



Endoscopy

Having a Bronchoscopy

General Information

Telephone Numbers for Endoscopy Department

RECEPTION (general enquiries only):	01305 255225
APPOINTMENTS (appointment enquiries only):	01305 255701

If you are using hospital transport and your appointment is after 2pm, please contact the appointments line to rearrange an earlier appointment.

Having a Bronchoscopy

This leaflet will explain what a Bronchoscopy is and tell you what to expect when you come to the hospital.

What is a Bronchoscopy?

Bronchoscopy is a procedure to look at your windpipe, (called "trachea") and the central air passages (called "bronchi"). The instrument used to do the examination is called a bronchoscope. It is a flexible tube with a bright light and a tiny camera at the tip that transmits pictures of the inside of your lungs to a video screen. The instrument can only see the central air passages because the bronchi are like the branches of a tree, getting smaller and smaller towards the edge of the lung, and rapidly become too narrow for it to pass.

The bronchoscope is introduced via your mouth or your nose, passed through your larynx (voice box), down your trachea and into your bronchi.

For the procedure you are usually given local anaesthetic and a sedative to keep you comfortable (**not a general anaesthetic**). The procedure usually takes about 20 minutes, although you should expect to be in the hospital for about three hours.

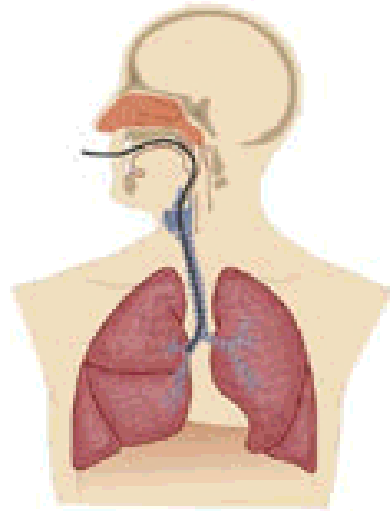
Who is treating me?

A skilled endoscopist will carry out the procedure.

Amongst the health professionals treating you may be a "doctor in training" – medically qualified, but now doing more specialist training. They range from recently qualified doctors to doctors almost ready to be consultants. They will only carry out procedures for which they have been appropriately trained. Someone senior will supervise – either in person accompanying a less experienced doctor in training, or available to advise someone more experienced.

Why do I need to have a Bronchoscopy?

The purpose of a Bronchoscopy is to see if there are any abnormalities of the trachea and bronchi. It is a very useful and commonly-used test in lung disease.



VIRTUAL MD

The benefits of having a Bronchoscopy

During a Bronchoscopy the voice box (larynx), windpipe (trachea) and bronchi (central air passages) can be clearly seen.

The Bronchoscope has a hollow tube inside that can be used to take samples of tissue, called biopsies, or cells, usually by washing or brushing the lining of the air passages. These are then examined in the laboratory under a microscope.

Bronchoscopy may well help make a diagnosis of your complaint. Your doctor will explain the reason for the bronchoscopy which will usually be for one or more of the following:

- to help diagnose or exclude tumours
- to help in the diagnosis of TB or other infections
- to remove a foreign body eg a peanut which has been inhaled
- to help in patients who have a chronic cough which has not been explained by simpler tests
- to take samples from the edge of the lung in people with some scarring lung disease.

Side effects or risks of having a Bronchoscopy

Bronchoscopy is a very safe test. The risk of serious complications is less than 1 in 1000 bronchoscopies. Complications are rare but, as with all medical procedures, there are some risks that we must make you aware of:

Reduced breathing rate: This is a known complication of sedation, but in order to minimise any risk, your dose is individually tailored and your oxygen level and ECG are monitored throughout the procedure by a nurse. All patients are given supplementary oxygen. If you are asthmatic, or have known breathing difficulties, please inform the nurse on arrival and bring your inhalers with you. Sometimes people with asthma can feel rather wheezy but this is generally easily treated.

Bleeding: It is not unusual to cough up a small amount of blood for a few hours after the procedure if biopsies have been taken. This does not usually require any further treatment. You should not worry unless you are repeatedly coughing up large amounts of blood, in which case you must report back to your GP or the A&E department immediately.

Perforation (a tear in the lining of the lung): This is only a risk if you are having samples taken from the edges of your lung (known as a transbronchial biopsy). Your doctor will tell you beforehand, and ask you to give specific consent to this risk, which is 1 in 100 of a partially collapsed lung (called a pneumothorax) with transbronchial biopsy. This rarely causes any significant problem, but would require you to stay in hospital overnight to ensure it resolves. Occasionally, it is necessary to help a lung to re-expand by inserting a needle or tube into the chest to suck out the air. This is, however, extremely rare.

Fever: Some patients develop a slight fever with shivering after the procedure for a few hours. This should settle by itself and can be helped by taking some paracetamol. If the problem persists, seek medical advice, as an antibiotic may be required.

Change in heart rhythm: This is rare, but can occur, and therefore your heart is constantly monitored throughout the procedure. Please let the staff know if you have any known heart conditions.

Is there an alternative to a Bronchoscopy?

Yes. Specialist x-rays, such as a CT scan, may show the cause of your symptoms. However, this does not show up the airways very well and does not allow biopsies to be taken which may be necessary to confirm a diagnosis.

Remember if you are unsure about this examination, please seek more information from the doctor who referred you.

Preparing for your Bronchoscopy

For your safety, it is important that you **do not eat or drink for at least six hours before the test, including no chewing gum or sweets.**

Please telephone the endoscopy unit as soon as possible if you are diabetic, or are recovering from a heavy cold or flu. If you are on blood thinning medications and are unsure when, or if, to stop them, please contact the Respiratory department.

Medication

Please do not take any oral medication four hours before your appointment. Please bring a list of prescribed medication with you.

It is very important that you make arrangements for someone else to come into the Endoscopy Unit to collect you, drive you home and look after you for 24 hours following the procedure. This is because you will be given a sedative injection during the test which will make you drowsy and forgetful for the next 24 hours.

What happens when you get to the Endoscopy Unit?

It is not unusual to feel anxious about the procedure. The nurses and doctors will do their best to reassure you. You should expect to be in the Endoscopy unit for about three hours.

When you come to the Endoscopy Unit please give your name to the receptionist. A nurse will meet you and take you through to a private office. You will be asked some questions about the arrangements you have made to get you home and about your health.

Please tell the nurse if you are allergic to any medicines or have had a previous bronchoscopy. We will also need to know if you are asthmatic or if there has been any change in your condition since you were seen in clinic. You can ask any questions that you have or tell the nurse of any worries.

The nurse will check your pulse and blood pressure. You will be taken to the ward area and asked to change into a hospital gown.

After you have changed you will be given a nebuliser prior to the test. This is an oxygen mask with a pot on the bottom of it. In the pot is placed a drug called Salbutamol. The drug is mixed with oxygen, which forms a vapour which you breathe in. This helps to keep the air passages open during the procedure.

Although there are likely to be male and female patients in the Endoscopy Unit, your privacy and dignity will be respected.

Signing the Consent Form

You will be asked to sign a consent form prior to the test. This is usually done during your outpatient consultation where the doctor can explain the procedure to you. It is important that you understand what is likely to happen to you and have asked any questions you feel necessary to make up your mind, before signing the form.

Patients' Property

You are advised not to bring expensive items of jewellery or clothing with you when you visit the Endoscopy Unit. You will be given a patient property bag to place your clothes in if changing for your procedure. You will be asked to keep your property with you at all times.

The Endoscopy Unit and Dorset County Hospital NHS Foundation Trust cannot accept responsibility for the safeguarding of your property.

The Bronchoscopy

You will be taken into a treatment room for the procedure.

You will be attached to two types of monitoring equipment. These are an ECG monitor and a pulse oximeter to monitor your blood oxygen levels. Some extra oxygen will be given to you from a small tube placed in your nose.

A local anaesthetic will be sprayed into the back of your throat (or occasionally into the nose) to numb this area.

The sedative will be given via an intravenous cannula (a small plastic tube that is placed into your vein) in the back of your hand. It is a sedative, not a general anaesthetic, and will make most people feel drowsy and relaxed.

The bronchoscope is inserted into your nose or mouth. If the mouth route is used, a mouth guard is placed so that you do not accidentally bite the bronchoscope. Occasionally it is passed through the nose.

You should not experience any pain from the bronchoscope. It may be slightly uncomfortable if the bronchoscope is passed through the nose, but this will quickly settle down. The bronchoscope does tend to make people cough. The local anaesthetic given through the bronchoscope will reduce this.

After the Bronchoscopy

After the procedure you will need to rest for a while before you are ready to go home. During this time the nurses on the ward will be checking you regularly and will use a monitor to check your pulse and your blood pressure. You will also be given oxygen on the ward whilst you are recovering.

Because your throat will be numb, you will not be able to have anything to eat or drink until the effect of the local anaesthetic has worn off. This usually takes about an hour, after which time the nurses will be able to offer you a drink.

If you have had transbronchial biopsies taken, you will need to have a chest x-ray performed to check all is well. After a doctor has seen the x-ray and given the all clear, you will be able to have a drink.

Most people feel no ill effects and it does not take long before you feel more awake.

It is important that you tell the nurse if you experience any pain in your chest or start to feel short of breath.

As previously mentioned, if you have had biopsies taken, you may find streaks of blood in your phlegm. This will usually pass within 24 hours and is nothing to worry about. Any soreness in the throat or a hoarse voice will also ease within a day or so.

It may be possible to give you some information immediately after the test, but often this has to wait until a follow up appointment, to allow time for the samples to be processed and examined in the laboratory. Most people will also experience forgetfulness when they first recover because of the sedation and will not remember what they have been told. The doctor will write to your GP.

Going Home

It is essential that someone else comes into the Endoscopy Unit to collect you, drive you home and stay with you while you rest for the next 24 hours.

It is also essential that public transport is not used. Make sure someone can drive you or get a taxi with someone.

You may feel as if you have a hangover and for 24 hours after the procedure you should not:

- have any alcohol
- drive a car
- operate machinery
- sign any legally binding documents
- be responsible for young children
- lock the bathroom door.

You can go back to your normal eating and drinking. Start with something light.

Symptoms to watch out for:

- Your throat may feel sore but this will soon feel better
- It is not unusual to get some bleeding following a biopsy. If the bleeding is more than half a cupful, please contact your GP.

If you experience any shortness of breath and develop chest pain, please contact your GP immediately for further advice.

If you experience any problems related to your Endoscopy, including the need to see your GP or attend hospital, please let the department know. A brief written summary would be helpful. We welcome all feedback to enable us to improve the service offered.

For more information please ring 01305 255701

About this leaflet:

Author(s):	Dr G Phillips and Dr W McConnell, Respiratory Consultants
Written:	July 2018
Updated & Approved:	May 2021
Review Date:	May 2024
Edition:	v2

If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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Information Leaflet for Bronchoscopy

We wish to seek your views on how helpful you found the information provided in this leaflet. Please would you kindly take a few minutes to complete the following form, and write any comments you wish to make below. Thank you; your time is much appreciated.

Did you find this leaflet helpful? Yes No

Did it contain the type of information you wanted? Yes No

Would you have liked more information? Yes No

If yes, please give details:

Is there anything else you would like to know? Yes No

If yes, please give details:

Did you experience any unexpected discomfort following this procedure that required you to visit your GP? If yes, please give details:

Your further comments:

Please cut along the dotted line and return this sheet to:

**Endoscopy Unit
Dorset County Hospital
Williams Avenue
Dorchester
DT1 2JY**