

## Endoscopy Department

# Bronchoscopy

## Important information for inpatients

### Before your appointment

- If you are taking **Warfarin** or **insulin** remind the medical staff looking after you as they may need to be adjusted.
- All other medication should be taken as normal.
- If you have any queries about the procedure please do not hesitate to ask the medical or nursing staff looking after you.

### 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.
- You will be brought to the Endoscopy Department, which is on Level 3 of the Addenbrooke's Treatment Centre (ATC).
- When you arrive in the department there may be a delay before your procedure so bring something to read or do to help pass the time.
- Make sure you keep your dentures in, leave your hearing aid in place and bring your glasses with you.

Your doctor has requested this procedure to help investigate your medical condition to aid your diagnosis and management.

### What is a bronchoscopy?

Bronchoscopy is a procedure that allows the endoscopist to look directly at your large airway. Your large airway is the trachea (windpipe), the bronchi (branches of the airways) and some areas of the lungs. 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 called forceps 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 and this is called a transbronchial biopsy; we might need to use x-ray equipment to help us.

## Getting ready for the procedure

The medical team looking after you should discuss with you why they want you to have this procedure so that when you arrive in the department you can sign a consent form with the endoscopist. They will be happy to answer any of your questions as 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 local anaesthesia (loss of sensation in a small area) to the nose and back of the throat. You will also be given an intravenous sedative; this is an injection given 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.

## 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, glasses and 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. 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, we might use some more local anaesthetic 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. A small proportion of these patients might need to have a chest x-ray and have a chest drain (a tube) inserted to remove the unwanted air in the chest area.

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 until you are awake enough to be returned to your ward. If you are discharged from hospital within 24 hours of your procedure you are advised not to drive, operate machinery, return to work, drink alcohol or sign any legally binding documents. You are also 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 took 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 tell the staff on your ward:

- severe pain,
- black tarry stools
- persistent bleeding.

## When do I know the result?

If you are still sleepy when taken back to your ward, the doctors looking after you on the ward will tell you the result. A written report will be filed in your hospital notes before you leave the department so that the information will be immediately available for the medical team looking after you.

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 216546.
- See [www.addenbrookes.org.uk/consent](http://www.addenbrookes.org.uk/consent)



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](mailto: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](mailto: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](mailto: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](mailto:patient.information@addenbrookes.nhs.uk)

### Russian

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### 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](mailto: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](mailto:patient.information@addenbrookes.nhs.uk) ঠিকানায় ই-মেইল করুন।

### Bengali

## Document history

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