

Endotracheal intubation

Endotracheal intubation is a medical procedure in which a tube is placed into the windpipe (trachea), through the mouth or the nose. In most emergency situations it is placed through the mouth.

In some cases you may not be conscious at the time you need endotracheal intubation. If you are awake, you will be given some medication to help you relax. The endotracheal tube will be lubricated with a gel that also has a local numbing agent such as lidocaine or xylocaine. The physician or respiratory therapist may spray the back of your throat with a numbing agent as well. If you are awake, all efforts will be made to make the procedure as comfortable as possible for you.

Once the tube is in place, you may not be able to speak due to the fact that the tube sits between your vocal cords. Do not be alarmed. Once the tube is removed you will be able to speak normally.

After endotracheal intubation, you may be placed on a breathing machine, given supplemental oxygen or some type of breathing treatment.

If you are unconscious during the procedure, once you awaken, your health care provider may give you medicine to reduce your anxiety or discomfort.

Endotracheal intubation is done to:

- Open the airway to give oxygen, medication, or anesthesia
- Remove blockages from the airway
- Allow the doctor to get a better view of the upper airway
- Protect the lungs in certain patients

Risks for any surgery are:

- Bleeding
- Infection

Additional risks for this procedure include trauma to the voice box (larynx), thyroid gland, vocal cords and trachea (windpipe), or esophagus. Puncture or perforation (tearing) of body parts in the chest cavity, leading to lung collapse, may also occur.