

My T-Tube, Y-Tube or T-Y Tube

For patients preparing for thoracic surgery

Read this guide to learn about:

- Your T-tube , Y-tube or T-Y tube
- How to care for your tube
- What to do in case of an emergency
- Who to call if you have any questions

Your surgery has been scheduled for

T-tube

Y-tube

T-Y tube

Date: _____

Time: _____

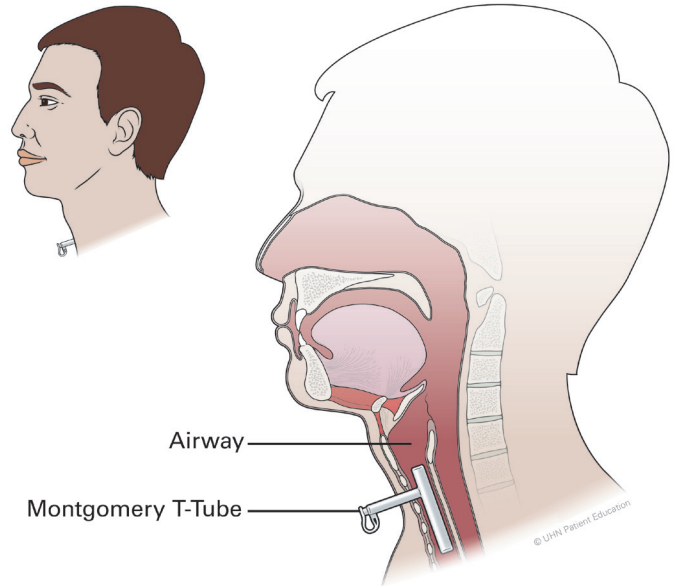
Please arrive at the hospital at: _____

You can expect to be at the hospital for: _____

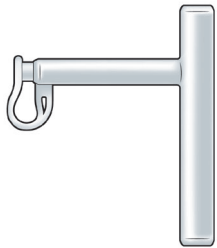
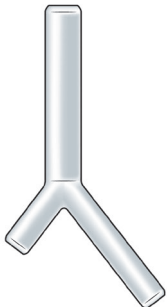
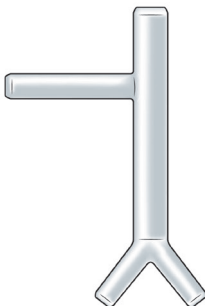


What is tracheal stenosis?

Tracheal stenosis happens when your airway becomes too narrow, making it hard for you to breathe. To treat tracheal stenosis, a surgeon puts a tube into your windpipe (trachea) to help open up the airway so that you can breathe better. The tube can be shaped like the letter T, Y or T and Y.



Types of tubes used to treat tracheal stenosis

	What is it?	How does it work?
T-tube 	<ul style="list-style-type: none"> shaped like the letter T made from a rubbery material called silicone 	<ul style="list-style-type: none"> keeps your airway open
Y-tube 	<ul style="list-style-type: none"> shaped like the letter Y made from a rubbery material called silicone 	<ul style="list-style-type: none"> keeps your airway open it can also be used when there is a tumour or any growth blocking the airway
T-Y tube 	<ul style="list-style-type: none"> longer than a T-tube and ends in a Y shape made from a rubbery material called silicone 	<ul style="list-style-type: none"> is custom made to fit your airway keeps your airway open

How do I care for my T-tube or T-Y tube at home?

You will need to clean the T-tube or T-Y tube every day. Your nurse will show you how to do this before you go home from the hospital.

How do I care for my Y-tube at home?

We may prescribe for you saline mist treatments to keep the tube clean of secretions. Using a humidifier in your bedroom at home can also help to keep your secretions moist and prevent blocking the Y-tube.

To care for your T-tube or T-Y tube, follow these steps:

1. Collect your cleaning supplies.

You will get most of these supplies from Home Care. When they run out, you can buy them from a pharmacy or a medical supply store.

- hydrogen peroxide, as needed
- normal saline (salt water)
- a few ear swabs (Q-tips)
- 2 clean, disposable cups (such as Dixie cups)
- gauze squares
- extra small suction catheters (size # 10)
- a suction machine
- a mirror
- petroleum jelly (Vaseline)

Put all of these supplies on a flat surface, such as a table or countertop.

2. Prepare your cleaning supplies.

- Wash your hands.
- Make sure your mirror is set up so you can clearly see your neck.
- Pour your cleaning solutions (normal saline) into the clean cups.

3. Clean your T-tube or T-Y tube.

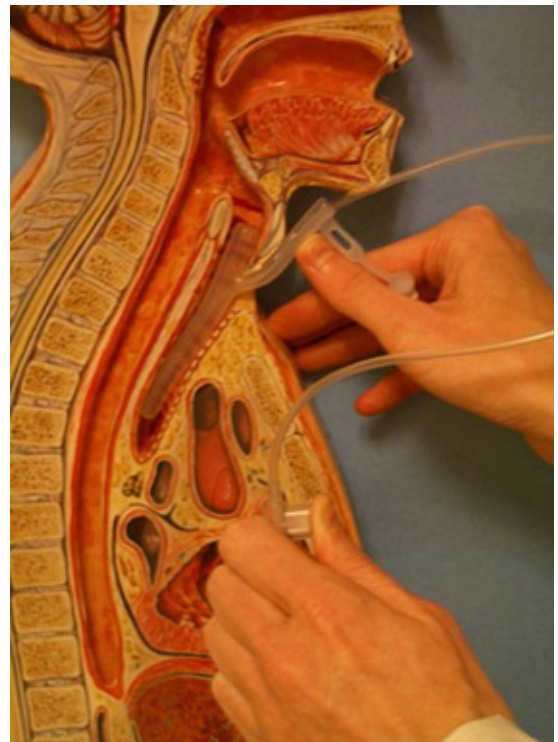
- Dip an ear swab into the normal saline.
- Clean the outside of the T-tube or T-Y tube and the skin around the tube.
 - Do this until all the crust and secretions are loosened.
 - You can add hydrogen peroxide to the saline to help loosen the secretions if needed.
 - Be sure to remove any hydrogen peroxide from the skin with saline
- Let the tube dry. Then put a thin layer of Vaseline on the skin next to your tube. This acts as a barrier to protect your skin.

4. Squirt and suction your T-tube or T-Y tube.

- Take the cap off your T-tube or T-Y tube.
- As you breathe in, squirt salt water (normal saline) into your opened tube. This helps to break up the crust and mucus secretions that can clog the tube.
- Cough and clear as much of your mucous as possible.
- Using an extra small suction catheter (size #10), suction your T-tube or T-Y both up and down.

To suction down:

- Gently bend the outside part of the T-tube or T-Y tube up.
- Put the suction catheter 1 to 2 inches into the tube.
- Put your thumb over the opening of the catheter to provide suction. (See photo).
- Keep your thumb on the hole as you suction and then remove the catheter. You should not suction longer than 10 seconds.
- Rinse your catheter in salt water.



To suction up:

- Gently bend the outside part of the T-tube or T-Y tube down. (See photo).
- Repeat the steps above.

i Important: What I need to know about my T-tube or T-Y tube

Your tube is small and does not have a removable inner part. Because of this you can get mucous plugs easily. It is important to clean your tube by following the steps on pages 3 to 4. Taking care of your tube will help keep your airway open.

- Your T-tube or T-Y tube must have the cap on all the time unless you are suctioning. If you leave it uncapped, there is a higher chance that mucous plugs will form. If you get a mucous plug it can completely block your airway and you will not be able to breathe.

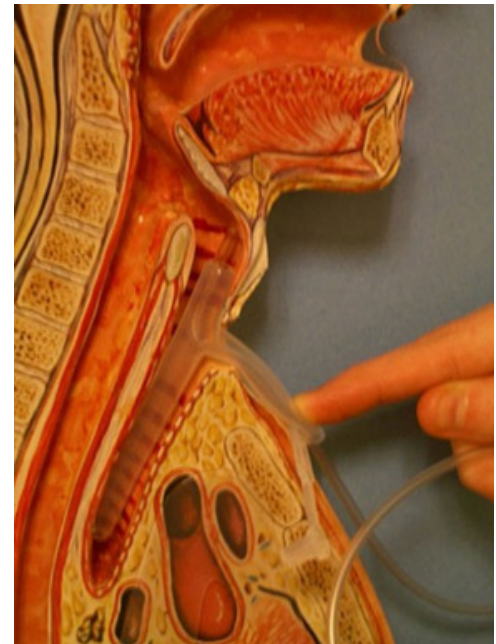
It is very important to keep the T-tube and T-Y tube cap on at all times to prevent this from happening.

- Keep a cool mist vaporizer in your home. It should be by your bedside while you sleep at night. This helps to keep your mucus moist and easier to remove when you suction/clean it.

How long will I have my T-tube, Ytube or T-Y tube?

It's normal to have the T-tube for 6 to 12 weeks. After 4 weeks from your surgery:

1. You return to the hospital for a follow-up appointment.
2. Your surgeon or nurse practitioner reviews your symptoms and checks your airway. During your clinic visit they will decide if your T-tube can be removed.
3. The T-tube is removed on another day in the operating room. You will be asleep during the procedure and go home the same day the tube is removed. If you have a Y-tube or T-Y Tube, it stays in longer depending on your medical condition. Sometimes, it can be left in permanently.



When should I get medical help?



Call the doctor or nurse practitioner if you have any of these symptoms:

- fever (higher than 38.5 °C or 98.6 °F)
- chills
- trouble breathing
- coughing up mucus that is yellow or green in colour, or has a bad smell
- coughing up fresh red blood
- redness or swelling at the tube
- bleeding or any other drainage from the tube

If you find it hard to breathe, try clearing your tube by squirting salt water and suctioning.



If your breathing doesn't go back to normal, keep your tube uncapped and go to the nearest emergency department. This is an emergency.

Who can I call if I have any questions?

If you have any questions or concerns call your doctor's office or the nurse practitioner:

Dr. M. Cypel	416 340 5156
Dr. Elliot Wakeam	416 340 4800 ext. 3121
Dr. L. Donahoe	416 340 4800 ext. 6529
Dr. M. De Perrot	416 340 5549
Dr. S. Keshavjee	416 340 4010
Dr. A. Pierre	416 340 5354
Dr. T. Waddell	416 340 3432
Dr. K. Yasufuku	416 340 4290
Dr. J. Yeung	416 340 4800 ext. 6529

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