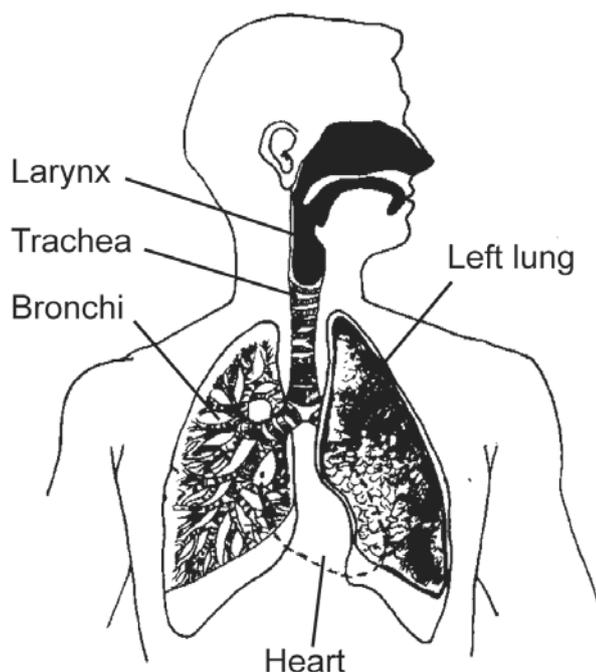


Flexible Bronchoscopy

Your lungs



What is a bronchoscopy?

A bronchoscopy is a test which allows the doctor to look directly at the larynx (voice box), the trachea (windpipe) and areas within the lungs. The bronchoscope is a long flexible tube (about the thickness of a pencil) with a bright light and a camera at the end.

Preparation

If you are taking warfarin/aspirin/clopidogrel/dabigatran/rivaroxaban/apixaban (or any other medicine which thins the blood), this may need to be stopped.

If you are not sure whether you are on a blood thinning medication, please discuss this with the doctor/nurse at the earliest opportunity. An up-to-date blood test may be needed to check your blood is clotting adequately.

Before stopping any medication, please check with your doctor or specialist nurse.

The test will usually be in the afternoon. You may have breakfast before 8am and take your usual morning medication. You may have sips of clear fluid up to 11am on the day of the test. Nothing to eat or drink after 11am.

If you have any questions regarding the test, you will be able to ask the doctor before the procedure. You will be asked to sign a consent form.

The test

You will be made comfortable on a couch.

You will be given medication into a vein on the back of your hand to make you feel sleepy; this may also make your mouth feel dry.

The back of your mouth and your nose will be sprayed with local anaesthetic - this tastes bitter. A soft plastic tube may be placed just inside one nostril to give you some extra oxygen. A plastic clip will be placed over a finger to monitor your pulse rate and blood oxygen levels; other equipment may be used to monitor you during the test.

Once the anaesthetic has taken effect, the bronchoscope is passed up your nose and down into your lungs. Sometimes, a mouth guard is placed into your mouth and the bronchoscope passed into your mouth to view the vocal cords. If necessary, the doctor will take biopsies and other specimens to be sent to the laboratory for analysis.

After the test

You will not be allowed to eat or drink until the local anaesthetic in your throat has worn off - this takes about 2 hours.

You may cough up a small amount of blood, particularly if the doctor has taken some biopsies. This will stop within about 24-48 hours, but if it continues, seek advice from your GP. Any hoarseness of your voice or sore throat will ease within a few days.

You will need to be collected following this procedure and you will need someone with you overnight due to the sedation used. Do not drive or operate machinery for 24 hours following the test.

By the following day the effects of the sedation will have worn off and you should be able to resume normal activities.

Risks/complications

Major complications are rare but include: pneumonia, bleeding, obstruction of the airways and major respiratory depression, which may occur in approximately 0.1% (1 in 1000) cases.

Mortality rate (i.e. risk of death following procedure) is very low, approximately 0.02% (1 in 5000).

Complications are more common if transbronchial biopsies (deeper lung biopsies) are undertaken (you will be told if the doctor is planning to take transbronchial biopsies). When taking transbronchial biopsies there is an approximate 1 in 50 risk of a pneumothorax (collapse of the lung) and if this happens, you will need to be admitted to a ward for overnight observation. Occasionally you may need an additional procedure to help re-inflate the lung.

Follow-up

When you come back to clinic, we recommend that you are accompanied by a relative or friend who will also be able to hear the results of the test.

For further information about flexible bronchoscopy, please contact:

Lung Specialist Nurse
01392 402168

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by Royal Devon staff undertaking procedures at the Royal Devon hospitals.

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