

About airway surgery

This leaflet gives information about airway surgery, laryngotracheal stents and T-tubes. Please ask staff if you have any questions.

Why have airway surgery?

It is used to treat laryngeal or tracheal stenosis by preventing further narrowing of the trachea.

- Laryngeal stenosis is a narrowing of the larynx (voice box)
- Tracheal stenosis is a narrowing of any part of the trachea (windpipe)

Symptoms often have a slow onset and include shortness of breath on exertion, breathlessness at rest, a 'brassy' cough, recurrent chest infections, wheeziness and noisy breathing.

What is a laryngotracheal stent?

A laryngotracheal stent is a hollow plastic (silastic) tube that is placed in the larynx and/or the trachea, usually through the mouth using telescopes. You are asleep while this takes place.

If you have a stent it is held in place with stitches, the ends of which you will see on your neck under small plasters.

What is a T-tube?

A T-tube is a soft silicone stent, which has an additional horizontal limb that opens out onto the skin of the lower neck. It supports the airway like the laryngotracheal stent, discussed above, but works like a tracheostomy (tube in neck to help breathing).

How is the operation done?

It takes about half an hour depending on the reason for the procedure. You will have a general anaesthetic, so will not be aware of what is happening.

A metal telescope is inserted into your mouth and down the throat until the doctor can see your larynx and trachea. A microscope is then used to get a better view through the telescope.

Because the telescope is metal and passes over your teeth, there is a small risk that a tooth may be damaged during the procedure. Please let your doctor know before the procedure if you have any caps, crowns or loose teeth.

Sometimes a laser is used to treat the stenosis through the telescope. Your doctor will normally discuss this with you, if it is felt that it is likely to be used in your case.

Sometimes a drug called mitomycin is placed on the stenosis area in your airway; this is to help reduce recurrence of the stenosis. Your doctor will normally discuss this with you, if it is felt that it is likely to be used in your case.

Will I have to stay in hospital?

There may be some swelling in your trachea after the operation so you will have to stay in hospital for several days to ensure you do not have any breathing problems.

Does it hurt?

Most patients feel their throat is sore after this procedure. This usually only lasts a couple of days. Simple painkillers such as paracetamol are normally enough, along with drinking plenty of fluids.

Important information on looking after your airway when you have had a stent

As there is a plastic tube in your trachea there is a risk that this may become blocked with dry mucus. It is very important that you keep your throat moist and you will need to do this everyday that you have the stent in place.

You must keep your throat moist

You can do this by:

- Having steam inhalations at least 4 times a day.
- Drinking at least 2-3 litres (4-6 pints) of water a day.
- Using a home nebuliser

If you have central heating:

- Ensure that bowls of water are placed near the radiators so that the room air is humidified.
- Placing wet towels on radiators increases the humidity.

How to carry out steam inhalations

- Boil water in a kettle and let it come off the boil
- Pour the water into a bowl (washing up/ glass/ceramic mixing bowl - *not* a plastic one)
- Ensure the bowl is on a secure surface and can't be knocked over (eg. table) so you can sit comfortably
- Lean over the bowl, without getting too close or touching the water and place a towel over your head
- Breathe in the steam for 10 minutes
- Discard the water, taking care, as it will still be hot
- There is no benefit in adding oils (eg. Karvol, Vick) to the water

Care of stitches

- Remove plasters two days after operation
- Keep the neck area around the stitches dry until the stitches have sunk under the skin
- **DO NOT REMOVE THIS STITCH** – it keeps your stent in place

How long will I be off work?

This depends on the procedure (operation) you have had done and what work you do. You will have to rest your voice for anything from two days to one week, which may affect when you can return to work. It is best to ask your surgeon when you are in the clinic before the operation what they recommend so that you can make arrangements.

Please ask your nurse when you come in to hospital if you need a sick note.

After you leave hospital

You will need to rest at home for a week afterwards.

If you have problems with swallowing or excessive coughing, or you are worried about your breathing once you are at home, it may mean that the stent has moved. If you have any of these problems, you need to go straight to your nearest casualty (A&E) department.

You may cough up or spit out a small amount of blood in the day or two following the procedure. This should not be heavy or persist. If it does become heavy or persists you need to go straight to your nearest casualty (A&E) department.

If you are worried about your throat after you leave hospital, contact your GP or the ward on the following number:

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