

Patient Information Brochure

Bronchoscopy

A bronchoscopy is a test to look at your airways and lungs. A small tube is put through your nose or mouth into your lungs.

WHY DO I NEED A BRONCHOSCOPY?

To see the abnormalities of the airway

To obtain samples from the abnormal area

To obtain tissue specimens of the lung in a variety of disorders

To evaluate a person who has bleeding during cough, a chronic cough, or a damaged lung

To remove foreign objects lodged in the airway

To open the blocked airway

HOW DO I PREPARE FOR THE PROCEDURE?

At least 6 hours of fasting is required before the procedure to reduce the risk of vomiting during the procedure. You should not take any thing (liquid/solid) since early morning on the day of bronchoscopy and to report at 9.00 am for bronchoscopy.

An informed written consent will be taken prior to the procedure.

An adult family member or friend needs to come with you to take you home after the test.

HOW IS A BRONCHOSCOPY PERFORMED?

The bronchoscopy is performed in a special room designated for the procedures.

Before the procedure, an intravenous line will be put on your arm for emergency use.

If indicated, you will be nebulised before the procedure.

Local anesthetic (15% & 4% Lignocaine) will be sprayed inside the mouth and will be instilled inside the nostril. This medicine will cause you bitter taste and feeling of choking sensation. In rare case doctor can use drug (midazolam) during the procedure to relieve your anxiety.

Oxygen saturation and heart rate will be monitored through out the procedure. If required, supplemental oxygen can be given.

Flexible bronchoscope is passed through either nose or mouth, usually in lying down position.

When the bronchoscope will pass through the airways, you may feel an urge to cough or minor discomfort. This is a temporary phenomenon. Medication will be given during the procedure to relieve cough. However, you will be able to swallow and breathe.

Unless biopsy is taken, pain is unlikely during the procedure.

You should avoid talking during the procedure. Talking can cause sore throat after the procedure.

Occasionally, the whole procedure can be done under X-Ray guidance (Fluoroscopy).

Once the bronchoscope is inserted into your upper airway, the doctor will examine your vocal cords. The doctor continues to advance the instrument to the trachea and beyond, examining each area as the bronchoscope passes.

If any abnormality is detected, appropriate sample will be taken by using a brush, a needle, or biopsy forceps.

WHAT WILL HAPPEN AFTER THE PROCEDURE?

As local anesthetics are used during the procedure, there is high risk of aspiration after the procedure. So you should not take any solid or liquid orally for 3 hours after the procedure. Your first feed should not be too hot or cold.

Although most adults tolerate bronchoscopy well, doctors require that you remain for a brief period of observation (2 hours).

Most of the complications occur during the procedure or shortly after the procedure.

Rarely, you may have low grade fever at the evening of the bronchoscopy day and it usually responds with paracetamol.

If biopsy is taken, you may have blood tinged sputum after the procedure.

If necessary, oxygen supplementation/nebulisation can be given after the procedure.

There is no restriction of food.

The needle from the vein will be removed after the procedure.

WHAT PROBLEMS CAN I HAVE AFTER THE PROCEDURE?

Complications from fiberoptic bronchoscopy extremely low.

Common complications are: low blood oxygen, heart rate or blood pressure abnormality.

Excessive bleeding can occur (if biopsy taken).

A lung biopsy also may cause leakage of air called “Pneumothorax”. Pneumothorax occurs in less than 1% of cases during biopsy procedure.

For any further clarification you may discuss with your concerned doctor .

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