

Patient information from BMJ

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Nasopharyngeal airway (breathing tube in the nose)

Having a breathing tube placed through the nose is one of several procedures that can help people who are having trouble breathing normally.

It's often used when other methods might be difficult. For example, this method can work well when someone is awake or partly awake, and might not react well to a breathing tube being placed through the mouth.

What is a nasopharyngeal airway?

There are two ways for air to reach your voice box (larynx), your windpipe (trachea), and then your lungs: through the mouth, or through the nose. When we breathe, we use a combination of both.

The **pharynx** is the space behind the nose and mouth that connects your nose to your larynx. When you have a nasopharyngeal airway, it just means that a tube is passed through the nose and pharynx on the way to the larynx.

Why might I need a nasopharyngeal airway?

This procedure is one of several that can be used to help people who are having trouble breathing normally: for example, if they have been in an accident and lost consciousness (blacked out). It's used until someone can breathe normally again on their own.

This particular procedure is often used when someone is awake or partly awake. When someone is awake it is harder to place a breathing tube through the mouth.

This method is also often used if medics have tried and failed to place a breathing tube in the mouth.

What will happen?

The first thing that will happen if you have this procedure is that the medic will give you some oxygen through a simple mask, just to make sure you get some oxygen before the procedure begins.

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As you are lying on your back, the mask fits loosely over your face. The medic will squeeze gently on a flexible bag that is supplied with oxygen. The oxygen is then pushed gently into your nose and mouth. The medic will then:

- remove the mask
- move your head gently back into a position that opens the airway
- ease the flexible, lubricated tube into your nostril and back through the pharynx until it is in position. A small widened neck, or flange, stops the tube at the right place, so that it doesn't go all the way into your nose
- replace the oxygen mask and squeeze the bag supplying the oxygen regularly, so that oxygen passes through the tube in your nose, and into your lungs.

What are the risks?

All emergency breathing procedures carry risks. The main thing that can go wrong with this method is that the tube can damage the inside of the nose. This is not usually serious.

What can I expect afterwards?

The airway is kept in place until you can breathe by yourself. After it is removed, the medic treating you will keep a close eye on you to check that your breathing is now steady and regular. You can be given more oxygen if you need it.

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