Awake tracheal intubation

This leaflet explains what awake tracheal intubation is and when it might be needed. If there is anything you don't understand, please ask your anaesthetist (anaesthetic doctor).

What is an awake tracheal intubation?

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

At times, it is safer to place the breathing tube into your windpipe when you are **awake**. Local anaesthetic is used to make the placement of the tube painless. You may also be able to receive sedation to make you feel more relaxed.

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 anaesthetist looking after you may decide that it is safer for you to have the breathing tube placed before putting you to sleep. This will be because they have assessed that it will be harder (or even impossible) to do after putting you to sleep. This is usually due to a specific feature of your anatomy such as:

- 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 may be given sedation so that you feel comfortable and relaxed.

What can I expect?

The procedure will be done in the anaesthetic room or in the operating theatre.

You will be monitored as you would be for any anaesthetic and a drip will be placed to give you anaesthetic drugs and fluid as required. You will be given oxygen via soft tubes sitting in your nose 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 present.

The equipment consists of a camera on the end of a thin (about 4mm wide) tube that allows pictures of your airway to be seen on a screen.

As mentioned above, your nose and throat will be numbed with anaesthetic. You may cough and have an unpleasant taste in your mouth.

After a few minutes, when your nose and throat feel numb, the anaesthetic doctor will put the thin tube with the camera on through your nose or mouth, into the back of your throat and down into your windpipe.

When the thin tube is confirmed to be in your windpipe the doctor will slide a breathing tube over the camera tube. When this happens there might a very short period of time when it feels harder to breath. Do not worry, this will only last for a few seconds. You will be fully monitored throughout and are very safe.

The small camera tube is then removed and you will be given anaesthetic drugs to send you to sleep.

Most patients who have awake tracheal intubation do not recall the full events afterwards.

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

Further questions

If you have further questions or concerns, please discuss them with your anaesthetist on the day.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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