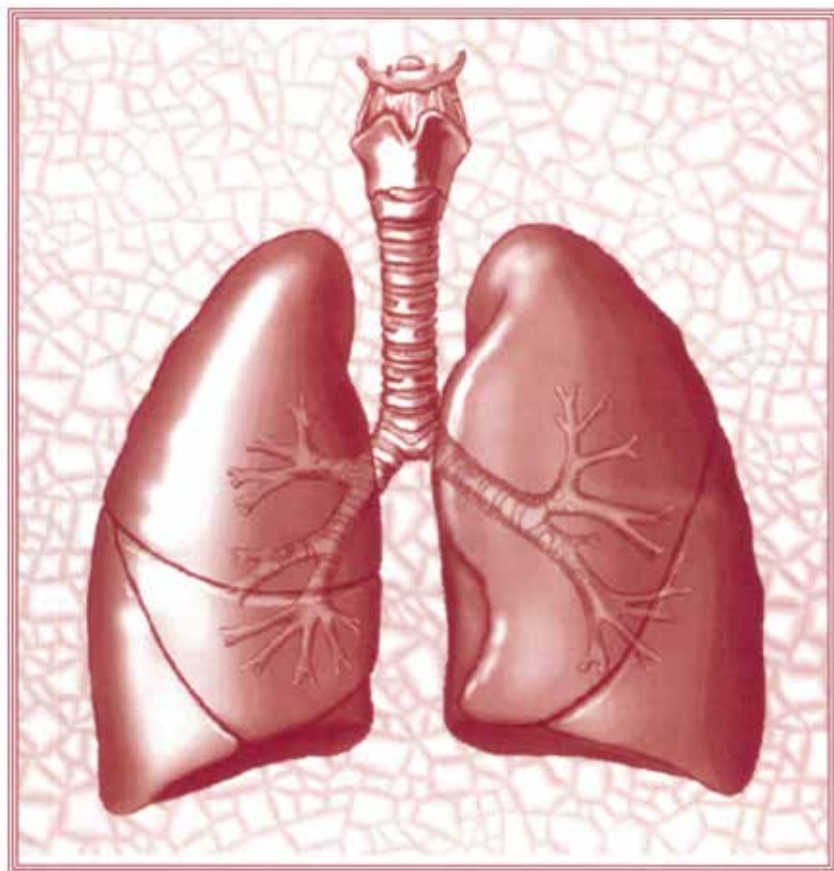


Bronchoscopy



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What is this procedure about?

After careful medical assessment, your doctor has recommended that you have a bronchoscopy for further evaluation and treatment.

During the bronchoscopy, a tiny flexible fiberoptic tube is passed through your nose or mouth into the lungs. The purpose is to look into air passages, identify the problems and gather samples of lung tissue.

How do I get ready for this examination?

- Please notify your doctor if you are taking any blood thinners such as aspirin, Advil®, Aleve®, Coumadin® or Plavix® before the procedure.
- It is important that you have nothing to eat or drink starting at midnight the night before the procedure. If your procedure is in the afternoon you may have liquids up until 6:00 am.
- Please arrive at that hospital 2 hours before the procedure is scheduled and check in at the admissions desk.
- You will need to have someone available to drive you home after the procedure since you will have been sedated.
- Before the procedure you will be asked to sign a consent form authorizing the doctor to perform the procedure.
- You will be asked to remove any eyeglasses and dentures before the procedure begins.

Risks of Procedure

Although bronchoscopy is an extremely safe procedure, rare complications can occur. These can include allergic reactions to medications, coughing, bleeding from biopsy site or most rarely air around the lung called a pneumothorax (approximately 1% of the time). If you are the rare person that experiences bleeding or a pneumothorax, you may need to be admitted to the hospital for observation.

What can I expect before the procedure begins?

Before the doctor arrives the respiratory therapist will spray your nasal passages and throat, or you may use a nebulizer (peace pipe) containing the numbing medication. This numbs the upper airway to aid in the passage of the scope.

A needle for intravenous (IV) medication will be placed in an arm or hand vein before the procedure. This is so you may be given mild sedation. The medication only makes you relaxed and sleepy.

Oxygen will be given to you by nasal prongs and your blood pressure, respirations, heart rate and oxygen saturation will be monitored during the procedure.

The procedure itself

Your doctor may chose to use fluoroscopy (x-ray) during the procedure. In this case, x-ray equipment will be in the room and used for short periods of the time.

You will lie on your back on the exam table. The bronchoscope will be passed through your nostril or mouth. You may experience some coughing, but the doctor will continue to spray numbing medicine through the scope during the procedure to reduce your cough reflex.

Your doctor may want to take samples of tissue as they look at your lungs. Samples of tissue or fluid can be taken through the bronchoscope by four different ways.

The first method is called bronchial wash or lavage, which involves flushing salt water into a portion of your lung and then aspirating the fluid back out of your lungs to gather sample cells:

Another way to obtain samples is with a bronchial brush. This involves a tiny brush to scrape tissue samples from your lungs.

A very small bronchial needle can also get samples of tissue by being inserted into a mass or lesion.

Lastly, a biopsy may be taken with forceps to snip off a piece of tissue the size of a pin head. Most people do not feel any discomfort or sensation when the samples are taken.

What happens after the procedure?

You will be monitored for 1 hour after the procedure if you received sedation. The numbing sensation wears off in approximately 2 hours and at this time you can eat or drink. You will receive written instructions to follow when you go home. Your doctor will arrange a time to discuss the findings with you and your family or you will be asked to call for test results.

Scheduled at: _____

Location: _____