

Flexible Bronchoscopy An examination of the lungs



Please bring this information leaflet to your procedure. We will document your procedure in the section at the end and there is space for you to write down any questions you may have.

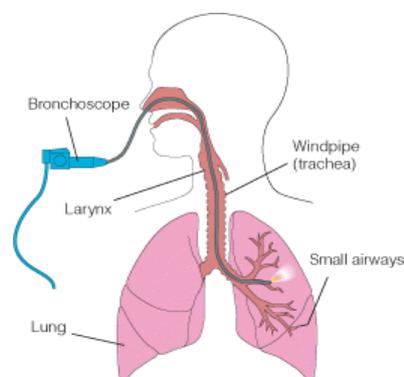
What is bronchoscopy?

Flexible bronchoscopy is a test which allows the doctor to look directly at the trachea (windpipe) and bronchi (airways) with a flexible camera (bronchoscope). The bronchoscope is inserted via nose or mouth, past the larynx (voicebox) and into the trachea. From here it can be passed into the bronchi in both lungs.

As well as looking in the airways, samples can be obtained through the bronchoscope in a variety of ways including washing, brushing, biopsies (taking pinch samples of the airways or lung with forceps) and needle aspiration (using a special needle to obtain samples with suction).

Benefits of the procedure

- Identification of infection (e.g. TB).
- Diagnosis of lung condition.
- Opportunity to take a biopsy.
- Can be part of treatment (e.g. clearing airways).



Before the procedure

- No food for six hours before the procedure.
- Clear fluids can be taken up to two hours before the procedure (and medications if needed).
- On arrival in the endoscopy unit, you will be asked to wait in the waiting area.
- A nurse will take you to an admitting room, record relevant details and explain the procedure. You will not need to undress for this process.
- You will be asked to sign the consent form to ensure you understand the procedure and possible complications.
- Arrangements will be made with your relative/escort to collect you when you are ready for discharge.
- Feel free to ask questions.

During the procedure

In the examination room you will be introduced to the doctor and nurses looking after you. They will take care to ensure you are comfortable throughout the procedure.

You will be sat upright on the trolley and a finger probe fitted to measure your pulse and oxygen levels. If needed, oxygen is given via nasal prongs that sit under the nose.

A small plastic cannula is placed in a vein in the arm so that medicine to make you sleepy can be given.

Anaesthetic is sprayed in the back of the mouth (and occasionally a nasal gel). More anaesthetic is given through the bronchoscope to the voice box and in the airways. This reduces coughing and makes the procedure more comfortable. You can breathe and swallow as normal throughout.

The bronchoscope is passed either through the nose or occasionally the mouth. You must try to keep still and not talk through the procedure. A nurse will be with you throughout to help.

The procedure usually takes no longer than 30 minutes.

After the procedure

You will be taken on the trolley to the recovery area where a nurse will take over your care.

You will wake up from the sedation and sensation will return to the throat as the anaesthetic wears off. Oxygen will be given if needed.

You may have a hoarse voice or cough as you recover. Occasionally, a nosebleed or coughing some blood may occur depending on the procedure performed.

We will offer you a drink after about an hour.

Your visit to the unit will last between 2 and 3 hours.

Please note the sedation can cause some short-term memory loss (amnesia). You will need to be collected from the department, will **not** be able to drive or operate machinery and should be in company of others for the rest of the day.

A summary of the procedure performed will be documented for you at the back of this booklet, including follow up details and contact information. Any outpatient appointment will be sent by post.

Potential complications

Bronchoscopy is considered a safe procedure but there are potential complications including:

- Hoarse voice.
- Sore throat.
- Mild temperature.

- Nosebleed.
- Bleeding.
- Low oxygen levels.
- Collapsed lung (with biopsies).

We need to know if...

- You think you may be pregnant.
- You are on medications that thin the blood (anticoagulants) or clopidogrel (Plavix).
- You are concerned about another medical problem.
- You need hospital transport.
- You need a translator present.
- You do not have someone who can be with you after the procedure.

Alternatives to bronchoscopy

- CT scan with induced sputum examination.
- Surgical lung biopsy (general anaesthetic)
- Rigid bronchoscopy (general anaesthetic)

Contact information

Endoscopy Unit, Peterborough City Hospital, Edith Cavell Campus, Peterborough PE3 9GZ (Mon-Fri 8am - 5pm)
01733 677433 (booking enquiries)
01733 673944/673945 (unit)

Switchboard, Peterborough City Hospital
01733 678000

Secretaries, Respiratory Department, Peterborough City Hospital
01733 673867

NHS Direct: 0845 4647 (0845 606 4647 textphone) or [nhsdirect.nhs.uk](https://nhs.uk)

Web address:

www.peterboroughandstamford.nhs.uk

Help us help you

We welcome your feedback regarding your experience in our department. Please use the suggestions book available.

If you have any personal values and beliefs that relate to your care, please inform the nurse on admission.

Treatment Summary

Appointment date/time:

Consultant:

Bronchoscopist:

Indication for procedure:

Sedation: Midazolam () Fentanyl ()

Intubation route: Nasal Oral

Procedure & site: Wash
Lavage
Brush
Endobronchial biopsies
Transbronchial biopsies
Transbronchial needle aspiration
Other

Side effects: Bleeding (minor)
Bleeding (major)
Pneumothorax (collapsed lung)
Other:
None

Advice/Follow up arrangements:

Your questions

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