

Flexible Bronchoscopy

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Patient name

Your consultant

Patient date of birth

Please attend the endoscopy unit -

- ◆ Level 1, Whiston Hospital
- ◆ Date
- ◆ Time

The reasons for the procedure

You may have symptoms that could indicate a lung disease; or a chest X-ray has shown that you would benefit from further investigation.

Although an X-ray of your chest and other tests are helpful, the doctor in charge of your case believes it would be wise to have a direct look at the lining of the windpipe (trachea) and the inside of the lungs (bronchi). The aim is to see if there is a more apparent cause for your symptoms.

Please note - As only the larger air passages are looked at during a bronchoscopy, if it is normal, it **does not** exclude the possibility of significant lung problems.

General questions

When will I get the results?

- ◆ If any samples have been taken during your bronchoscopy (biopsy, brushings, washings), it can take approximately a week for the results to come back to the doctor who requested the test.
- ◆ You should have been given an appointment to see the doctor again.
- ◆ If you have not heard from the hospital within 10 days of the bronchoscopy you should telephone the consultant's secretary to make another appointment.

If my bronchoscopy is normal, does this mean my lungs are normal?

- ◆ **No** - a normal bronchoscopy does not exclude the possibility of significant lung problems, as only the larger air passages are looked at during a bronchoscopy.

The alternatives of the procedure

It is possible to diagnose lung and bronchial conditions by X-rays, breathing tests, blood and sputum tests. However, there are occasions when bronchoscopy provides valuable additional information.

This means that an accurate diagnosis can be made and a more focused treatment plan can be carried out.

The consequences of not having the procedure

This may result in a delay in making a diagnosis and may result in you not receiving the best form of treatment.

The nature of the procedure

A flexible bronchoscopy is a short procedure taking about 20 minutes, this involves placing a flexible instrument about the thickness of a pencil through the anaesthetised nasal passage, down the throat into the windpipe and then into the lungs.

The main air passages (the bronchi) and their lining can be examined directly and any samples can be taken.

Taking samples does not hurt. These samples may include:

- ◆ A biopsy (a sample of tissue for laboratory diagnosis),
- ◆ Brushings (cells obtained on a fine brush from the lining of the air passages for laboratory diagnosis),
- ◆ And/or bronchial washings (a sample of the lung secretions to check for infections).

During the procedure, your heart rate and your blood oxygen levels will be monitored.

A local anaesthetic is used during the procedure. Initially this is placed into your nasal passages.

Depending on the clinicians own technique, further local anaesthetic will either be:

- ◆ Injected through the skin at the front of the neck into the windpipe
- ◆ Or will be sprayed along the windpipe as the instrument is passed
- ◆ Occasionally a light sedative can be given by injection

You must **not** have anything to eat for **4 hours** before the procedure, although you may have a few small sips of water.

Take your medication as normal with a few sips of water.

However, if you take any of the following medication, it must be stopped **3 days** prior to the procedure:

Apixaban
Rivaroxaban
Dabigatran
Edoxaban

Warfarin should be stopped 5 days prior to the procedure.

Clopidogrel and Ticagrelor should be stopped 7 days prior to the procedure.

This list is not comprehensive, please discuss with your doctor if you are on any other blood thinning medication.

Please wear loose fitting clothing around your neck. Dentures and spectacles are usually removed before the procedure.

You should be able to eat and drink normally 2-3 hours after the procedure.

The benefits of the procedure

Bronchoscopy enables the doctor to check whether the main air passages are normal or not. If there is any concern about the appearance of an area of the main air passages, a biopsy, brushings or washings can be taken. The removal of any thick secretions by suction at the time may help breathing.

The risks of the procedure

For your safety, it is important that a responsible adult relative or friend accompanies you home if you have a sedative injection for the bronchoscopy.

If you have a sedative injection you should **not** -

- ◆ Drive a car
- ◆ Return to work
- ◆ Operate any machinery
- ◆ Drink alcohol
- ◆ Or sign important documents for the 24 hours after the bronchoscopy

This procedure has very few risks. You may have a sore throat and/or cough up a small amount of blood after the procedure, which should settle very quickly.

The doctor who is going to perform the test will explain the risks to you in more details.

The discomforts of the procedure

There is some discomfort injecting the local anaesthetic through the neck into the windpipe.

There is usually some involuntary coughing which actually helps spread the anaesthetic throughout the lung passages.

We would like to reassure you that the procedure itself is not particularly painful or unpleasant.