Instruction in Awake Fibreoptic Intubation Using Trainees as Subjects

Background
We report experience from 2 centres using training course delegates as teaching subjects for awake fibreoptic intubation ¹.

Methods
Fibreoptic intubation was performed on 275 training course delegates (over nine years) under topical lidocaine anaesthesia without sedation. Lidocaine was restricted to a maximum dose of 9mg/kg. Adverse events were recorded. Participants were asked to anonymously record sensations of anxiety, pain, coughing/gagging and their impression of the course on a five point scale.

Results
Endoscopy of the airway was performed to the level of the trachea in all except two of the 275 subjects. Intubation was completed in 248. Gagging during the procedure was rated as slightly uncomfortable by 173(63%) participants, 36(13%) found this uncomfortable and 8(3%) rated this aspect as very uncomfortable. Fifty-six (20%) reported no discomfort associated with gagging. Eight (3%) found the procedure painful. One-hundred-and-forty-six (53%) subjects found the procedure slightly painful; 116(42%) reported no pain. 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%) of those who completed questionnaires. Ninety nine percent of the delegates rated the training as good or excellent.

Complications
Nasal bleeding occurred in 24 cases. After the procedure 5 subjects vomited and 2 developed fever with rigors, 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. No serious side-effects of lidocaine administration were observed.

Conclusions
The use of course delegates as subjects for training in airway endoscopy was acceptable to this self-selected group of anaesthetists when conducted under closely controlled conditions.

References