Coordinating Committee in Anaesthesiology	Awake Fibre-optic Intubation (清醒光纖插管)
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Awake Fibre-optic Intubation: what should you know?

Introduction

This leaflet aims to provide you the basic information about awake fibre-optic intubation that you are going to receive. If you have any questions about this procedure that are not covered in this leaflet, please discuss with your anaesthetist who will be willing to answer your questions.

What is intubation?

When your anaesthetist gives general anaesthesia to you, he/she will normally make you unconscious first, and then put an endotracheal tube into your trachea. This is called intubation. The endotracheal tube provides a patent airway for breathing and also for delivering anaesthetic gas. It is usually a very safe procedure.

What is awake fibre-optic intubation?

However, under some circumstances, you may have problems making the process of intubation difficult, e.g. something wrong with your month, jaw, throat, neck etc. If your anaesthetist make you unconscious first and then fails to insert the endotracheal tube, you may suffer from hypoxia.

In this situation, the safer way is to insert the endotracheal tube into your trachea first while you are awake, then give general anesthesia to make you asleep. The most common way of awake intubation is called awake fibre-optic intubation. Your anaesthetist uses a fibre-optic bronchoscope to guide the insertion of endotracheal tube into your trachea while you are awake. It can be done either through your nose or mouth.

How is awake fibre-optic intubation performed?

The process of awake fibre-optic intubation may cause discomfort. Hence, before the insertion of endotracheal tube, your anaesthetist will administer local anaesthetics to numb your nose, oral cavity, throat and all the way down to the trachea to minimize

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the discomfort. This can be done by giving local anaesthetic solution or jelly to your nose, mouth, throat or by injection around your neck. The local anaesthetic can also be given through the fibre-optic bronchoscope into your throat and trachea. In addition, your anaesthetist may give sedative drug to make you feel sleepy and relaxed if needed.

Thereafter, your anaesthetist will first gently insert the fibre-optic bronchoscope through your mouth or nose into your trachea. Then he/she will then pass the endotracheal tube through the fibre-optic bronchoscope into the trachea. As soon as the endotracheal tube is in the correct position and safely secured, general anaesthesia will be given to you.
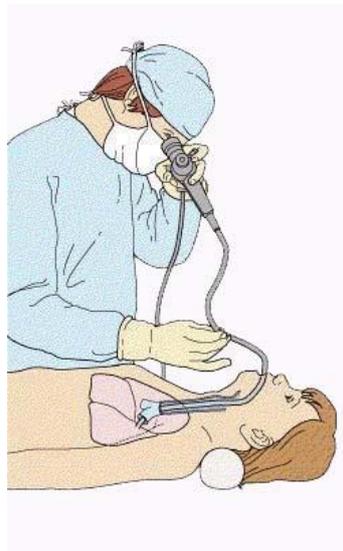
Is there any risk of awake fibre-optic intubation?

In general, awake fibre-optic intubation is safe. The side effects and complications associated with this procedure can be divided into those that are very common and common, rare or very rare *.

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Very common and common side effects	Rare or very rare complications
Sore throat	Hypoxia
Nasal bleeding	Aspiration
Coughing and buckling	Laryngeal trauma
Blood pressure change	Bronchospasm
Heart rate change	Laryngospasm

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your anaesthetist.

Complications may sometimes occur despite all precautions. However, if they do occur, your anaesthetist will take appropriate steps to manage them.

*Reference of occurrence rate

Very common	Common	Uncommon	Rare	Very rare
1 in 10	1 in 100	1 in 1000	1 in 10,000	1 in 100,000