

ARE THERE ANY SERIOUS RISKS OR SIDE EFFECTS?

- Failure of the technique - this is uncommon.

AFTER THE PROCEDURE

The breathing tube is removed at the end of the operation. Your nose and throat may feel a little uncomfortable and your voice may be hoarse. These symptoms usually resolve over 24 hours.

Your nose and throat may still be numb for a few hours until the local anaesthetic wears off. We recommend that you do not eat or drink for around four hours and be careful with hot drinks.

FURTHER INFORMATION

Further information, including a demonstration video can be found in the patient information section on the Difficult Airway Society website:

www.das.uk.com



www.careopinion.org.uk

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk

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Enquiry Line: 0300 30 30 243

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Awake Fibre-Optic Intubation

Information for patients

Anaesthetics
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WHAT IS AN AWAKE FIBRE-OPTIC INTUBATION?

When you have a general anaesthetic (GA) a breathing tube is inserted through your nose or mouth into your windpipe to support your breathing during the operation. This is known as 'intubation'. Although this is usually done when you are asleep, in some patients it is safer to insert this tube whilst they are awake. This is done under local anaesthetic using a flexible camera and is called an 'awake fibre-optic intubation'.

This procedure is only undertaken in cases where there is concern that our usual methods for maintaining safe oxygen levels may fail, resulting in a risk of harm from low oxygen levels. This method reduces that risk significantly.

WHY MIGHT I NEED AN AWAKE FIBRE-OPTIC INTUBATION?

When we breathe, air travels through our nose into our windpipe and lungs. The passage from the nose to the windpipe is known as the "airway". There are features of some peoples airways that make inserting a breathing tube more challenging and we sometimes describe this as a "difficult airway". Such features include limited mouth opening and neck movement. This can be due to swelling or infection in the mouth or neck, a broken jaw, past surgery or radiotherapy to the head and neck or arthritis affecting the upper spine. All airways are a different shape, some people are just born with a trickier shaped airway.

You will be assessed by your anaesthetist. If they anticipate difficulty in placing the breathing tube they may decide that it would be safer to do this before you go off to sleep. They will discuss this with you.

IS THERE AN ALTERNATIVE?

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

IS IT PAINFUL?

An awake fibre-optic intubation sounds more unpleasant than it actually is. Studies show the procedure is well tolerated and most patients report little or no discomfort.

Your anaesthetist will ensure that you are as safe and comfortable as possible. Local anaesthetic is given to numb the airway and ease any discomfort. Sedation is often used during the procedure to help you feel relaxed.

WHAT TO EXPECT DURING AN AWAKE FIBRE-OPTIC INTUBATION

As with any general anaesthetic you will be connected to a machine which monitors your heart rate, oxygen level and blood pressure and you will have a cannula (drip) placed in the back of your hand. Medicine will be given into the drip that will make your mouth dry. This helps the local anaesthetic to numb your airway.

You may be given local anaesthetic to breathe through an oxygen mask before the procedure. This helps numb your nose, mouth and breathing passages.

IN THEATRE

You will be given some extra oxygen through a sponge in your nose. Your nostril, mouth and throat will be numbed with local anaesthetic. There are many different techniques for doing this, most will involve local anaesthetic sprays and gargles. The local anaesthetic tastes bitter and can make you cough. This subsides as it takes effect. It will take a few minutes for these areas to become numb. You may notice your voice becomes hoarse and you might find it difficult to swallow. Throughout the procedure you may be given a small amount of sedation to relax you if your anaesthetist decides this is safe for you.

Once you are comfortable and your airway is numbed, the anaesthetist will insert a long, thin fibre-optic camera loaded with a breathing tube through your nose or mouth into your windpipe. They may spray more local anaesthetic as they do so. The breathing tube is passed over the camera before the camera is then removed. Passage of the breathing tube can be uncomfortable, the local anaesthetic and sedative medications help keep discomfort to a minimum.

Once your anaesthetist is happy with the position of the breathing tube you will be given anaesthetic drugs to send you to sleep before your operation begins.