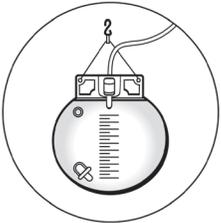
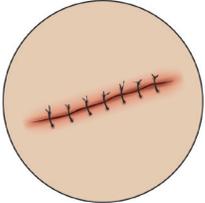
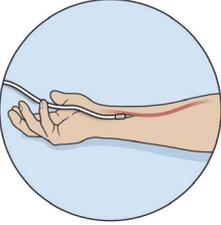
Can the time for my surgery change?

Yes. We will do our best to do your surgery at the scheduled time. But your surgery may be rescheduled if other emergencies happen that require an operation.

What can I expect to have on my body?

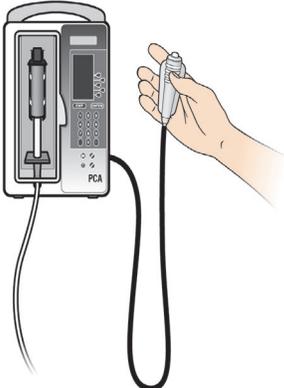
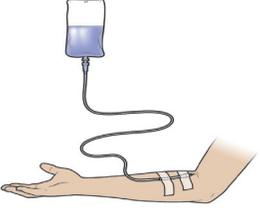
After your surgery, you will have:

Incisions, tubes or drains	What to expect
<p data-bbox="305 491 456 527">incisions</p> 	<p data-bbox="581 491 1404 625">The incision is usually a few centimeters across the middle of the base of your neck. The surgeon tries to cut along the natural creases on your neck.</p> <p data-bbox="581 680 1390 768">Some patients may need to have an incision along the breast bone (sternotomy) instead.</p> <p data-bbox="581 827 1373 915">Your surgeon or nurse practitioner will explain to you where your incision will be.</p>
<p data-bbox="326 1037 435 1073">drains</p> 	<p data-bbox="581 1045 1372 1134">You will have 1 or 2 drains coming out of the side of your neck.</p> <p data-bbox="581 1188 1409 1318">Drains are attached to a small bulb that creates suction to remove air and fluid from the surgery site. The drains are usually removed the day after surgery.</p>
<p data-bbox="326 1415 435 1451">T-tube</p> 	<p data-bbox="581 1423 1398 1604">If the surgery was close to your voice box, you may have a T-tube to keep your airway open. The T-tube is shaped like the letter "T". We will give you a booklet to learn more about the T-tube.</p> <p data-bbox="581 1663 1414 1890">At your first clinic visit after surgery, the surgeon or nurse practitioner will decide if the T-tube can be removed. When your T-tube is ready to be removed, you will be scheduled to have this done in the operating room.</p> <p data-bbox="581 1898 1328 1940">The T-tube will usually stay in for 4 to 6 weeks.</p>

Incisions, tubes or drains	What to expect
<p>urinary catheter</p> 	<p>You may have a tube to drain urine from your bladder.</p> <p>The nurse will measure how much urine you pass. This tube is usually removed the day after surgery.</p>
<p>stitches or staples</p> 	<p>You will be on a heart monitor while you are in the Step Down Unit. This doesn't mean there is a problem with your heart. We do this for all patients who have your type of surgery.</p>
<p>intravenous (IV)</p> 	<p>You have an IV so we can give you fluids and medicine.</p> <p>It stays in until you are drinking well or you no longer need pain medicine through a pump. It is usually clamped off the day after surgery.</p>
<p>arterial line</p> 	<p>This tube monitors your blood pressure. It looks like an IV and we use it to take blood samples without having to poke you with a needle.</p> <p>It also closely monitors your blood pressure.</p>
<p>Oxygen</p> 	<p>You may need oxygen after your surgery. At first, you will have an oxygen mask over your nose and mouth.</p> <p>When you no longer need the mask, you may have oxygen through your nostrils (nasal prongs). You may need this overnight after surgery. Once your oxygen levels are good enough, the oxygen is removed.</p>

How can I manage my pain?

We will work with you to manage your pain. We can give you pain medicine in different ways. These include:

Pain method	How it works
<p data-bbox="228 457 540 590">Intravenous (IV) Patient Controlled Analgesic or PCA</p>  <p data-bbox="240 636 524 1024">An illustration of a Patient Controlled Analgesic (PCA) pump. The pump is a rectangular device with a digital display and several buttons. A hand is shown holding a small, rectangular button connected to the pump by a thin wire. The pump is labeled 'PCA' at the bottom.</p>	<p data-bbox="581 457 1442 590">A PCA pump is connected to your IV. The pump gives you pain medicine through your IV when you push the button. You should press the button:</p> <ul data-bbox="618 615 1377 877" style="list-style-type: none">• when you start to feel pain• before you do something that brings on pain• before you do deep breathing and coughing exercises• before you start to move or turn <p data-bbox="581 909 1442 1234">You should feel pain relief within 2 to 3 minutes of pushing the button. If your pain is not relieved, tell your nurse. You are only allowed to have a certain amount of pain medicine every 4 hours. To control how much medicine you get, the PCA pump has a safety timer called a lock out. If you press the button during the lockout time, you won't get more medicine.</p> <p data-bbox="581 1266 1409 1350">You are the <u>only</u> person who should press the button. No one should press the button for you.</p>
<p data-bbox="240 1392 524 1476">intravenous (IV) medicine</p>  <p data-bbox="256 1507 516 1717">An illustration of an intravenous (IV) drip chamber. The chamber is a small, rectangular device with a blue liquid inside. A tube is connected to the chamber and leads to a hand. The hand has a bandage on the back of the hand, and the tube is inserted into the hand.</p>	<p data-bbox="581 1402 1417 1633">You get your pain medicine through an IV. It's important to let your nurse know when you have pain so they can give you the pain medicine. If you don't feel any pain relief after getting the medicine, let your nurse know.</p>
<p data-bbox="215 1745 548 1787">medicine by mouth</p>  <p data-bbox="232 1822 532 1896">An illustration of several pills. There are four pills in total: two white, round tablets and two white, oval tablets.</p>	<p data-bbox="581 1755 1417 1934">You may get your pain medicine in pill form that you swallow. This will happen once you are drinking fluids. Let your nurse know when you have pain, so they can give you the pain medicine.</p>

Going home

When can I expect to go home?

You will stay in the hospital for 5 days. If you are doing well, you may be able to go home earlier. Plan ahead for someone to be available to take you home.

During your hospital stay, we will help you prepare for going home. Your [“My Surgery Guide”](#) has a lot of information to help you plan as well.

On the 5th day after surgery, the chin stitch will be cut. You may also have a bronchoscopy. This helps the surgeon see if the area is healing well.

Your discharge from the hospital depends on your recovery. When the medical team visits in the morning, you may be told that you are well enough to go home that day.

How do I care for myself at home?

The following information is specific to your surgery and will help you when you get home.

Preventing constipation

Constipation is common when taking pain medication. To prevent constipation:

- Drink plenty of fluids; at least 6 glasses of water a day unless you are given other instructions.
- Eat foods that are high in fibre. This includes whole grain breads and cereals, vegetables and fruits (such as berries, dried fruit or prune juice).
- Take the stool softener prescribed by your doctor. You may also use a mild laxative if needed.

Your normal bowel routine should return when you stop taking the pain medication. If you have further problems see your family doctor.

Caring for your incisions

Keep your incisions clean and dry. They do not need to be covered, but if your clothes rub on your incisions, you can cover them with clean gauze. Do not put lotions or creams on the incisions until they are completely healed. Most of the pain should be gone by 6 to 8 weeks after your surgery.

There may be a “bump” along the incisions. This will get smaller over 4 to 6 weeks.

The area around your incisions may feel numb. This is normal. The numbness may last for a few weeks to several months. It usually gets better with time.

Showering or bathing

You can shower once you get home. You should have a daily shower. Use a mild soap. Let the water run over your incisions. Pat them dry with a towel.

Returning to work

Depending on your job, you may return to work 4 to 6 weeks after surgery. Check with your surgeon when it is safe for you to return to work.

Driving

You should not drive if you are taking pain medication. The pain medication may make you drowsy.

Sports

It is important to avoid any quick, jerking motions of your neck for up to 6 weeks after surgery.

You can swim when your incisions are completely healed. This usually takes 2 weeks. If you have a tracheostomy or T-tube in place, you cannot go swimming until it has been removed and the opening has healed.

Lifting

No heavy lifting, carrying, pushing or pulling for 4 to 6 weeks. You may lift up to 10 pounds (4.5 kilograms). Lifting more than this may stress your incision.

Sex

You can start having sex whenever you feel more comfortable. Choose positions that won't put stress on your incisions.

Travel

Please check with your surgeon if you are planning to travel by plane after your surgery.

Problems after surgery

Your surgeon will send a letter to your family doctor about your surgery. Your family doctor will provide your ongoing care after you leave the hospital. Please contact your family doctor for any problems or questions about your prescriptions, pain, sleeping, appetite or constipation.

Follow-up appointment

We will let you know when to visit your surgeon. This is usually 4 to 6 weeks after surgery. If you do not have a follow-up appointment when you leave the hospital, call your surgeon's office the next business day.

Remember to bring your health card (OHIP) to your follow-up visit.

When should I call my surgeon?



Call your surgeon or nurse practitioner if you:

- have new redness or swelling around one or more of your incisions
- have pus (yellowish or white liquid) or a bad smell coming from your incisions
- feel increasing pain at your incisions, despite taking pain medicine
- have a temperature **higher** than 38.5 °C or 101 °F
- have diarrhea
- have nausea or vomiting
- continue to lose weight or your appetite doesn't improve
- have shortness of breath
- cough out mucus that is yellow or green or has a bad smell
- cough out fresh red blood



If you have an emergency, call 911 or go to your nearest Emergency Department.

Who can I call if I have any questions?

If you need information about the time of your surgery, tests or appointments please call your surgeon's office:

Dr. M. Cypel	416 340 5156	Dr. A. Pierre	416 340 5354
Dr. G. Darling	416 340 3121	Dr. T. Waddell	416 340 3432
Dr. M. De Perrot	416 340 5549	Dr. K. Yasufuku	416 340 4290
Dr L Donahoe	416 340 6529	Dr J. Yeung	416 340 6529
Dr. S. Keshavjee	416 340 4010		

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