

ENT

Awake upper aero-digestive tract procedures

What are awake upper aero-digestive tract procedures?

They are procedures done on the throat, voice box and upper part of the air and food passages by numbing the lining of these areas while the patient is awake (not “being put to sleep” as is usually done). It is a new technique introduced at the University Hospital, Coventry but is routinely performed across centres in the UK and rest of the world.

What are the benefits?

Having these procedures while you are awake, avoids the need for a general anaesthesia and hospital admission. It overcomes the limitations of conventional techniques, allows the team to monitor your breathing throughout, and is well-tolerated and effective. The benefits are explained in greater detail later in this document.

What do you need to know before your appointment?

- Avoid smoking and drinking alcohol for at least 48 hours before your procedure.
- You may be advised not to use your voice for 48 hours after your procedure. Plan accordingly for this by informing your friends and family that you will not be able to speak and arranging time off work if necessary. You will be made aware of the above when you are listed for the procedure so that you will have plenty of time to plan.
- Please try to bring someone with you on the day for support.



What should you do if you are taking anticoagulants (blood thinner)?

If you take blood-thinning medications like Warfarin, Clopidogrel, Rivaroxaban, Apixaban or Dabigatran, these need to be stopped to lower the risk of bleeding. Depending on the reason for the medications, you may need to have Clexane/Heparin injections instead. This will have been explained to you by the Consultant (doctor) in the clinic. Please follow the advice given. If you have not stopped the medication as advised, the procedure will have to be cancelled and rescheduled.

What if you are a diabetic?

If you use insulin to control diabetes, please ask your GP to make any necessary adjustments to the dose, as you will not be able to eat or drink for 3 hours (2 hours before the procedure and 1 hour after).

Is any allergy testing needed?

No. But, you will be asked if you are allergic to any local anaesthetics, for example to injections that might have been used by your dentist for dental work. If so, other medications will be used.

What do you do on the day of the appointment?

- **Please arrive 30 minutes before your appointment.** This is to allow time to prepare you for the procedure. If you are late, the procedure may not go ahead.
- Please **do not** eat for 2 hours before the procedure. You are encouraged to eat until that point so that you do not come feeling hungry.
- Please take your regular medications (apart from anticoagulant ("blood-thinners") on the day. Medications due around the time of the procedure should be taken but with as little water as possible.
- Make sure you tell the clinic staff about any changes in your medical condition since you were last reviewed in the clinic.

What happens before the procedure?

- During the ongoing COVID-19 pandemic, you will be screened by asking questions about relevant symptoms and assessed for specific signs of the infection. If there is any concern, the procedure will have to be re-scheduled.
- Baseline measurements, including oxygen levels, heart rate, blood pressure, respiratory rate, weight (in kg), and BMI (kg/m²) will be taken.
- Your consent for the procedure will be taken.

What does the procedure involve?

It involves having the planned procedure under local anaesthetic while you are seated in an examination chair.

- A local anaesthetic will be sprayed into your nose and throat.
- After about 5 to 10 minutes, a thin flexible camera lubricated with water-based lubricant will be passed through your nose and kept in place.
- A local anaesthetic solution will be dropped through the side-channel of the camera, and you will be asked to gargle and say “ee-ee-ee” to make sure that all the areas in your throat, voice box and upper part of the air and food passages are coated.
- Ten minutes later, fine forceps will be introduced through the side channel of the camera and multiple samples will be taken from the area(s) in question.
- The camera will then be removed.

How long does the procedure take?

It usually takes about half an hour.

Will it be painful?

Generally, no, although you may experience some pressure sensation and the urge to cough or clear your throat during the procedure. You will be given local anaesthetic during the procedure to minimise discomfort. Once the anaesthesia wears off, you may experience mild pain or soreness at the site of the procedure and/or in the ear(s) on the side of the procedure for a few hours. This can be treated by taking painkillers like Paracetamol. Do not use Aspirin or anti-inflammatory medication for 72 hours afterward to avoid the chance of bleeding.

What happens after the procedure?

- Once any bleeding has stopped, you will be asked to wait in the “recovery” area of the clinic for 30 minutes. After that, the team will review you to make sure that you are well. You can then go home.
- **Please refrain from eating or drinking anything until around 1 hour** after the procedure, by which time the local anaesthetic will have worn off. Once you can swallow normally, eat and drink normally, taking care to drink plenty of fluids, preferably water. Avoid caffeinated, alcoholic and hot drinks for at least 48 hours.
- You can take your regular medications as usual. Follow any specific advice regarding anticoagulants (“blood-thinners”).
- You can drive if you are feeling well. There are no restrictions on operating machinery if you are otherwise feeling well.
- Avoid vigorous exercise for at least 48 hours.
- Please avoid smoking/smoke for at least 10 days afterwards. Aim to quit smoking if possible.
- Steam inhalations can help reduce the dry and sore feeling in your throat.
- If a procedure was done on your voice box, please refer to the following specific advice:
 - You will need **absolute voice rest** for 48 hours. Avoid forceful coughing or clearing of the throat. Do not answer the telephone. Use other means of communication like text messages or by writing.
 - After the first 2 days and for at least 5 days:
 - You may cautiously use your voice. Aim to speak at a normal conversational level.
 - Rest your voice if it feels tired.
 - Avoid shouting, screaming, whispering, forcing your voice, or talking for longer periods.
 - Avoid forceful coughing or clearing of the throat.

Will you have to stay in hospital after your procedure?

This is rare. However, your surgeon may advise an overnight stay if there are concerns about your heart rate, breathing rate, oxygen levels, and/or blood pressure at the end of the 30-minute observation period after the procedure.

Do you need to do anything after you get home?

Nothing specific.

Will you need to take any time off work?

You should be able to get back to work the next day. However, if a procedure has been done on your voice box, you may be asked to rest your voice for up to 7 days. Take extra care if your job involves using your voice. You may need to take longer off work, and this will be discussed during your clinic appointment.

What about follow-up?

This varies from procedure to procedure. Specific advice will be given to you at the end of your procedure. A follow-up outpatient appointment will be made within 2 weeks after the procedure.

Are there any risks or side effects with the procedure?

While there are risks with any kind of procedure, most patients have no complications. It is important to be aware of these potential risks and discuss them with the surgical team in advance. Complications are rare, with published rates ranging between 0 and 2.6%, the vast majority of which were self-limiting and include epistaxis/nosebleed, “blackout”, aspiration (“choking”) event, and blood clot at the site of the procedure.

There has been a case of swelling of the voice box resulting in the need for a procedure to secure the airway. This has happened only once in recorded world literature. There is also the risk of side effects from the local anaesthetic medications. However, all safeguards are in place to make sure that the chances of these are minimised and are quickly dealt with should they happen.

What are the benefits and risks of alternatives?

The procedure may be done under general anaesthetic, (putting you to sleep). However, you may have been advised that this be done under a local anaesthetic because of high-risk for being put to sleep or difficulty in undertaking the procedure. This may be due to stiffness of your neck or limited opening of the mouth, making it impossible to use instruments via your mouth if done conventionally.

Patient Information

Conventional procedures performed under general anaesthesia are associated with risks related to instrumentation, including injury to the lips, teeth, tongue, jaw joint, and/or gums.

Having these procedures while you are awake avoids the need for admission to the hospital. This significantly reduces the chances of your procedure being cancelled on the day because of lack of beds or operating theatre capacity.

Who can you contact in case of any problems after the operation?

There is always a doctor available to give advice or arrange for you to be seen urgently if necessary. Please contact the ENT doctor on-call via the hospital switchboard, 024 7696 400 and ask to speak to the ENT registrar.

Further Information

If you have any questions or comments about this information sheet, please contact ENT, Head and Neck Surgery on 024 7696 5684.

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