



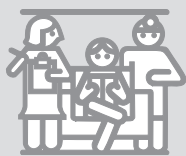
After Montgomery Tube/Tracheostomy placement

1. Watch for bleeding. Bloody secretions are expected. If frank bleeding develops, call your doctor.
2. Notify your doctor if you have difficulty breathing, subcutaneous emphysema (air bubbles under the skin), or a crackling sensation or pain when breathing.
3. Take all the antibiotics your doctor ordered.
4. Maintain constant humidity in your house. (An ultrasonic humidifier is preferred.)
5. After 24 hours, keep the external limb of the T-tube plugged, if possible.
6. Suction at least 4 times a day, and as needed, up and down the T-tube, especially for the first 2 weeks.
7. Use 2 to 5 cc of a mucomyst-and-normal saline solution. This will help make the secretions thinner and ease breathing.
8. Clean the skin around the external part of the T-tube 3 times a day. Remove all dried crusts and secretions.
9. Clean the inside of the T-tube with a cotton-tipped applicator dipped in peroxide. Finish cleaning with a dry cotton-tipped applicator.
10. Remove and replace a safe T-tube as needed.
 - Read all instructions. Review them with your nurse or doctor.
 - Call your doctor in case of emergency.
 - If you are unable to get any air through the tube, pull out the T-Tube and insert a tracheostomy tube. Discuss this with your doctor.
 - Carry a tracheostomy tube with you at all times.

Other Instructions:

Contacts (Reach the staff members below through the NIH page operator at **301-496-1211**.)

Your Doctor:



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This information is prepared specifically for patients participating in clinical research at the Warren Grant Magnuson Clinical Center at the National Institutes of Health and is not necessarily applicable to individuals who are patients elsewhere. If you have questions about the information presented here, talk to a member of your healthcare team.

Questions about the Clinical Center? OCCC@cc.nih.gov

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National Institutes of Health
Warren Grant Magnuson Clinical Center
Bethesda, Maryland 20892