

Endoscopy Department

Bronchoscopy for outpatients

Important information

Before your appointment

- If you are taking **Warfarin** please read the 'Alert for patients on Warfarin' carefully as you may need to have an INR test 7 days before.
- All other medication should be taken as normal.
- People with **diabetes** should have additional instructions. Contact the Endoscopy department on 01223 257080 immediately if missing.
- If you have any queries about the procedure or find that you cannot keep this appointment, please contact the Endoscopy Office between 0900 and 1700 on Tel: 01223 257080

On the day

- Have **nothing to eat or drink for four hours** before your appointment.
- If you have heart valve disease or require antibiotics when you visit the dentist please tell us when you come for the procedure.

At the hospital

- Please come to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- Use **Car park F**, situated opposite the main entrance to the centre, take the 'visitor' parking ticket issued at the car park entrance to the reception desk in the Treatment Centre to have it changed to the concession for outpatients' version. Bring your appointment letter with you.
- Please note that your appointment time is for your pre procedure check, **not** the time of your examination. The length of time you will be will vary enormously but expect it to be anything from 2 – 4 hours or more. Please check with your admitting nurse for further information during your admission check.

Your doctor has requested this procedure to help investigate and manage your medical condition.

What is a bronchoscopy?

Bronchoscopy is a procedure that allows the endoscopist to look directly at the passages that take air into your lungs. These airways include the trachea (windpipe) and the bronchi (branches of the airways). The bronchoscope is a long flexible tube, about the width of a thin pencil, with a light at the end. It is passed either through your nose or through your mouth, past your larynx (voice box) down your trachea and into the bronchi. The lining in these areas can be checked to see if there are any problems in your respiratory (breathing) system. The procedure can take between 15 and 20 minutes.

Sometimes it is helpful to take a biopsy – a sample of the lining. This is done by passing a small instrument through the bronchoscope to 'pinch' out a tiny bit of the lining (about the size of a pinhead) which is sent to the laboratory for analysis. Occasionally the area we need to biopsy is difficult to reach in which case we might need to use x-ray equipment to help us identify it. This is called a transbronchial biopsy.

Getting ready for the procedure

Wear loose fitting washable clothing and leave valuables at home.

On arrival the procedure will be explained and you will be asked to sign a consent form. We want to make sure that you understand the procedure and its implications. Remember, you can change your mind about having the procedure at any time.

Most patients who have a bronchoscopy will be given a local anaesthetic to the nose and back of the throat. You will also be given an intravenous sedative, which is an injection into a vein to make you feel relaxed and sleepy but not unconscious (this is **not** a general anaesthetic). The sedative will continue to have a mild sedative effect for up to 24 hours and may leave you unsteady on your feet for a while.

You **must** arrange for a responsible adult to come with you, wait with you and then take you home. You will be unfit to drive yourself. Altogether, you and your escort may be in the department for up to two hours. If you come without someone, the procedure will be cancelled. If you are using hospital transport, an escort is not required.

During the procedure

For your comfort and reassurance, a trained nurse will stay with you throughout. In the procedure room, you will be asked to remove false teeth and glasses, made comfortable on a couch in a sitting or lying position.

The endoscopist will give you the intravenous injection and throat spray. If the tube is being inserted into your nose local anaesthetic jelly will be used to numb your nasal passage. If the tube is being inserted into your mouth a plastic mouth guard will be placed gently between your teeth. This is to keep your mouth open so that you do not bite the bronchoscope. A plastic 'peg' will be placed on your finger to monitor your pulse

and oxygen levels.

As the bronchoscope is gently inserted, more local anaesthetic will be given to numb the larynx (voice box), this may make you cough a little. As the local anaesthetic takes effect, your throat will relax. We will give you extra oxygen by putting a soft plastic tube just inside your nose.

Minimal restraint may be appropriate during the procedure. However if you make it clear that you are too uncomfortable the procedure will be stopped.

When the procedure is finished, the bronchoscope is removed quickly and easily.

Potential problems

Bronchoscopy procedures carry a small risk (less than 1 in 1000 of major haemorrhage (bleeding)).

If you had a transbronchial biopsy, there is a risk of leakage of air from the lung (1 in 30) which may cause the lung to collapse. These leaks often seal up quickly on their own, however in a small proportion of these cases, we might need to insert a chest drain (a tube) to remove the unwanted air in the chest area. In order to detect a leak you will have a chest x-ray about an hour after your procedure, and if a leak is detected you will be admitted to hospital. .

There may be a slight risk to teeth, crowns or dental bridgework; you should tell the nurse if you have any of these.

Other rare complications of this procedure include aspiration pneumonia (inflammation of the lungs caused by inhaling or choking on vomit) and adverse reactions to the intravenous sedative drugs.

After the procedure

After the bronchoscopy, you will be taken to a recovery area (mixed sex) while the sedation wears off. When you are sufficiently awake, you can go home. We advise you not to eat or drink for about two hours as is not safe until full sensation has returned. You are also advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents for the next 24 hours. You are advised to have a responsible adult stay with you for the next 12 hours.

You may have a sore throat and/or hoarse voice and a slight nosebleed. If we take some biopsies, you might find some streaks of blood in your phlegm. These are quite normal and usually stop within 24 hours.

If you have any of the following you should contact your GP, the Endoscopy department or the Accident and Emergency department

- Pain when breathing, either in your chest or shoulder,
- Difficulty breathing or expanding your lungs

- persistent or increased bleeding

When do I know the result?

The endoscopist will be able to tell you your results immediately after the procedure. It is a good idea to have someone with you when you talk to the endoscopist because the sedation can make you forget what has been discussed. If a biopsy was taken the result will not be available for a couple of weeks.

Details of the results and any further treatment should be discussed with the doctor who recommended you for the procedure.

Training doctors and other health professionals is essential to the continuation of the National Health Service, and improving the quality of care. Your treatment may provide an important opportunity for such training under the careful supervision of a senior doctor. You can, however, decline to be involved in the formal training of medical and other students: this won't affect your care and treatment.

Alternatives:

There are no real alternatives to having a bronchoscopy. In some cases, depending on individual factors such as the symptoms present and the condition being investigated, a CT scan may be appropriate.

For more information:

- Contact the Endoscopy Office between 0900 and 1700 on Tel: 01223 257080.
- See www.addenbrookes.org.uk/consent

References:

www.brit-thoracic.org.uk



Addenbrooke's is smoke-free. You cannot smoke on site. For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Informacje te można otrzymać w innych językach, w wersji dużym drukiem lub audio. Zamówienia prosimy składać pod numerem: 01223 216032 lub wysyłając e-mail: patient.information@addenbrookes.nhs.uk

Polish

Se precisar desta informação num outro idioma, em impressão de letras grandes ou formato áudio por favor telefone para o 01223 216032 ou envie uma mensagem para: patient.information@addenbrookes.nhs.uk

Portuguese

Если вам требуется эта информация на другом языке, крупным шрифтом или в аудиоформате, пожалуйста, обращайтесь по телефону 01223 216032 или на вебсайт patient.information@addenbrookes.nhs.uk

Russian

若你需要此信息的其他語言版本、大字體版或音頻格式，請致電 01223 216032 或發郵件到: patient.information@addenbrookes.nhs.uk

Cantonese

Bu bilgiyi diger dillerde veya büyük baskılı ya da sesli formatta isterseniz lütfen su numaradan kontak kurun: 01223 216032 veya asagidaki adrese e-posta gönderin: patient.information@addenbrookes.nhs.uk

Turkish

এই তথ্য বাংলায়, বড় অক্ষরে বা অডিও টেপে পেতে চাইলে দয়া করে 01223 216032 নম্বরে ফোন করুন বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করুন।

Bengali

Document history

Authors	Q Tuffnell, A Wright, Dr Nick Morrell, Dr P Sivasothy
Department	Endoscopy Department, Box 293, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 2QQ www.cuh.org.uk
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