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Patient information leaflet

Awake Fibre-Optic Intubation

What is awake fibre-optic intubation?

A general anaesthetic is a combination of drugs that produce deep sleep and relaxes your muscles. It is used for operations or procedures. While you are under a general anaesthetic, you need a breathing tube in your windpipe (trachea) to keep it open so you can breathe. The tube is usually placed using a flexible telescope (fibre-optic intubation) after you have been given the general anaesthetic. Sometimes it is safer for the tube to be placed while you are awake.

The intubation will be performed by an anaesthetist (doctor trained in anaesthesia). Your anaesthetist is usually assisted by a specially-trained healthcare practitioner.

Awake fibre-optic intubation has been recommended for you. However, it is your decision to go ahead with the procedure or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, ask your anaesthetist or the healthcare team.

What are the benefits of awake fibre-optic intubation?

When you breathe, air travels through your mouth and nose, down your windpipe, into the left and right bronchi and into your lungs. This route is your airway.

Some people have a 'difficult airway' where there is a risk of the airway becoming blocked when you are given a general anaesthetic and the anaesthetist may not be able to place a breathing tube in your windpipe. This is life-threatening.

A difficult airway can be caused by problems such as swelling, not being able to fully open your mouth and abnormal lumps. You are also at a higher risk if you have had radiotherapy to your neck, or if you cannot fully bend your neck.

Placing the tube in your windpipe while you are awake can be an unpleasant experience but it allows your anaesthetist to make sure the tube is working before they give you a general anaesthetic.

Are there any alternatives to awake fibre-optic intubation?

Depending on you and the type of operation, your anaesthetist may consider other forms of anaesthesia that do not need intubation. However, certain operations can only be performed under a general anaesthetic.

Other forms of anaesthesia include injections near the area of surgery (local anaesthetic) or injections of local anaesthetic near major nerves or your spinal cord (regional, epidural or spinal anaesthetic). Local anaesthetics will numb the area to be operated on but you will be awake or under sedation for the operation.

If you need a general anaesthetic, your anaesthetist or surgeon may recommend a tracheostomy where a breathing tube is placed directly into your windpipe through a cut made in the lower front of your neck

What will happen if I decide not to have awake fibre-optic intubation?

Your anaesthetist or surgeon may be able to recommend an alternative. However, it is likely that your surgeon will not be able to perform the operation you need.

What does the procedure involve?

Do not eat in the 6 hours before the procedure. You may drink small sips of water up to 2 hours before. If you have diabetes, let the healthcare team know as soon as possible. You will need special advice depending on the treatment you receive for your diabetes.

The healthcare team will attach some monitors to you that measure your blood pressure and the amount of oxygen in your blood. If you need oxygen, they will give it to you through a mask or small tube under your nostrils.

Your anaesthetist and the healthcare team will carry out some final checks with you and each other. Even though you may have been asked some of the questions before, it is important to answer carefully as the checks are carried out for your own safety.

Your anaesthetist may offer you a sedative to help you to relax. They will give it to you through a small needle in your arm or the back of your hand. You will be able to ask and answer questions but you will feel relaxed.

Your anaesthetist may use local anaesthetic gel and spray to numb your nose and throat. This can taste unpleasant but will allow your doctor to perform the procedure with much less discomfort for you. Your anaesthetist may also use a small needle to inject local anaesthetic through your skin into your windpipe. This may make you cough but is effective at reducing a cough later.

If at any time you want the procedure to stop, raise your hand. Your doctor will end the procedure as soon as it is safe to do so.

Awake fibre-optic intubation usually takes less than 15 minutes. Your anaesthetist will pass a flexible telescope through your nostrils, into the back of your throat and down into your windpipe. Sometimes they will pass the telescope through your mouth instead of your nostrils.

Your anaesthetist may spray some local anaesthetic onto your voice box and in your windpipe. This will usually make you cough but this helps to spread the anaesthetic and keep you comfortable.

When your anaesthetist is sure that the telescope is in the correct position, they will pass a breathing tube over the telescope. They will then remove the telescope, leaving the breathing tube in place.

After making sure the tube is working properly, your anaesthetist will give you a general anaesthetic.

What complications can happen?

Your anaesthetist will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had an awake fibre-optic intubation. Your anaesthetist may be able to tell you if the risk of a complication is higher or lower for you.

Some complications can be serious and can even cause death.

You should ask your anaesthetist if there is anything you do not understand.

- Having to make more than one attempt at the intubation (risk: less than 1 in 20).
- Feeling distressed during the intubation (risk: less than 1 in 100).
- Over-sedation (risk: less than 1 in 40). You may need help with breathing until the sedation wears off.
- Failure of the intubation (risk: less than 1 in 50).
- Your anaesthetist may consider other forms of anaesthesia for your operation.

- Being aware of what is happening during the intubation (risk: less than 1 in 2).
- A severe nosebleed, if the tube is placed in your nostrils (risk: 1 in 80). This usually stops on its own.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your anaesthetist know if you have any allergies or if you have reacted to any medication or tests in the past.
- Local anaesthetic toxicity, if the local anaesthetic is accidentally injected into your bloodstream or if it is absorbed into your bloodstream too quickly. This usually makes only your lips tingle or your ears ring. You may feel light-headed and have a seizure (risk: less than 1 in 500). The dose of anaesthetic is always limited to reduce this risk.
- Developing a high temperature a short while after the procedure. This is easily treated with paracetamol.
- Developing a sore throat, husky voice or a cough getting worse (risk: 1 in 2). This gets better quickly

Summary

An awake fibre-optic intubation is usually a safe and effective way of placing a breathing tube in your windpipe before you are given a general anaesthetic. However, complications can happen. You need to know about them to help you to make an informed decision about the procedure. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.