

Peer Review File

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Review Comments

Reviewer A

Dear authors, it was a pleasure reading your manuscript titled "Awake Tracheal Intubation: A Narrative Review". It is a valuable and interesting topic. Please find below some comments to your manuscript:

1) This manuscript summarises the recommendations provided by Ahmad et al in the DAS ATI guidelines and explore the evidence provided in that review of the evidence and production of the guidelines. The manuscript should provide a more balanced review of all the available evidence and alternative techniques used in oxygenation, topicalisation, and sedation / anxiolysis. As the manuscript is written, it does not add to the body of evidence surrounding ATI.

Reply 1:

As a narrative review of awake tracheal intubation written three years after the guidelines by Ahmad et al there will be some overlap in the literature and evidence used. We do however acknowledge that in our previous submission relied quite heavily on these guidelines without summarising other evidence since their publication. We have added a discussion within the 'Optimising conditions for ATI' section (lines 946-971) where we discuss a more recent cohort study which uses higher sedation and minimal or low local anaesthesia to achieve similarly successful results and also discuss complications arising from local anaesthesia administration within this section rather than as a general complication of AFOI earlier in the paper. We have also discussed other international guidelines to make the paper less UK-centric (lines 946-964).

We have also tried to highlight why this paper differs from the work of Ahmad et al within the abstract, introduction and conclusion of the text. Firstly the DAS guidelines discuss only ATI with fiberoptic bronchoscope and videolaryngoscopes. This paper discusses these as well as optical stylets (line 762-808) and supraglottic devices (line 810-850). We have not come across another paper in our literature search which summarises all these methods within one narrative review. We have also discussed potential areas for further research which would include the use of disposable versus reusable bronchoscopes (lines 183-218), potential benefits of awake Video-Assisted Flexible bronchoscopic Intubation beyond both AFOI and awake videolaryngoscopy (lines 664-760) and minimal local anaesthesia versus minimal sedation techniques (lines 955-978).

We would also like to respond that our review includes a detailed section on patient experience including use of qualitative data, which is often not included in other systematic reviews or meta analyses (lines 1063-1201) as it does not contribute to statistical analysis. However we feel this section provides a very useful insight into patient experience and has implications for changing the practice of anaesthetists performing ATI.

Please note line numbers are in reference to the document with track changes.

2) Attached to your manuscript you will find further minor comments.

Reply 2:

We could only see two minor comments within the text: This was line 99 in reference to the accuracy of using the term 'awake' in this context as there is often an element of sedation. We have changed this term to 'non-anaesthetised'.

Line 112: we have included references for indications as requested

Reviewer B

The manuscript I reviewed has been excellently written. I believe it is suitable for publication.
