

# Flexible bronchoscopy

## Lung Investigation Service Patient Information Leaflet

### Introduction

This leaflet is about a procedure known medically as a flexible bronchoscopy. It tells you what the procedure involves, what the benefits and risks are and what you need to do when you get home.

It is not meant to replace discussion between you and your doctor, but as a guide to be used along with what is discussed. If you are unsure of anything, please ask the doctors and nurses caring for you.

### What is a bronchoscopy?

It is a test that allows your doctor to look directly into your windpipe (trachea), and breathing tubes (bronchi) in your lungs.

The test is carried out using a bronchoscope. This is a long flexible tube no wider than a thin pencil, with a tiny camera and bright light at the end.

The test is carried out in the GI unit which is situated on the 1<sup>st</sup> floor, west wing at Russells Hall Hospital.

### Why do I need a bronchoscopy?

The most common reason is because of an abnormal shadow on a chest X-ray. Other reasons include coughing up blood, the possibility of an unusual infection or a persistent cough.

## What are the benefits?

A bronchoscopy is the best way for us to get information about what is causing your symptoms and how to treat them.

It is a relatively quick procedure and you can return home the same day.

## What are the risks?

Bronchoscopy is an extremely safe test. The risks are very rare and, according to the British Thoracic Society, only happen to about one in every 1,000 people. They usually only occur in a small group of patients who are very frail or ill. For these patients, there is a possibility of

- significant bleeding,
- collapse of one of the lungs or
- having to move to intensive care and life support (ventilation) during or after the procedure.

If you are a patient where these risks are relevant, your doctor will make a special effort to explain these things to you carefully.

## If you have been given sedation:

The sedation will affect your reflexes and judgement; therefore, it is very important that you follow these instructions:

- You will need to arrange for a responsible adult to take you home, either by car or taxi. You will not be able to go home on public transport.
- Someone should stay with you overnight.
- You cannot, by law, be in charge of a motor vehicle or moving machinery for 24 hours afterwards.
- You should not sign legally-binding documents for 24 hours afterwards.
- Do not drink alcohol for 24 hours afterwards.

The sedation we give patients for the procedure makes you comfortable, but it may affect your memory for up to 24 hours. You may not remember anything about the procedure afterwards.

## What are the alternatives?

Other tests, such as X-rays, may give some information about your lungs, but only a bronchoscope can allow the doctor to look at and inspect the breathing passages and take samples.

If you have any concerns, please contact the specialist nurses or discuss your concerns with your respiratory consultant.

## What should I do before the bronchoscopy?

- You must not eat for at least four hours before your test.
- You can drink clear fluids (such as water, black tea or coffee, or squash) until two hours before your test.
- You can take any medication you need with a drink up to two hours before the test.
- Take all other medications, such as inhalers, at the usual time on the day of your test.
- If you are taking warfarin or clopidogrel, your doctor should have told you to stop taking this a few days before the test.
- If you are diabetic, please contact the GI unit on 01384 244113 before your test for advice about your medications.
- You will not be able to drive after the test, so you will need to arrange for someone to drive you home. A responsible adult will need to stay with you overnight.

## What happens during the test?

We will help you get comfortable on a couch, usually sitting back supported by a pillow. A small needle will be placed in the back of your hand, through which you will be given some sedation. This will make you feel more relaxed and sleepy.

Local anaesthetic is usually sprayed in your nose and at the back of your throat. When sprayed in the nose, you will notice a stinging sensation for a moment or two until the lining of the nose goes numb. When the anaesthetic is sprayed at the back of the throat you will notice an unpleasant taste, before it numbs the area.

When your nose and throat are completely numb, the doctor will pass the flexible bronchoscope through your nose to a point just above your voice box (larynx). For the majority of people, this is comfortable and tolerated well. A small number of people find it more comfortable if the telescope is passed through their mouth.

When the bronchoscope reaches just above the voice box, a tiny quantity of local anaesthetic is squirted down the bronchoscope into the main breathing tube. This feels similar to a sip of water going the wrong way, which may cause you to cough and splutter. This sensation will quickly settle as the anaesthetic numbs your breathing tubes.

The doctor will then pass the telescope into your main breathing tubes. At this stage, the lower parts of the lungs are also numb. There may be some small sensitive areas on the left and right upper part of the lungs. A little more anaesthetic will be squirted on these areas. This will again cause some brief coughing.

The doctor will then look carefully at your breathing tubes. The doctor may need to take a small piece of tissue (biopsy) for analysis. This is taken using tiny forceps which are passed through the bronchoscope and is painless.

Sometimes, the doctor may also need a small sample of cells from your lungs. To do this, the doctor will squirt a small amount of saline solution (salty water) into your breathing tubes and immediately suck the fluid back, collecting the cells in the process. This is known medically as taking a lung washing.

After the test, we will take you to the recovery room to rest. We will observe you for an hour or two while any drowsiness and numbness wears off.

## **How long does it take?**

The actual procedure takes about 30 minutes, but you will need to be at hospital for about two to three hours.

## **What should I do after the procedure?**

As the local anaesthetic numbs the throat completely, you will not be able to eat or drink for two hours after the test. This is because food or drink may go down the wrong way, or you may possibly burn your throat in the case of hot drinks.

You will not be able to drive after the test because of the sedation. You will therefore need someone to accompany you home and to remain with you overnight. We recommend that you do not drive or operate any electrical equipment after you have received sedation for at least 24 hours.

You may cough up a little blood after the test. This is quite common, and you must not worry. If you cough up larger quantities of blood (such as an egg-cup full, or more) or become suddenly short of breath, you should contact your GP immediately. In an emergency, go to your nearest Accident and Emergency (A&E) department.

## **When will I get the results of the test?**

It usually takes about seven working days to process a biopsy sample. Once the results are available, they will be reviewed by your doctor. The doctor may need to discuss your results with a number of other specialist doctors, to determine what treatment is required.

If the test has been carried out urgently, every effort will be made to deliver the results to you as soon as possible.

## Can I find out more?

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

### GI Unit

01384 456111 ext. 2113 or ext. 2390 (9am to 5pm, Monday to Friday)

### Lung nurse specialists

01384 456111 ext. 2752 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

### This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/respiratory-medicine/>

If you have any feedback on this patient information leaflet, please email [dgft.patient.information@nhs.net](mailto:dgft.patient.information@nhs.net)

**This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.**

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru va rugăm sunați la 0800 073 0510.

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