

# FIBROPTIC BRONCHOSCOPY

**A Guide for Patients**

**Directorate of Acute Medicine**



# Fibreoptic Bronchoscopy - some questions answered

## **What is bronchoscopy?**

Fibreoptic bronchoscopy is a routine procedure to look into your lungs. It is done with a thin flexible telescope, which passes down the windpipe while you are sedated. This may allow the doctors to learn more about your lungs and any illness that may be affecting them. In addition, bronchoscopy enables samples to be taken from your lungs that can often confirm the diagnosis.

## **What samples?**

Samples are taken in one or more of the following ways:

- Salty water is instilled into the lung through the telescope and then sucked out again. This washes cells from the lining of the lungs and enables us to look for infection, inflammation or tumours.
- A brush can be passed down the bronchoscope, and some cells are brushed off the air tubes. These again can be looked at in the laboratory.
- A pair of forceps (tweezers) on the end of the cables can be used to take small pieces of lung or airway tissue.

## **What are the risks?**

The complications range from mild, which are common but not serious and very serious which fortunately are extremely rare.

### **Mild complications:**

- You will be sleepy after the procedure and should not drive, work or operate dangerous machinery or sign any legal documents for 24 hours.
- Mild fever and some sweating between 6-12 hours after bronchoscopy. This usually lasts for only a few hours, goes away on its own and is not a sign of developing infection. However, if you have persistent temperature after 48 hours please see your GP.
- A small number of patients are troubled by a sore throat. If this does not settle in 48 hours you should see your GP.

### **Moderately serious complications:**

- Puncture of the lung (called pneumothorax in medical terminology). It is extremely rare unless you are having a procedure called transbronchial lung biopsy in which case it occurs in about 1 in 10 patients. If you require a transbronchial biopsy this will be explicitly mentioned prior to procedure. When a pneumothorax does occur it heals on its own 50% of the time. In other cases, under local anaesthetic, a small tube can be passed in the chest to remove leaking air.
- Slight bleeding from lung or airways after a biopsy occurs in almost every patient. You can expect to have some staining of your phlegm for a day or two after the procedure if biopsies have been taken. More serious bleeding amounting to a cupful is much more rare and occurs in about 1 in 50 patients. In very few patients bleeding can be serious enough to require transfusion.

### **Very serious complications:**

Death from bronchoscopy has been described as occurring in about 2-4 in 10,000 patients. Most of these patients have been very ill in hospital before the procedure.

### **Will it be unpleasant?**

Most patients have no unpleasant memories after the procedure due to administration of sedative drugs and find the procedure more tolerable than they had anticipated.

### **How will I get home afterwards?**

You will not be able to drive after the bronchoscopy because although the sedative you are given for the procedure wears off after a few hours, you will not be legally safe to drive for 24 hours. For the same reason it will not be safe for you to ride a bus (in case, say, you fell over when getting on or off). It is therefore essential that someone is able to accompany you home, either driving you themselves or riding with you in a taxi or hospital transport. Please have a word with us at **Telephone no. 01253-306706** if you anticipate any problems in this regard.

## **What will happen on the day?**

- Please do not eat or drink anything for at least four hours before coming to hospital.
- Bring all your medications with you.
- Please come to reception at the Gastro-enterology at the time you have been given.
- Please do not wear jewellery, nail varnish or make up.
- When you arrive a member of staff will take your name and a few details.
- Please bring with you someone who speaks English if this is not your first language.
- Please let the nurse know if you are taking any medications which can thin your blood such as aspirin, heparin or warfarin, or if you are allergic to any medication or to sticking plaster. Please also say if you are or may be pregnant.
- When your bronchoscopy is due to start you will be taken to bronchoscopy room lying in a bed. A small needle will be placed in your arm to enable us to give you the sedative drug. This drug will make you sleepy during the procedure.
- Your nose and back of the throat will be numbed with local anaesthetic. This tastes bitter and has the side effect of making it difficult to swallow. A small plastic tube may be placed in your nose to give you extra oxygen. A small sensor is placed on one of your fingers to measure oxygen level in the blood. This does not hurt but it will not work properly if you are wearing nail polish.

- When you are sedated and your throat is anaesthetized, the bronchoscope, which is a flexible telescope about 5 mm (1/5th of an inch) thick is passed down your nose (or sometimes your throat) past the back of the throat and into the windpipe.
- Further local anaesthetic will be given through the bronchoscope to your voice box and windpipe. This may initially make you cough.
- Bronchoscopy will last for 10-30 minutes depending upon whether any samples need taking and how many. When it is over you will be returned outside the bronchoscopy room till you wake up.
- You will not be able to eat and drink for about an hour after the procedure because your throat will be numb. When the nurse thinks you are ready she will offer you water to sip. If this does not make you cough, you may have a cup of tea or coffee.
- When nurse thinks you are sufficiently awake and steady she will let you go home. It is essential that someone accompanies you because effect of the sedative will make it unsafe for you to drive or to climb on and off the bus without help.
- The results of your bronchoscopy will not be immediately available because it takes several days for the specimens taken to be prepared and analyzed in the laboratory. You will, however, be kept informed either directly or through your GP.
- Please follow the written instructions you will be given on leaving the ward.



## Options available

If you'd like a large print, audio, Braille or a translated version of this leaflet then please call **01253 655588**.

## Patient Advice and Liaison Service (PALS)

Do you need information or advice about NHS services? Do you have concerns about you or your family's healthcare or are seeking a resolution to a problem and cannot get an answer to your questions? PALS is here to listen and support you in whatever way they can to ensure your experience of healthcare services is a positive one.

Tel: **01253 655588**  
email: **pals@bfwh.nhs.uk**

You can also write to us at:  
**PALS, Blackpool Victoria Hospital  
Whinney Heys Road  
Blackpool FY3 8NR**

Further information is available on our website: **www.bfwh.nhs.uk**

## Travelling to our hospitals

**For the best way to plan your journey to any of the Fylde's hospitals visit our travel website: [www.bfwhospitals.nhs.uk/departments/travel/](http://www.bfwhospitals.nhs.uk/departments/travel/)**

## Useful contact details

Switchboard: **01253 300000**

Useful websites:  
Patient UK Bronchoscopy

Blackpool, Fylde and   
Wyre Hospitals  
NHS Foundation Trust

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