

Awake fibre-optic intubation

This leaflet explains what awake fibre-optic intubation is and why and how it is used. If there is anything you don't understand, don't be afraid to ask your anaesthetist (anaesthetic doctor).

What is an awake fibre-optic intubation?

In many cases, when you are asleep (a general anaesthetic) for an operation the anaesthetist will put a tube into your windpipe (trachea). This is to ensure that you get adequate supply of oxygen during your operation.

At times, it is safer to place the tube into the windpipe (trachea) when you are awake. Local anaesthetic is used to make the placement of the tube painless and sedation is used so the procedure is comfortable (you will feel very relaxed and drowsy).

This is a technique which has been safely in use for more than 40 years.

Why do I need to be awake during intubation?

The senior anaesthetist looking after you may decide that it is safer to put in the breathing tube before putting you to sleep. This is because it is important to be sure that there is always an open passage from your mouth to lungs for oxygen. Sometimes, when you get put to sleep, your breathing is reduced or stops and the passage can become narrow because of the muscles in your throat becoming floppy. In an awake intubation, you will be breathing for yourself the whole time and the muscles will not become floppy.

Awake intubation may be useful if you have any of the following:

- Airway swelling;
- Inability to fully open the mouth;
- Growths in the airway;
- Difficulty with intubation at previous procedure.

Will it be painful?

No. Local anaesthetic spray is used to numb your mouth/nose and throat. The spray may have an unpleasant taste but will not be painful. You might get a temporary feeling of being unable to swallow, and this feeling may still be there when you wake up.

You may be given a medication which makes your mouth feel dry.

You will be given sedation so that you feel comfortable and relaxed.

What can I expect?

The procedure will be done in the anaesthetic room.

When you arrive at the anaesthetic room, we will monitor you as for any anaesthetic and a drip will be placed to give you anaesthetic drugs and fluid as required. You will be given oxygen via a mask until you go off to sleep.

The equipment used for the operation will be prepared and checked before you arrive, but a repeat check may occur while you are in the anaesthetic room.

The equipment consists of a fibre-optic camera, which is a long thin black tube with a lens on the end for looking into. The lens end might be attached to a screen to make viewing easier. The breathing tube will be placed over the fibre-optic tube before the procedure begins.

Your nose and throat will be sprayed with anaesthetic. You may cough and have an unpleasant taste in your mouth. You may also feel like you cannot swallow temporarily.

After a few minutes, when your nose and throat feel numb, the anaesthetic doctor will put the fibre-optic camera through your nose or your mouth, into the back of your throat and down your throat into your windpipe. They will continue to spray your throat and windpipe as the procedure is underway to make it as numb and as comfortable as possible.

There is a breathing tube fitted on the other end of the fibre-optic camera, so when the camera is in your windpipe, the breathing tube can slide down the camera and into the correct position.

The camera will then be removed and the tube fixed in position. You will then be given anaesthetic drugs to make you sleep.

Most patients who have awake fibre-optic intubation do not recall the full events afterwards.

Please discuss any further questions with your anaesthetist on the day.

For more information on the Trust visit www.royalberkshire.nhs.uk

This leaflet can be made available in other languages and formats, e.g. large print or Braille, upon request.

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