

## **What Is It?**

Sometimes, as part of a general anaesthetic (going to sleep), your anaesthetist may need to place a small breathing tube into your windpipe. This is known as intubation.

Although it is usually done when you are asleep, in some cases it is safer to do it whilst you are awake.

During an awake fibre-optic intubation (AFOI) your anaesthetist will use a fibre-optic camera to guide the breathing tube into your windpipe, through either your nose or mouth, whilst you are awake. This is then followed by a general anaesthetic before your operation starts.

## **Why Might I Need It?**

When you breathe oxygen from the atmosphere into your lungs, it must pass through your mouth or nose and into your windpipe. This route is called your 'airway'.

A small number of patients have 'difficult airways', which are prone to blocking during anaesthesia. As your anaesthetist needs to use a machine which helps you to breathe whilst you are asleep, if he/she suspects that you may have a difficult airway

AFOI may be recommended as the safest option.

We are all different shapes and sizes and some people are born with difficult airways. Other reasons for AFOI include broken jaw bones, growths in the mouth and neck, infections which cause swelling and obesity.

## **Will It Be Painful Or Uncomfortable?**

Your anaesthetist will do everything to ensure that you are not only kept safe, but as comfortable as possible. This usually includes medicines to sedate you during your AFOI and to make all the affected areas numb.

Research has shown that most patients have little or no memory of it, experiencing only mild discomfort and no pain.

## **What Can I Expect?**

Once in the anaesthetic room you will be connected to a machine to monitor your heart, breathing and blood pressure.

A drip will be inserted and your anaesthetist will give you a strong sedating medicine. You may also receive a medicine to reduce saliva production, which can result in a temporarily dry mouth after your

operation. Oxygen may be given using a mask or small sponge in one nostril.

Local anaesthetic medicine will be sprayed into your nose and mouth which makes everything numb. You may find that this bit makes you cough temporarily.

When everything is numb, your anaesthetist will insert the camera into either your nose or mouth and guide it towards your windpipe. Depending on available equipment, you may be able to watch this bit on a television screen if you want to. You may be asked to open your mouth wide or poke your tongue out to help.

Once the tube is guided into the windpipe you may feel the need to cough and will no longer be able to talk until you wake up. Your anaesthetist will then administer a general anaesthetic and you will go to sleep for the operation.

## After Your Operation

When you wake up, your mouth, tongue and throat will probably stay numb for a few hours, so there may be a short delay until you can eat or drink again. You may have a sore throat or hoarse voice which is normal and usually settles quickly.



## Further Information

If you would like to, you will be able to ask questions or discuss things in more detail with your anaesthetist before your operation.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.

## PATIENT INFORMATION

# Awake Fibre Optic Intubation