



Information for
patients and
carers

Having a Therapeutic Bronchoscopy

Patient's name:

Your appointment is at Royal Preston Hospital (01772 522412)

Endoscopy Unit on:

Date: Time:

Theatre/Ward 3 on: Date: Time:

Bronchoscopy

This leaflet has been produced to answer questions you may have about the bronchoscopy procedure and what to expect during your visit. If you have any other questions, please ask a member of the nursing team.

What is a bronchoscopy?

A bronchoscopy is a test that allows the doctor to look at your larynx (voice box) trachea (windpipe) and bronchi (branches of the airways). The bronchoscope is a flexible tube with a bright light at the end and it is passed through your mouth, past your larynx (voice box) and down your trachea. This allows the doctor to get a clear view of the different parts of your airways.

Therapeutic bronchoscopy is where local treatment is performed through the camera, during the same procedure.

Why do I need a therapeutic bronchoscopy?

The examination allows us to look directly at the larynx, trachea & bronchi. You may have had a bronchoscopy before; this test does not feel any different but may take a few minutes longer and is generally painless. During a therapeutic bronchoscopy the doctor is able to assess if the airways have become narrow or blocked, decide if any treatment is necessary and carry this out at the same time.

A short description of the different types of treatment is listed below:

Diathermy (Electrocautery) is the use of electric current to produce heat. It is used to either cut or destroy tumour tissue.

Argon plasma is a non-contact method. Thermal coagulation is used to destroy tissue or control bleeding.

Cryotherapy is also used to destroy tissue by freezing it.

Stent placement is a small mesh tube, which is inserted to keep the airway open.

Thermoplasty is a treatment suitable for some adults with severe asthma. It helps to open up the lungs and make breathing easier by applying heat using radiofrequency to the inside of the airways.

Will I find the procedure uncomfortable?

Most therapeutic procedures will be carried out in theatre with a general anaesthetic or deep sedation.

Sedation can be injected into your vein through a cannula. The sedation will make you feel drowsy and relaxed but may not make you unconscious. You will be in a state called 'conscious sedation' which means that you may still hear what is said to you and may be able to follow simple instructions during the procedure. If your appointment is in theatre you may have deeper sedation given by an anaesthetist.

Sedation makes it unlikely that you will remember anything about the procedure. When the procedure has ended, you will be taken to the recovery area for about one hour.

What are the risks of having a bronchoscopy?

A bronchoscopy is normally a very safe procedure but can result in complications such as a reaction to the sedation medication; this is usually managed with close monitoring and rarely with the use of

medicines to reverse the effect of sedation. Another uncommon complication is bleeding from where lung tissue samples have been taken (2% risk). This usually stops on its own but occasionally needs medication injected through the bronchoscope or treatment with diathermy (using heat to seal the area).

Uncommonly (2% risk) the procedure may cause an air leak when samples are taken during the procedure. This causes air to leak into the space around the lung. This will often settle without treatment but occasionally may need a tube inserting into your chest which helps the lung re- expand. You would need to stay in hospital for a short time if you have a chest tube inserted.

A more common complication after bronchoscopy is developing a fever. This does not always mean that you have an infection and will usually settle within 24 hours of your procedure. Simple measures such as paracetamol may help if needed.

There is less than 1% risk of death.

A trained nurse will monitor you at all times to ensure that any problems are quickly recognised and treated.

What is the alternative to having a bronchoscopy?

In some cases and depending on individuals, alternatives may include a rigid bronchoscopy, which is a straight hollow metallic tube used to examine the airways. This is carried out in an operating theatre under general anaesthesia by surgeons in a different hospital.

What do I need to do before I have a bronchoscopy?

- To make sure that your stomach is empty it is important NOT to eat for 6 hours or drink for 2 hours before the test
- If you are diabetic please read the enclosed leaflet

- If you are taking blood thinning medications such as, Warfarin, Rivaroxaban, Sinthrome, Dabigatran, Edoxaban, Apixaban, Dipyridamole, Aspirin, Clopidogrel, Prasugrel, Ticagrelor, Dalteparin/Clexane injections you may need to stop taking them, please ring **01772 522412** for further information
- Bring an up to date list of medications and allergies
- You will need to arrange for someone to collect you and stay with you for up to 24 hours
- Remove nail polish and false nails
- Bring your consent form (read it but please do not sign it)
- Do not bring valuables or jewellery into the department. We cannot be held responsible for any loss or damage
- Please let us know in advance if an interpreter or sign guide would be needed on the day of the bronchoscopy

What happens when I arrive on the unit?

- When you arrive, please book in at reception
- You may experience a wait before being called by one of the nurses
- The nurse will take you into a private booking in room to explain the procedure to you, complete the paperwork and you will have the opportunity to ask any questions
- You will be asked to sign the consent form that shows that you understand the test and the risks involved
- You will have a small cannula inserted into a vein in your hand or arm. The sedation or anaesthetic will be given through this when you are in the treatment room
- You will wait in the unit until the doctor is ready to carry out your procedure

What happens during the procedure?

For your comfort and reassurance, a trained nurse will be with you throughout the procedure. Sedation/anaesthetic will be given before the procedure starts.

When you enter the room the doctor will speak to you. You will be asked to sit with your feet up on the couch. Local anaesthetic will be sprayed onto the back of your throat. A 'peg' will be placed on your finger to monitor your pulse and oxygen levels. The camera will be passed through your mouth; a mouth guard will be placed in between your teeth (if you wear dentures these will first need to be removed). As the bronchoscope passes into your airways, more liquid local anaesthetic is sprayed through the bronchoscope to numb your voice box. For procedures under general anaesthetic, the camera is passed through a tube which is placed in your breathing tube. The doctor can then examine the different parts of your airways and carry out any treatment needed.

What happens after the procedure?

You will be taken to the recovery area until the effects of the sedation/anaesthetic have diminished (about one hour). You should not eat or drink for about one hour after the throat spray has been given.

Going home

Please remember that it is important that someone comes to collect you from the department and to stay with you for the next 24 hours. If this is not possible, please contact the reception staff before your appointment date and let us know.

When you arrive home it is advisable to recover quietly for the rest of the day. You will be able to eat and drink normally, but you must not

drive, drink alcohol, operate machinery or sign legal documents for 24 hours.

Frequently asked questions

How many people will be in the procedure room?

The endoscopist along with one or two trained nurses and a healthcare assistant will be in the room. There are often extra doctors or nurses in the room that are there to learn. In theatre an Anaesthetist will also be present.

How long will I be in the unit?

You can expect to be on the unit for between 2 to 4 hours of your appointment time. The procedure can take from 30 to 60 minutes. If you have sedation or a general anaesthetic you will be in recovery for up to 60 minutes after the procedure.

Checklist and contact details

- Stop eating 6 hours before the test
- Stop drinking 2 hours before the test – only water on the day of the test
- Bring an up to date list of medications with you
- Arrange for someone to accompany you and stay with you for up to 24 hours
- Bring the consent form but do not sign it
- Write down any questions / concerns
- Contact the Bronchoscopy secretary on 01772 522412 if you need an Interpreter

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:

આ માહિતીને સમજવામાં સહાયતા જોઈતી હોય તો કૃપા કરીને પૂછો. આ માહિતી મોટા છપાણામાં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:

Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi.”

Polish:

Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਲੋਂ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਯਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਿੰਟ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਲੋਂ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:

دوسری زبانوں اور بڑی اگر آپ کو ہی معلومات سمجھنے کے لیے مدد کی ضرورت ہے تو
یہی چھپا میں یہی ابی دست ہو سکت ہے براے مہر بیان پوے چھہی۔ معلومات

Arabic:

مطبوعه بأحرف كبيرة و بلغات إذا كنت تريد مساعدة في فهم هذه المعلومات يرجى أن تطلب
أخرى يمكن توفير هذه المعلومات

Department: Endoscopy

Division: Medicine/DCS

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