Patient information

Awake fibreoptic intubation

Introduction

Awake fibreoptic intubation is a safe way to start a general anaesthetic in patients whose mouth, throat or neck shape is likely to make maintaining their oxygen levels difficult once they are asleep under general anesthetic. This leaflet is intended as an introduction to this procedure and will help you understand what to expect.

Risks, benefits, alternatives

In certain diseases and people with certain face, throat or neck shapes, it is sometimes deemed necessary to start the general anaesthetic by securing the airway (placing a breathing tube) while the patient is still awake.

This sounds more unpleasant than it actually is and is only done in cases where it is considered that our usual methods for maintaining safe oxygen levels may fail, resulting in serious harm from dangerously low oxygen levels. This method minimises the risk of suffering low oxygen levels in the body at the start of the anaesthetic.

In a few patients it will be the **only** way to secure the airway.

Treatment

As with a normal general anaesthetic, you will have a drip and have your blood pressure and heart rate monitored.

You may be given a small amount of sedation (a relaxing medicine), if your anaesthetist decides this is safe for you.

Medicine will be given into the drip that will make your mouth dry. This helps the local anaesthetic to numb your airway.

You will be given a series of local anaesthetic sprays into your nose and mouth which will taste quite bitter and will take a few minutes to make those areas numb.

Once your mouth and/or nose is numb your anaesthetist will guide a long, thin tube (fibreoptic scope) into your airway via the nose or the mouth. If necessary, further local anaesthetic will be sprayed into your airway from the fibreoptic scope. This might make you cough and is quite normal. Once the scope has passed into the top of your windpipe (trachea), a breathing tube will be passed over the scope into the correct position and you will be sent off to sleep with further medicine in your drip. The rest of the anaesthetic will proceed as normal.

The numbness will wear off over a couple of hours. If your airway is still numb when you wake up, you will be limited to small sips of cold water until the numbness subsides, to avoid any choking or burns.

Complications and side-effects

Coughing is quite often seen when the local anaesthetic is being sprayed into the back of the throat. This subsides as soon as the local anaesthetic takes effect. Some discomfort may be experienced whilst the breathing tube is being positioned, but further local anaesthetic may be given to help this.

There is a risk of a sore throat and a hoarse voice after the procedure, but this should subside over the 24 hours.

As with all other general anaesthetics using breathing tubes, there is a risk of trauma to the nose, throat or lungs during the procedure and post-operative infection.

There is a risk of toxicity (harm) from the local anaesthetic required for the procedure however this is extremely rare. Inhalation of stomach contents is a possibility with a numbed airway before it is secured with a breathing tube, but this is also very rare.

After care/discharge advice

An awake fibreoptic intubation at the start of your general anaesthetic should not leave you with lasting problems but if a sore throat or hoarseness persists for more than a couple of days go and see your GP.

Meanwhile use a hot lemon drink or hot drinks like you would do with a common cold / sore throat.

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