

Information about Awake Tracheal Intubation (ATI)



This leaflet will explain what an awake tracheal intubation is and why and how it is used.

What is Awake Tracheal Intubation?

During a general anaesthetic (when you are asleep), the anaesthetist will often insert a breathing tube into the windpipe (trachea) to support breathing and maintain oxygenation. For some patients, it is safer to place this breathing tube while they are awake, a procedure known as awake tracheal intubation.

Awake Tracheal Intubation (ATI) or Awake Fibre-Optic Intubation (AFOI)?

You may hear a doctor refer to this procedure as an 'Awake Fibre-Optic Intubation' (AFOI). Please note this is just a different name for ATI (Awake Tracheal Intubation).

Why do I need an Awake Tracheal Intubation (ATI)?

In certain medical conditions, patients may have a 'difficult airway.' This can include limited mouth opening, facial swelling, or a history of radiotherapy or surgery to the head and neck. These conditions may obstruct oxygen flow to the lungs when an anaesthetic is given. Your anaesthetist will assess how easily a breathing tube can be inserted and may decide it is safer to place the tube before you are put to sleep or anaesthetised.

Will it be painful?

We will use a local anaesthetic spray to numb your mouth, nose, and throat. This may taste bitter and cause some coughing. While the procedure can be uncomfortable, it should not be painful. We will give you sedation to help you feel more comfortable and relaxed. You may also receive medication to dry your mouth. Although this may seem unpleasant, most patients can cope with this.

What can I expect?

The procedure takes place in the anaesthetic room or operating theatre. You will be connected to machines that will monitor heart rate, blood pressure, and breathing. We will insert a drip into your hand or arm and start the sedation.

The staff will apply a number of local anaesthetic sprays and gels, and we may ask you to gargle them. If the breathing tube is to be inserted through your nose, we may use a small plastic tube coated in local anaesthetic to numb your nose and check if the tube can pass through. Your voice may become hoarse, and swallowing may be difficult—these are signs that the anaesthetic is working effectively.

Once your airway is numb, we will insert a small camera through your nose or mouth into your windpipe. The breathing tube is then slid over the camera into the correct position. This can feel uncomfortable but should not be painful.

Shortly after placing the breathing tube, we will give you anaesthetic drugs, and you will go to sleep.

Complications and Side-Effects: of Awake Tracheal Intubation (ATI)

Very Common:

- Coughing during local anaesthetic sprays
- Sore throat and hoarse voice for 24 hours
- Amnesia (some patients do not remember the procedure because of the sedation)

Common:

- Discomfort whilst the breathing tube is positioned

Uncommon

- As with all anaesthetics a small risk of trauma to the nose, throat or lungs during the procedure and infection after surgery

Rare

- A risk of overdosage or toxicity from the local anaesthetic required for the procedure
- Inhalation of stomach contents (aspiration)
- Tracheostomy (a breathing tube placed through the neck)

After Care and Discharge Advice:

We advise you to wait a few hours (up to 4 hours) before eating and drinking until the numbness wears off (subsides). This is to avoid any choking or burns with hot drinks.

Simple soothing hot lemon drinks and paracetamol are all that is normally required for a sore throat or hoarseness. If this lasts for more than a couple of days, we advise you contact your GP.

Please scan the QR code for a short video regarding ATI.

