

Department of Anaesthesia

Fibreoptic Intubation

The purpose of this leaflet is to explain what a fibreoptic intubation is, why it is needed and how it is done.

What is a fibreoptic intubation?

When you have a general anaesthetic (a temporary unconsciousness leading to a sleep-like state) for an operation, we may need to place a breathing tube into your windpipe (trachea) to support breathing and maintain oxygenation to your body. Placing the breathing tube into your windpipe is called intubation. This is an important part of anaesthetic care.

Intubation is usually carried out after the general anaesthetic has been started and you are asleep. Sometimes, intubation needs to be done using a fibreoptic scope when you are awake for reasons of safety. This is described as 'Awake fibreoptic intubation' and most patients receive sedation during this procedure to make sure they are calm and relaxed.

Why will I need a fibreoptic intubation?

Following are few reasons where awake fibreoptic intubation may be needed.

- Swelling of the mouth, throat or neck.
- Previous major operations in the neck for cancer or radiotherapy around the neck.
- Abnormal growths or lumps in the mouth, throat or neck.
- Neck problems such as spinal fractures, disc prolapse, severe arthritis.
- Previous operations on the neck or spine.
- Difficulty with intubation during a previous anaesthetic.



Patient Information

- Reduced movements of your neck
- Reduced mouth opening or major jaw fractures.

Your anaesthetist will perform a detailed assessment and if he/she anticipates any difficulty in intubation, your anaesthetist may decide that it will be safer to do an awake fiberoptic intubation.

How is a fiberoptic intubation done?

The procedure is done in the operating theatre. Some monitoring equipment will be attached to you and a small cannula (drip) will be put into a vein. Extra oxygen will be given.

Sedative medication will be given through the cannula. The medication will make you feel calm and relaxed. Sometimes the medication can give you a dry mouth.

The anaesthetist will numb your nose and throat using local anaesthetic spray. It can taste bitter and make you cough. The anaesthetist may also ask you to gargle some local anaesthetic liquid.

When your nose and throat feel numb, the anaesthetist will pass the fiberoptic scope through your nose or mouth into the back of your throat and into the windpipe. More anaesthetic liquid will be sprayed through the fiberoptic scope as the procedure progresses to make sure everything is as numb as possible.

When the fiberoptic scope is in the windpipe, the breathing tube will be passed over the fiberoptic scope into your windpipe and the fiberoptic scope is removed. The breathing tube will be secured in place. The anaesthetist will then give you more anaesthetic and make you go completely asleep.

Is it painful?

Not really. The anaesthetist uses local anaesthetic to make your nose, throat and windpipe feel numb. Occasionally you may feel some pressure as the breathing tube is passed into the windpipe. The sedative medication

Patient Information

will make you feel calm and relaxed. Once the fiberoptic scope is placed in the wind pipe, you will not be able to talk and you will be fully asleep very quickly.

If you have any additional questions please ask your anaesthetist on the day of the procedure.



Fiberoptic scope (camera)

This image has been produced by UHCW

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