AWAKE INTUBATION: A GUIDE FOR PATIENTS

What does **intubation** mean?

As part of having a general anaesthetic, the anaesthetist needs to use an airway device to make sure that oxygen continues to enter your body. The anaesthetist will pass a breathing tube into your mouth (or sometimes via your nose) down between your vocal cords into your windpipe (trachea). This process is called **intubation**. A medical instrument called a laryngoscope is used to assist the anaesthetist with the insertion of this tube through the vocal cords.

What does **awake intubation** mean?

The airway device (breathing tube) is usually inserted after the anaesthetic drugs have been given so the patient is unaware of the process. In some cases, it is safer for the breathing tube to be inserted before the anaesthetic drugs have been given and the patient is still 'awake'. There are two types of instruments used for **awake intubation:** flexible bronchoscopes and video-laryngoscopes.

What is a flexible bronchoscope?

Flexible bronchoscopes are thin tubes which can move in different directions and have a camera and a light at the end. The most familiar types of endoscopes are used to look at internal parts of the body such as the stomach or colon; the ones that are used for airway management are much thinner. For an **awake intubation** a flexible bronchoscope may be used to insert the breathing tube through the nose or mouth.

What is a video-laryngoscope?

A laryngoscope is a wider curved device designed to go in the mouth over the tongue. The anaesthetist uses it to look in your mouth and see your vocal cords. A video-laryngoscope has a camera on the end of it. The anaesthetist is able to see the images of the vocal cords on a screen whilst they pass the breathing tube into the trachea. For an **awake intubation** a video-laryngoscope is used to insert the breathing tube through the mouth.

What are the reasons for having an awake intubation?

The anaesthetist will make an assessment of the safest way to **intubate**. For some patients who have had recent surgery or radiotherapy to the head and neck or for patients who have a large swelling around the face or neck, or patients with limited mouth opening, having an awake intubation might be considered the safest method to give the anaesthetic. The anaesthetist will discuss their decision to do this with the patient and will be able to answer any questions about the procedure.

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What to expect during an **awake intubation?**

The anaesthetist and the medical team will be looking after you whilst you have the awake intubation and general anaesthetic and can answer any questions you may have about the procedure. Monitoring of your pulse, blood pressure and oxygen levels are routine during anaesthesia; the team will also give you some oxygen. It is necessary to have a cannula (very small plastic tube) inserted into a vein. Some patients can receive sedation medicine through the cannula to help them feel relaxed before the intubation. The cannula is also used to give the anaesthetic drugs after the awake intubation. The sedation medicine is not used for all patients and the anaesthetist will assess what is the safest option.

The anaesthetist will need to make sure that your nose, mouth and the back of throat are numb. This can be done either by a spray into your nose/mouth or a gargle. The anaesthetist will explain which is best for you. The local anaesthetic (which numbs the area) is a bit bitter to taste and might make you cough a little. You may notice that your voice is hoarse and that it feels difficult to swallow as the throat and mouth become numb.

Once all the areas are numb, the anaesthetist will gently place either the flexible bronchoscope (via the nose or mouth) or the video laryngoscope (via the mouth) to see the vocal cords and insert the breathing tube into your windpipe (trachea). You may feel some pressure in the nose if this is the route used but this is only a brief period of discomfort. Once the correct position of the breathing tube has been checked you will be given the anaesthetic drugs through the cannula and the general anaesthetic will take effect.

What to expect after having had an **awake intubation?**

In most cases the breathing tube will be removed from your windpipe at the end of the operation before you wake up. The anaesthetist will make sure that you are able to breath for yourself before the breathing tube is removed so you may be aware of this. Your nose and throat may still feel numb and you may have a mild sore throat and hoarse voice. All of these symptoms will disappear naturally after a few hours and will not need any further treatment.

You will be advised to wait until the numbness has worn off before having anything to eat or drink, especially hot drinks or food at a high temperature.

What are the risks of an **awake intubation?**

The procedure is generally very safe but there are risks which the anaesthetist will explain to you. Some patients may have a nosebleed if the breathing tube has been inserted through the nose. There is a very small risk of damage to the nose or throat during the procedure. Some patients may be allergic to the local anaesthetic, used to numb the mouth or nose. At all stages of the procedure you will be carefully monitored by the anaesthetist and the medical team.

What is the role of the Difficult Airway Society (DAS)?

The Difficult Airway Society (DAS) is a medical specialist society. It exists to improve safe airway practice for all health care professionals who need airway skills to care for their patients. DAS is actively involved in training and publishes guidelines on topics relating to airway management including awake tracheal intubation.

For patients: DAS runs the Difficult Airway Alert Card Project (further information available here). This patient safety project is important for any patient who has been identified as having a difficult airway.