

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 place a breathing tube in the windpipe (trachea) to support your breathing and maintain oxygenation of your body. In some patients it is **safer** to place this breathing tube into the windpipe when you are **awake**. This is also sometimes called an awake tracheal intubation.

Why do I need an ATI?

In certain medical conditions, patients may present with a 'difficult airway.' Examples may include limited mouth opening, facial swellings and radiotherapy or surgery to the head and neck. These conditions can prevent the passage of oxygen to the lungs when an anaesthetic is given. Your anaesthetist will assess how easy it will be to insert the breathing tube and may decide it is safer to place the breathing 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 might taste quite bitter and will make you cough. Although uncomfortable the procedure should therefore not be painful.

We will give you sedation so that you feel more comfortable and relaxed. We may give you medication which makes your mouth feel dry. It sounds unpleasant but is usually tolerated well.

What can I expect?

The procedure takes place in the anaesthetic room or operating theatre.

We will connect routine monitoring to assess your heart rate, blood pressure and breathing. We will insert a drip and start sedation. There is a series of local anaesthetic sprays and gels. We may ask you to gargle these. If the breathing tube is to be passed via your nose, we may insert a small plastic tube coated in local anaesthetic to help numb the nose and to check we will be able to pass the breathing tube. Your voice will become hoarse and it may be difficult to swallow which means the sprays are working well.

Once your airway is numb, we will insert a small camera through your nose or mouth into your windpipe. The breathing tube is slid over the camera into the correct position. This can often be uncomfortable but not painful. **We will give you anaesthetic drugs shortly after placing the breathing tube and you will go off to sleep.**

Video Demonstration Link:

<http://tiny.cc/AFOI>

Or scan the QR code



PATIENT INFORMATION:

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Complications and Side-Effects:

Very Common

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

Common

- Discomfort whilst breathing tube is positioned

Uncommon

- As with all anaesthetics a small risk of trauma to 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 before eating and drinking until the numbness 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 persists for more than a couple of days we advise you contact your GP.

ATI or AFOI?

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