



Patient information

Bronchoscopy

This document contains important information about your upcoming investigation and should be read immediately, giving you time to think of any questions.

PLEASE READ NOW

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This leaflet explains the procedure called a BRONCHOSCOPY. It explains why we do bronchoscopies and what you can expect if you are having the procedure done. It also gives you general information about what to expect from the time of your admission to your discharge home from hospital. If you have any further questions, please do not hesitate to ask a member of your medical team.

What is a bronchoscopy?

A bronchoscopy is an examination of the main airways (breathing tubes) of your lungs. The bronchoscopy is done with a thin flexible instrument with a mini-camera at its tip, called a bronchoscope. The bronchoscope allows your doctor to see inside the breathing passages of your lungs, and if needed, to take samples from inside your lungs.

Why do I need a bronchoscopy?

There are a number of reasons why a patient may need a bronchoscopy. These may include coughing up blood, difficult lung infections, a persistent cough, or an abnormal chest x-ray or CT scan. Your doctor will explain why you need the bronchoscopy.

What samples might be taken?

Samples are taken in a variety of ways, depending upon the circumstances, and can be used to test for lung infections, tumours and other sorts of lung conditions.

- Lung washings: saline (salt water) is passed into the airways, and the sucked out again, providing a sample of the cells from the lining of the lung.
- Brushings: a thin brush on the end of a wire can be passed down the bronchoscope to brush cells from the lining of the airways.
- Biopsies: a tiny pair of forceps can be passed down the bronchoscopy to take little samples of lung tissue. This is painless.

In each case, the sample obtained is put into preservative fluid and sent to the laboratory for testing.

How do I prepare for my bronchoscopy?

You will need to provide an up-to-date list of all your medications, allergies and any medical conditions – your doctor will review this with you. You should take your usual medicines (with a small amount of water) if they are for high blood pressure, angina, or epilepsy. You cannot eat or drink for 6 hours before the procedure.

Please tell your doctor if:

- You have any allergies
- You have had a previous bronchoscopy
- You suffer from asthma
- There have been any changes in your condition since you were last seen in clinic
- You are taking any blood thinning medication

- You don't have somebody to take you home after the procedure

What will happen before the procedure?

A doctor will explain the procedure to you, and you will be asked to sign a consent form. This is to confirm that you understand the reasons for the test, and what is going to happen to you during the procedure. If you have any queries, please don't hesitate to ask the medical staff. A cannula (tiny plastic tube) will be inserted into your arm.

What happens during a bronchoscopy?

In the room where you will have the bronchoscopy, you will be made comfortable on a bed, usually lying flat. A plastic clip will be placed over your finger and three pads will be applied to your chest, to monitor your oxygen levels and heart rate throughout the procedure. You will be given oxygen to breathe through a soft plastic tube placed just inside your nostrils. Your doctor will give you a sedative injection into a vein in your arm, which will make you feel sleepy and relaxed. A local anaesthetic will be applied to your nose and the back of your throat. This can taste bitter, and you may have the sensation of a numb "blocking" in the back of your throat. This will wear off after the procedure.

Once the area is numb, the doctor will pass the bronchoscope gently into your nose/mouth. As the bronchoscope is passed to the back of your throat, more local anaesthetic is applied – this may make you cough, however, this usually settles down as the local anaesthetic takes effect. The doctor will inspect all the airways and take any samples that are needed. You may be offered more local anaesthetic or sedation during the procedure to help address any discomfort you may have.

What are the potential risks of having a bronchoscopy?

Bronchoscopy is a safe procedure and complications are relatively rare. It is usually performed as a day procedure, however, occasionally patients take longer to recover after the procedure and need to be admitted to hospital overnight.

Mild complications:

- Sore throat
- Voice hoarseness
- Fever: 30% (1 in 3) develop fever and sweating within the first 12 hours after bronchoscopy. This goes away by itself and is not usually a sign of infection.
- Cough with blood stained phlegm
- Sleepiness

These symptoms are very common in the first 24 hours following the bronchoscopy, and will usually go away without any treatment.

More serious complications:

- **Infection:** 6 – 8% (6 – 8 people in 100) risk of developing infection following bronchoscopy. If you start coughing up yellow/green phlegm or develop a fever more

than 24 hours after bronchoscopy, please contact your GP or attend the A&E Department of the local hospital - you may need antibiotics.

- **Collapsed lung (pneumothorax)**: 1% (1 person in 100) risk of the lung collapsing and air leaking into the space surrounding your lung. If an air leak does occur, 50% of cases heal by themselves. In some cases, a chest drain (plastic tube) needs to be inserted under local anaesthetic to remove any air leaking from the lung.
- **Bleeding**: 0.2% (2 people in 1000) risk of severe bleeding during bronchoscopy. This can usually be stopped by administering medications down the bronchoscope, and very rarely may require blood transfusion.
- **Death**: 0.01% (1 person in 10 000) risk of death following bronchoscopy. However, the people who have died following bronchoscopy have often been very unwell beforehand.

What happens after the procedure?

You will return to the ward and be looked after by a nurse until you are well enough to leave. Your breathing rate, pulse and blood pressure will be checked. You should not eat or drink for 2 hours, until the feeling in the back of your throat has returned. After this time, you will be offered water and encouraged to move around – if you are well, you will be able to go home later the same day.

It is common to experience a mild sore throat, hoarseness and cough after the procedure – this should settle over the next 24 hours. You may cough up small amounts of blood: please inform the nurse if you cough up more than a tablespoon of blood, have chest pain or difficulty breathing.

Your doctor may give you some initial results of your bronchoscopy when you are awake, before you leave. However, if samples were taken for testing in the laboratory, it may be several days before all the results are known. You will be told when you need to come back to the clinic to discuss details of the results and any treatment.

Going home

As you will have had sedation, it is essential that somebody comes to pick you up after the procedure and stay with you overnight. Once home, rest quietly for the remainder of the day. *If no one is able to stay with you overnight please let the department know in advance.*

Over the next 24 hours, it is important that you do not:

- Drive a car, motorcycle or bicycle
- Operate any machinery
- Drink alcohol or take sleeping tablets
- Sign any legally binding documents

The effects of the sedation should have worn off by the following day, so you can resume all your normal activities.

If you experience symptoms following the procedure, including coughing up blood, chest pain and/or shortness of breath, please contact your GP as soon as possible or go straight to the nearest Accident and Emergency Department. Dial **999** if you have no one to take you.

Contact Details

St John's Hospital

Respiratory secretaries: **01506 523 830**

Endoscopy department: **01506 523938**

Royal Infirmary of Edinburgh

Respiratory secretaries: **0131 242 2046**

Endoscopy department: **0131 242 1777** or **0131 242 1839**

Western General Hospital

Respiratory secretaries: **0131 5372348**

Endoscopy department: **0131 5371695**

For out of hours advice, phone NHS 24 on **111**.

For emergencies, go directly to your local A&E department or phone **999**.

Consent Form for a Bronchoscopy	Addressograph, or
	Name
	DOB
Unit No./CHI	

Name of procedure/investigation: Bronchoscopy
Inspection of the bronchial tree using a flexible bronchoscope – with or without a biopsy.

To the patient	
<p>You have the right to change your mind at any time, including after you have signed this consent form.</p> <p>I have read and understood the information in the patient information leaflet, including the benefits and any risks such as infection, collapsed lung, bleeding, death.</p> <p>I agree to the procedure described in the patient information leaflet and mentioned above.</p> <p>I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however have the appropriate experience. Where a trainee performs this examination, this will be undertaken under supervision by a fully qualified practitioner.</p>	
Signature: Print name:	Date:
Clinician's signature: Print name and status:	Date:

<p>If you would like to ask further questions, please do not sign the form now. Please bring it with you and you can sign it after you have talked to the healthcare professional.</p>

To the healthcare professional	
<p>I have confirmed that the patient/parent understands what the procedure involves, including the benefits and any risks.</p> <p>I have confirmed that the patient/parent has no further questions and wishes the procedure to go ahead.</p>	
Healthcare Professional's signature: Print name and job title:	Date:

Statement of interpreter (where appropriate)	
<p>I have interpreted the information above to the patient/parent to the best of my ability and in a way in which I believe that she / he / they can understand.</p>	
Signature: Print name: Or, please note the telephone interpreter ID number:	Date: