Awake Surgery in ENT

There are currently huge pressures on operating theatre time due to a combination of long surgical waiting lists and a shortage of anaesthetic, nursing and other support staff.

Carrying out procedures in an ambulatory setting mitigates many of these challenges while being able to main high standards of care and improve patient experience.

One of the difficulties of awake surgery is related to anxiety and associated psychological stress. Conscious light sedation can be a very effective adjunct for these patients, enabling administration of effective local anaesthesia so the surgery can proceed. Anterograde amnesia frequently occurs so even if there was some discomfort associated with the procedure the patient is unlikely to remember it. This is particularly helpful if repeat procedures are likely.

Published studies have shown operative conditions are well maintained in conscious patients. Operative time and time to discharge home is reduced when compared to anaesthetised patients.

Conscious sedation is part of established clinical practice for many other clinical teams. Guidelines were published in the Academy of Medical Royal Colleges document Safe Sedation Practice for Healthcare Procedures. The Royal College of Surgeons of England have produced the Standards for Conscious Sedation in the provision of Dental Care and Accreditation which has produced a framework for dental surgeons to practice operator delivered sedation successfully for many years.

A standard operating procedure for conscious sedation in ENT has been devised in our department.

We have carried out over 100 awake procedures, 7 of which were using midazolam for conscious light sedation. The most common procedure was inferior turbinate reduction. The other operations were septoplasty, FESS, balloon sinuplasty, division of adhesions, bone anchored hearing aid insertion and grommet insertion. Patient recorded outcome measures showed good results. Overall satisfaction was better in those having sedation for more invasive procedures or those with increased anxiety.

In our department we have proven the effectiveness of awake surgery in ENT as a treatment option in the management of chronic rhinosinusitis and nasal blockage. The use of awake surgery can also be extended to various otology and laryngology procedures. With the use of operator delivered sedation, patient experience improves which is particularly important if repeat procedures are likely. It also increases the repertoire of procedures that can be carried out in the ambulatory setting and allow for more extensive surgery.

When appropriate guidelines are followed, this is a safe method of delivering sedation with a proven safety record in other specialties such as oral surgery and gastroenterology. Reducing the need for anaesthetic provision is of great benefit when there is a national shortage of anaesthetists and we believe this will be key in allowing us to perform ENT procedures in a safe, effective and timely manner tackling successfully the ever growing patient waiting lists