

Bronchoscopy

An examination of the lungs

This leaflet provides essential information to prepare you for your forthcoming procedure and covers frequently asked questions.

What is a Bronchoscopy?

Bronchoscopy is a procedure that allows the doctor to look directly at the windpipe (trachea) and bronchi (branches of airways) with a flexible video endoscope. The bronchoscope is inserted into your nose past your larynx (voice box) and down into the windpipe. Occasionally it might not be possible to go through the nose and therefore it is inserted through the mouth. From here the doctor can look at the right lung and then the left. The bronchoscope gives clear views of the inside of the lungs. The doctor can perform biopsies as well as brushing the inside of the lung to collect the cells and fluid samples; these samples can be collected painlessly, and aid diagnosis. You may need to have an X-ray following the biopsy. Your nurse will escort you to the X-ray Department.

What should you do in preparation for the Bronchoscopy?

For this investigation it is important that your stomach is empty.

- **Drinks** - You can have clear fluids up to **2 hours** before your appointment time. This includes water, squash, black tea or coffee (without milk).
- **Diet** - You can eat a light snack up to **6 hours** before your appointment time.

Patient with diabetes, please follow the instructions below:

- **Insulin dependent diabetic patients** should contact the diabetic specialist nurses before the procedure - see the 'useful contacts' at the end of this information sheet.
- **Tablet controlled diabetic patients**, please ring the endoscopy nurse's enquiry line for advice - see the 'useful contacts' at the end of this information sheet.

Patients taking blood thinning medication:

Patients taking **Warfarin** or **Sinthron**, please contact your anticoagulant clinic and ask them to check your clotting levels 1 week before your procedure. The anticoagulant nurse will advise you if your dose needs changing. **Do not stop taking it unless you are specifically told to do so.**

Other blood thinning tablets (such as Clopidogrel or Apixaban) - You should have been advised at your outpatient appointment whether you should continue or stop taking these prior to your test. If you require further advice, or did not receive this advice, please call the nurses' enquiry line.

Admission to the Endoscopy Unit

On arrival to the unit, please make yourself known to the reception staff. Your family/carer may now leave you if you have capacity and are independent. The recovery team can contact them once you are ready to leave the unit.

As soon as they are able to, a nurse will take you to an admission room where they will assess your vital signs and review your medical history, medication/allergies. The procedure will be explained to you and sedation discussed. We offer a local anaesthetic throat spray or conscious sedation; this can be discussed with the admitting nurse. If you choose to have the conscious sedation, a cannula (small plastic tube) will be inserted into your vein to allow the medication to be administered.

A responsible adult will need to collect you from inside the Endoscopy Unit and remain with you for the rest of the day; you will not be allowed to drive for 24 hours post sedation.

The admitting nurse will discuss with you the risks and benefits of having the procedure. If you are happy to go ahead, they will then ask you to electronically sign the consent form. You are still able to withdraw your consent past this point. The consent form is a legal document which confirms your agreement to the procedure and your understanding of its benefits, potential risks and complications.

What happens during the procedure?

A nurse prepares you for the examination. You will be taken to the procedure room and introduced to the team, who will go through safety checks. You will be asked to remove any dentures to make sure they are not damaged. Nasal catheters will be fitted just inside your nose to administer oxygen during the procedure. An oxygen probe is also placed on your finger to monitor your oxygen levels and heart rate throughout the procedure. The doctor will numb the inside of your nose and the back of your throat with local anaesthetic spray, and you will then be given sedation by the doctor. It is normal for saliva to collect in your mouth, this will be removed by a small suction tube similar to one used at the dentist.

The doctor will pass the endoscope through your nose to the back of your throat; it is important you do not talk during this procedure. If the nasal passage is too tight, the endoscope will have to go through your mouth. In this case, a mouthguard will be placed between your teeth to introduce the scope. Further local anaesthetic will be delivered to your vocal cords (voice box) and airways (windpipe). This can induce coughing until the anaesthetic takes effect. You may feel as if your breathing is restricted but you are quite safe.

The doctor will inspect the lining of your trachea and main bronchi (main airway). Once assessed, biopsies or samples may be taken by the doctor, if they are required. Once the doctor has finished, the bronchoscope is slowly removed.

Your examination will last between 5 and 15 minutes after which you will be returned to the recovery area. Due to the nature of the procedure, you may cough up some blood. This is completely normal, please do not worry.

After the procedure

You will be taken from the examination room on the trolley to the recovery area. You will be left to rest for around an hour without fluids to allow the local anaesthetic to wear off. Oxygen will be administered to you, should you require it. You may continue to cough and bring up sputum for a

while, and you may also experience a nosebleed or hoarse throat, but don't worry, the nurses will be there to help you. If you have a biopsy, you may see some blood in your sputum when you cough. After an hour you will be offered a drink. Your visit to the unit will last between 3-4 hrs but due to unforeseen circumstances, there may be delays.

Discharge

Due to the effects of the drugs, you will need to be collected from the department by a responsible adult. You will not be able to drive and should be in the company of others for the rest of the day.

In some patients, the sedation may make you forget the procedure.

Your named nurse will explain the outcome of your examination, and give you written details about your aftercare and follow-up hospital appointment. Any outpatient appointment will be sent by post.

What are the possible risks with the procedure?

All procedures of this nature carry a small risk:

- Sedation can occasionally cause problems with breathing, heart rate and blood pressure. You will be closely monitored throughout the procedure by the endoscopy nurse to ensure any problems are identified and rapidly treated.
- There is a risk of bleeding and infection. It is common to cough up some blood in the sputum for 24-48 hours, this usually settles.
- There is also a slight risk to crowned teeth or dental bridgework from the bronchoscope.
- Short term spasm of vocal chords and of airway. Some people can have a sore throat or hoarse voice for 24-48 hours after the procedure.

What are the benefits of having the procedure?

- Diagnosis of lung condition.
- Identification of infection, e.g. Tuberculosis (TB).
- An opportunity to take biopsy.

Alternative

- Open lung biopsy and thoracoscopic biopsy; both performed under general anaesthetic.

On the day of the procedure

- Please bring any inhalers or heart medication with you.
- Please leave your valuables at home.
- Bring an exemption certificate in case you are prescribed medication, if this applies.
- Bring a book or a magazine to read. You may be in the unit for 2-3 hours. Please check with your nurse the time for your friend/relative to collect you.
- The waiting areas in the Endoscopy Unit are mixed sex facilities. However, when patients are required to undress, same sex facilities are provided to maintain your privacy and dignity.
- Please do not wear nail varnish on your fingers.

Additional information

To view the Lister and New QEII site maps for navigating your way around our hospitals, please visit our Trust website - www.enherts-tr.nhs.uk

Useful contact details

East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Endoscopy Unit - Lister and New QEII:

- Lister: Telephone 01438 288603 - Option 1
- New QEII: Telephone 01707 247728

Anticoagulation Clinic:

- Lister: Telephone 01438 285335
- New QEII: Telephone 01707 224032

Nurses' Enquiry Line:

- Telephone 01438 288603 (please ring between 8am - 10am and 4pm - 6pm) - Option 2

Diabetic Specialist Nurses:

- Telephone 01438 284560
- Telephone 01438 284645
- Telephone 01438 284615

This is not an emergency service. Messages left on the answerphone may not be answered for 24-48hrs.



You can request this information in a different format or another language; please speak to your doctor or nurse.

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