Instruction in awake fibreoptic intubation using trainees as subjects

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Delegates attend either as participants or observers. All course members perform airway local anaesthesia, fibreoptic endoscopy and tracheal intubation on participants. The dose of local anaesthetic used for endoscopy, haemodynamic data and adverse events during airway anaesthesia and endoscopy are recorded. Additional data regarding prior endoscopy experience are collected from application forms. All delegates also complete an anonymous questionnaire: participants are asked to grade sensations such as anxiety, pain, coughing and gagging on a 5-point scale.

The use of course delegates as subjects for training in airway endoscopy was found to be well-received, safe and acceptable when conducted under closely controlled conditions.

Two hundred and seventy five delegates acted as subjects. Endoscopy of the airway was performed to the level of the trachea in all except two. Nasotracheal intubation was performed in 243, oral intubation in 5 and intubation was not completed in 20.

Coughing and Gagging
Gagging during the procedure was rated as slightly uncomfortable by 173 (54%) participants, 36 (10%) found this uncomfortable and 8 (3%) rated this aspect as very uncomfortable. Fifty-six (32%) reported no discomfort associated with gagging.

Pain
Eight (3%) found the procedure painful, 146 (54%) subjects found the procedure slightly painful; 116 (42%) reported no pain.

Anxiety
One-hundred-and-forty eight delegates (55%) reported anxiety associated with the procedure; 121 (43%) delegates reported no anxiety.

Overall Impression
Four (2%) delegates rated the sensation of endoscopy or intubation as distressing. Overall, the procedure was rated as acceptable by 219 (80%) subjects and enjoyable by 40 (15%).

The course was rated excellent or good by 99% of delegates; all felt that the course fulfilled their training objectives and would recommend it to others.

Complications
Severe paraesthesia of the hands developed in one individual. Minor nasal bleeding occurred in 24 cases, and did not interfere with endoscopy. Five delegates vomited following endoscopy despite fasting. Symptoms settled with time and required no treatment. After endoscopy two delegates developed a fever with rigors one was treated with antibiotics neither suffered any long term effects. One subject with a history of gastrooesophageal reflux disease developed laryngitis which was attributed to reflux during the procedure.

Conclusions
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References

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