

Having a Bronchoscopy

Endoscopy unit: 01922 656217

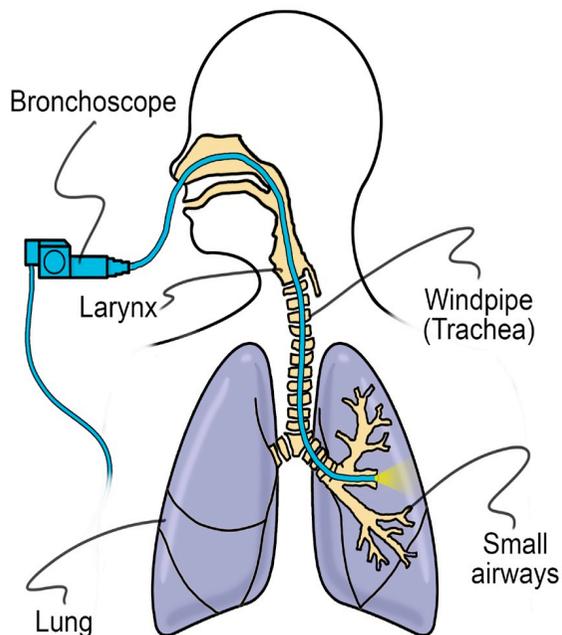
Your Doctor has advised that you should have a test called a Bronchoscopy. This leaflet explains why you need the investigation, how to prepare for it and what to expect immediately afterwards. If you have any remaining concerns or queries after you have read the leaflet, please contact us on the number shown above.

What is a Bronchoscopy?

A Bronchoscopy allows a Doctor to look directly at your voice box (Larynx), windpipe (Trachea) and your lungs (Bronchi). A Bronchoscope is passed with lubrication through your nose, past your voice box, down into the windpipe and into your lungs. Sometimes, if the nostrils are too narrow we pass the bronchoscope through the mouth instead. A Bronchoscope is a long flexible tube, about the width of a thin

pencil, that allows the Doctor to get a clear view of the aforementioned areas and check as to whether there are any abnormalities present; by displaying the image on a colour picture on a monitor.

During the test different procedures may be performed to obtain tiny amounts of tissue (biopsies) for further examination in the laboratory. This involves the painless removal of tiny pieces of the airway lining using tiny forceps threaded through the Bronchoscope.



What if I do not have a Bronchoscopy?

A Bronchoscopy has been recommended either because you have symptoms which indicate that you may have an abnormality of your airways or because an X-ray or CT scan has revealed some abnormal shadowing. It would be more difficult to decide what is causing these abnormalities without doing a Bronchoscopy, as we would only have information from your X-rays. It is sometimes possible to pass a fine needle through the chest, under local anaesthetic, into a lung shadow to get more information, but your doctor would have discussed this with you if this was the preferred way forward.

Preparation for the Bronchoscopy

It is vital that your stomach is empty for the Bronchoscopy to be carried out.

To ensure your Stomach is empty it is necessary for you to not have anything to eat for 6 hours before your appointment and not to drink anything 4 hours before your appointment.

Medication

Please stop iron tablets 7 days before your appointment. If you take Warfarin, Aspirin, Clopidogrel, Rivaroxaban, Dabigatran, Edoxaban or other blood thinning drugs or if you are a Diabetic, please contact us and ask to speak to a Nurse. We may need to alter your medication before your Bronchoscopy and may need to do blood tests prior to the test to make

sure they are ok. Use inhalers as usual or nebulizers as prescribed by your Doctor.

Consent

You have been sent a yellow consent form; this document explains the risks associated with this procedure. We would like you to read through this thoroughly, but it does not need to be filled in or signed until you are in front of the Doctor.

If you have any questions related to the form you can discuss them with the Endoscopist or Nurse before your procedure.

Please bring the consent form with you to your appointment.

During the test

In the examination room you will be made comfortable sitting upright on a couch. You will be asked to remove glasses if you wear them (Contact lenses can remain in) and to remove any false teeth (a denture pot is provided).

Sedation

A thin tube, introduced with a needle, will be placed into a vein in your arm or hand. Medication will be injected through this which will make you sleepy and relaxed, such that you may not remember much about the procedure afterwards. A small oxygen tube will be placed at the opening of one of your nostrils and some anaesthetic jelly will be placed in the other nostril to lubricate the nasal passage. This lubrication will reduce any discomfort during the insertion of the Bronchoscope. A local anaesthetic will also be sprayed on the back of your throat to numb it for the procedure.

Due to the sedation, it is vital that you have an adult to accompany you home (by car or taxi) and for an adult to be with you until the next day. It is strongly recommended that you do not drink any alcohol, drive any vehicle, operate any machinery, sign any legal documents, or return to work for 24 hours. This is because the effects of the sedation last this long.

These arrangements will be confirmed before your test and **your test will be cancelled if you do not arrange someone to be with you.**

Without Sedation

It is possible to perform a Bronchoscopy without sedation, which would be down to individual preference. If you would prefer to have the procedure done without sedation you can discuss it with your doctor when he/she is requesting the test. The final decision about whether the test will be done with or without sedation will be made on the day of your Bronchoscopy.

The Bronchoscopy

An Oxygen measuring device will be placed on one of your fingers, so that the doctor can manage your oxygen levels throughout the procedure.

If your nasal passage is too narrow you will be asked to bite onto a mouth guard and the tube will be passed over the back of your tongue and down your throat, following anaesthetic spray to numb the back of your throat.

Once you are sleepy and before the tube is passed any further, local anaesthetic is sprayed onto your voice box and upper airways to numb these areas. This may

cause some coughing which usually settles. Further small amounts of local anaesthetic are sprayed where necessary in your airways to enable a full examination.

Try not to talk during the Bronchoscopy as talking can give you a sore throat after the procedure.

The whole procedure takes about 20 to 30 minutes. It may be necessary during the procedure to take photographs of parts of your airways. Occasionally a fine brush may be passed out into the lung to obtain samples from an area of shadowing on the X-ray.

Water may be squirted, through the Bronchoscope, out into the lung and sucked back to obtain samples from the lungs to be analysed.

After the Bronchoscopy

After the test you will be transferred to recovery ward to rest; where you will be continually monitored and there will always be a nurse present to help you. Due to your throat being numbed, it is not safe for you to eat or drink at this stage in case this results in something going the wrong way down your windpipe (Trachea). Coughing after the procedure is normal and may even produce some small amounts of blood. Your ability to swallow should return in 2 hours.

Complications/Risks

If sedation is used for your procedure there is a small risk that you will become too sleepy or that your oxygen levels will fall, if this occurs the sedation can be reversed using other medicines.

In the days after the procedure you may have a cough or a sore throat. During the procedure you may feel a little breathless; this is a normal feeling and should wear off quickly after the procedure.

Other risks associated with Bronchoscopies are:

- **Fever/Infection:** About 1 in 10 people experience a temperature following a Bronchoscopy. In a similar number of people traces of bacteria can be found in the bloodstream after the procedure, but this rarely leads to any problems.
- **Bleeding:** There is only a 1 in 500 chance of significant bleeding during a Bronchoscopy. Bleeding is more likely if a biopsy has to be taken from the spongy area of the lung as opposed to the lining of the airways, but even then it occurs in less than 1 in 20 cases. Bleeding from the nose can occur if your nasal passage is narrow, this usually settles with applied pressure.
- **Pneumothorax:** This is a leak of

air between the lung and the chest wall. This rarely happens in a standard Bronchoscopy procedure (about 1 in 1000 cases), but sometimes a sample of lung substance needs to be taken. Taking samples like this result in a 3% risk of a leak of air, from the lung, and this is usually a small leak, which heals by itself without any further action. If the leak is larger it may be necessary to suck the air out with a needle or place a thin tube, under local anaesthetic, through the chest to drain the air away. You may need to stay in hospital if this occurs.

The Patient Relations Team is here if you need them:

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