

Awake esophageal and airway dilations are well-tolerated, safe, and efficacious.



Tolerance of Awake Procedures (TAP): Examining the Safety, Efficacy, and Perceptions of Awake Esophageal and Airway Dilation

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BACKGROUND

- More laryngeal procedures performed under “awake” anesthetic modalities.
- Awake procedures allow for real-time assessment, reduced costs and recovery time, without risks of general anesthesia.
- Few studies have examined the safety, efficacy, and patient perceptions of awake dilations.

METHODS

1. Prospective Survey Design
2. Adult, English-speaking individuals who present to a tertiary laryngology clinic.
3. Three surveys for patients, one for surgeons.
4. Chart Review
5. Univariate and Multivariate Analysis

ACKNOWLEDGEMENTS

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RESULTS

- 20 unique patients, 28 awake procedures

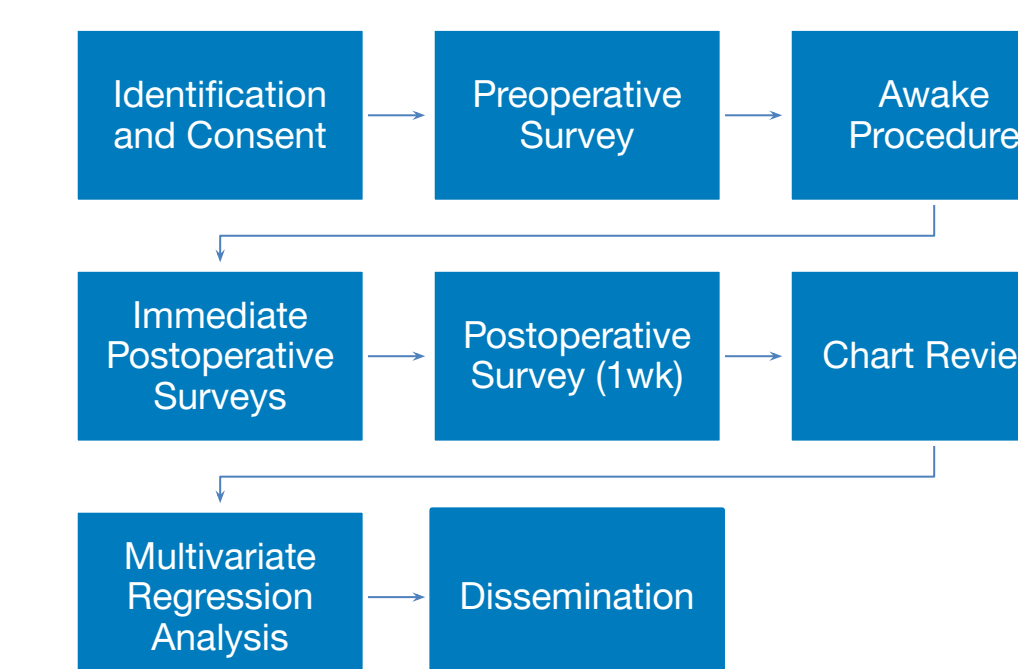
Ratings/10 (SD)	PREOP	POSTOP	POSTOP (1wk)
Pain	3.9 (2.2)	3.4 (2.4)	2.3 (2.1)
Anxiety	3.9 (2.4)	2.5 (2.4)	1.8 (1.8)
Overall Discomfort (10=worst pain)		4.1 (2.6)	3.8 (2.6)
Overall Experience (10=best experience)		6.4 (2.2)	6.7 (2.2)

- 92.9% reported symptom improvement.
- Multivariate analysis revealed increased duration of procedure ($p=0.006$) associated with worse overall experience.
- # of previous procedures, H&N cancer history and treatment, and psychiatric comorbidities not associated with overall experience ($p>0.05$).
- Surgeon experience does not correlate with patient experience ($p=0.24$).

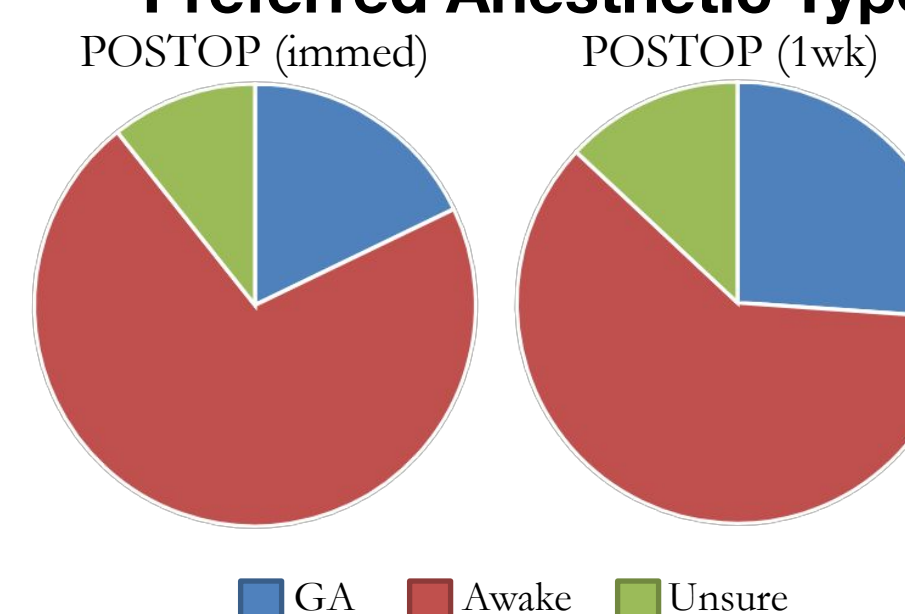
DISCUSSION

- Esophageal and airway dilations performed under “awake” anesthetic modalities are safe, efficacious, and well-tolerated by patients.

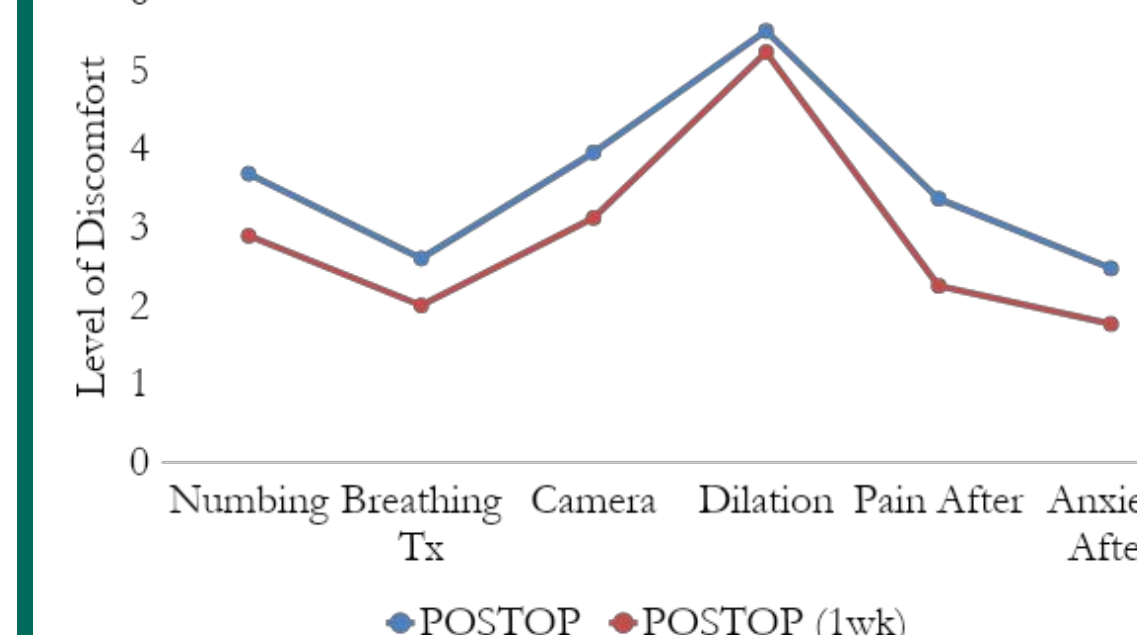
Workflow



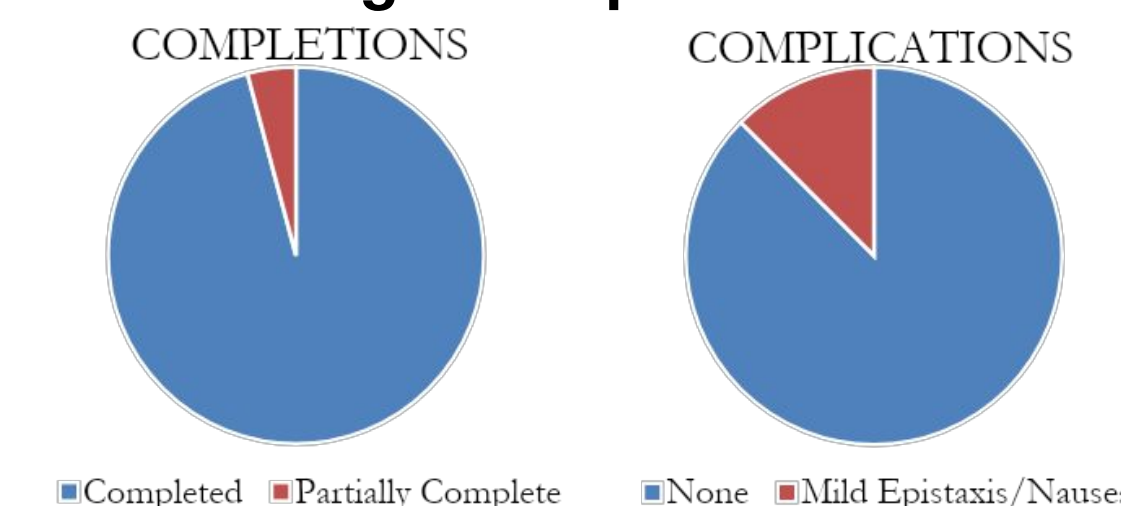
Preferred Anesthetic Type



Awake Procedural Timeline



Surgeon Experience



Take a picture for more information.

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