



# Bronchoscopy

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## Information for patients from the Trust's Endoscopy Units

This information is for patients who are having a **bronchoscopy**. It explains what is involved and any significant risks there may be.

If you do not attend your appointment without telling the Endoscopy Unit in advance you may be removed from the waiting list.

Students and trainees supervised by qualified staff may be involved in your care. If you do not wish students to be present, please tell the endoscopist or nurse in charge.

The time stated is your booking in time; please tell those coming to hospital with you that this is **not** your procedure time. The test itself takes around 30 minutes, and may take longer if we need to carry out additional procedures. Occasionally if there is an emergency or very complex cases these take priority and may delay your procedure.



## What is a bronchoscopy?

A bronchoscopy is a procedure where an endoscopist looks into your large airways (the trachea and bronchi); these are the main tubes that carry air into your lungs.

A fibre-optic bronchoscope is the device used. This is a thin, flexible telescope (shown in the diagram), about as thick as a pencil.

The bronchoscope is passed through your nose or sometimes your mouth, down the back of your throat, into your windpipe (trachea), and down into the bronchi. The fibre-optics allow light to shine round bends in the bronchoscope, so the endoscopist can see clearly inside your airways.

## Who has a bronchoscopy?

There are various reasons for having a bronchoscopy. A common reason is because you have a 'shadow' on a chest x-ray. Other reasons include if you have a persistent cough, cough up blood and the cause is not clear, inflammation, infection, or if you have suspected cancer of the bronchus (lung cancer).

With a bronchoscopy, an endoscopist can directly look at any area of concern in a bronchus and take a biopsy (small sample) to look at under the microscope.

## How will this procedure help me?

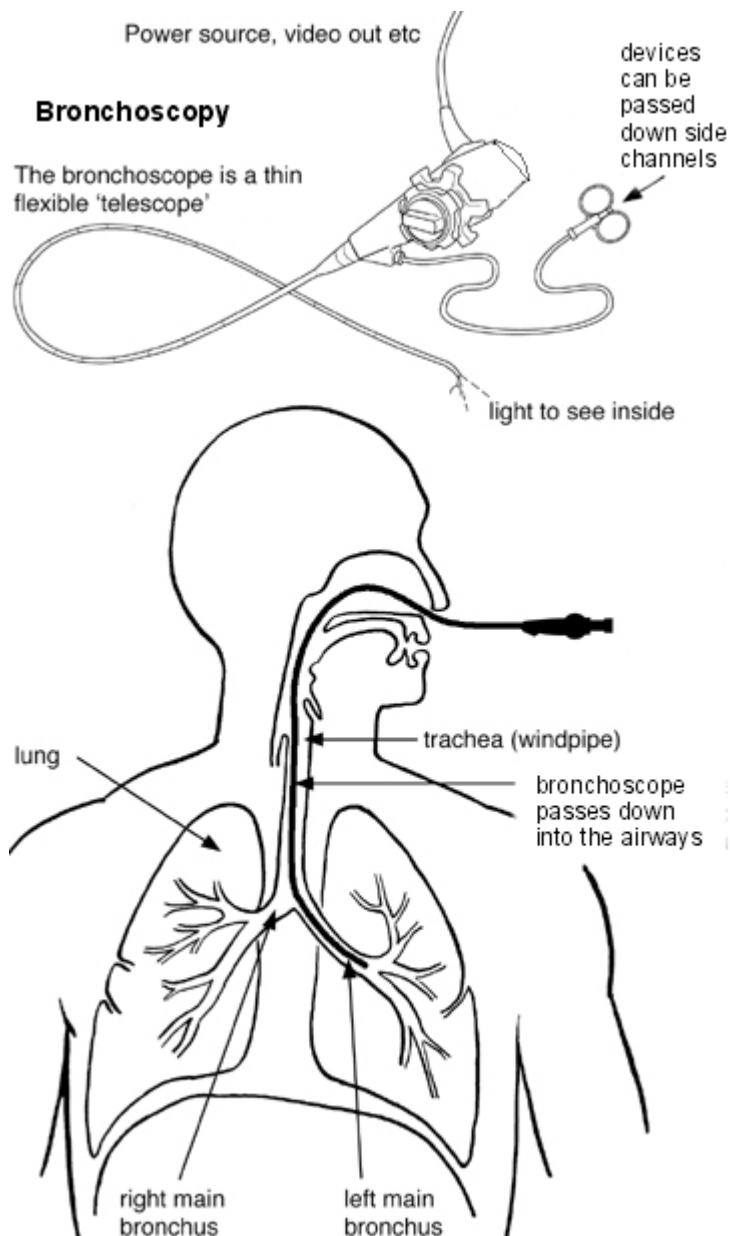
Bronchoscopy is one of the main tests used to diagnose respiratory problems. Other tests may have been performed but bronchoscopy allows an endoscopist to see directly into the airways and take samples needed for a fuller diagnosis.

## Are there any risks?

No procedure is without some risks, but the risks of bronchoscopy are small. Life threatening problems happen in less than one in 1000 bronchoscopies but include the following.

- Bleeding from within the lung.
- A lack of air from the surface of the lung, separating the lung from the chest leading to a temporary lung collapse.

The risks of any procedure involving heavy sedation or anaesthesia include heart attack or breathing failure, but these are very rare.



## What do I do before coming into hospital?

- On the day of your examination please do not eat or drink for six hours before your appointment.
- Please feel free to bring a book or something to occupy you while you wait.
- Please arrange for someone to drop you off and pick you up from the Endoscopy Unit. Also arrange for someone to stay with you overnight, as the sedation may not have fully worn off.
- Please contact the Endoscopy Unit as soon as possible for advice if:
  - if you have diabetes
  - you might be pregnant
  - you are taking warfarin, clopidogrel, or other blood thinning medications; or
  - you have a pacemaker.
- If you have any queries about your medication or anything else, please contact the Endoscopy Unit (see contact details on page 6).

**It is especially important to bring any angina sprays or asthma inhalers with you.**

**Please do not bring valuables into hospital.**

## What will happen when I arrive at hospital?

- Please report to the Endoscopy Unit reception.
- An endoscopy nurse will check your details, blood pressure, and pulse. If you are taking any medication or if you are allergic to anything (medications, plasters, latex) please tell the nurse.
- You will be asked to remove any jewellery, spectacles, contact lenses, tongue studs, and false teeth before your examination.
- The endoscopist performing your test will explain the procedure to you including the risks and the benefits of the procedure. You will then sign a consent form, which confirms that you understand the procedure and agree to go ahead with it. **Please do not hesitate to ask any questions you may have.** Remember you can withdraw your consent for treatment at any time.
- You will need to change into a hospital gown.
- A small needle will be placed into a vein in your arm to give you medication.
- A nurse will stay with you throughout your examination.

## What does the examination involve?

Your endoscopist will numb the inside of your nose and the back of your throat by spraying on some local anaesthetic; this may taste a bit unpleasant and cause you to cough slightly. You will also be given a sedative to help you relax, which is given by an injection into the needle already in your arm. The sedative can make you drowsy, but it is not a general anaesthetic and does not 'put you to sleep'. However, it is enough to help with any anxiety or distress you are feeling.

You will be connected to a monitor to check your blood pressure during your procedure. A device called a pulse oximeter will also be put on one of your fingers; this does not hurt, it checks the oxygen content of your blood and will show if you need extra oxygen during the bronchoscopy. You will have a soft plastic tube placed just inside your nostrils to give you oxygen.

Your endoscopist will insert the tip of the bronchoscope into your nostril and then gently guide it round the back of your throat into your trachea (windpipe) (it is sometimes passed via the mouth rather than the nose, if you have narrow nasal passages). Modern bronchoscopes transmit pictures through a camera attachment on to a TV monitor for the endoscopist to look at. The endoscopist looks at the images from the bronchoscope and inspects the lining of your trachea and main bronchi (the main airways). The bronchoscope may make you cough occasionally, but does not hurt, and does not normally affect your breathing.

The endoscopist may take one or more biopsies of parts of the inside lining of your airways, depending on why the test is done and what they see; this is painless. The biopsy samples are sent to the laboratory for testing. Sometimes a small amount of sterile fluid is passed into your lung and is sucked back out again. These bronchial washings can also be sent to the laboratory to look for organisms or abnormal cells. The bronchoscope is then gently removed.

## How long will it take?

The bronchoscopy itself usually takes about 30 minutes. However, you should allow at least four hours for the whole appointment, to prepare, give time for the sedative to work, for the bronchoscopy itself, and to recover.

## What will happen after my procedure?

- You will return to the recovery area to rest.
- Your pulse and blood pressure will be monitored until you are fully recovered.
- Your nose and throat may be sore after the local anaesthetic wears off but this will pass.
- You will feel sleepy for a while but you will recover over a short period of time.
- You may cough up some blood stained sputum or have a small nose bleed but this is nothing to worry about.
- You will be kept nil by mouth until you have been instructed by the nursing staff that it is safe to eat and drink. You will then be offered a drink and something to eat, usually about two hours after your procedure.
- You will be told your results before you are discharged from hospital. If samples have been taken, the results will take approximately two weeks to come back.

### **What should I do when I go home?**

- You must have a friend or relative with transport to collect you from the Unit and stay with you for 24 hours while you rest until you are fully recovered.
- You must not drive, drink alcohol, use any sleeping aids, operate machinery (including an electric kettle), make important decisions, or sign important documents for 24 hours following your procedure.
- You may have a cough for a day or two after your procedure. This should clear on its own and is nothing to worry about.

### **When can I return to work?**

The sedation lasts in your system for approximately 24 hours. You may feel well the day after your examination, however the sedation may affect your ability to work so we advise you to take the day after your examination off work to allow you to rest and recover fully.

### **What do I do if I am feeling unwell at home?**

If at any time you feel unwell, feel hot and cold, feel as if your heart is racing, experience any chest pain, coughing up excessive amounts of blood, or any other concerns within 24 hours following your procedure contact this department or go to Emergency Department. Tell them that you have had a bronchoscopy and take the copy of your report with you.

If there is anything you are unsure about, please do not hesitate to speak to the nurse caring for you before you leave the department.

## Any further questions?

Please phone the **Endoscopy Unit**. The units are open Monday to Sunday 8am to 6pm.

- William Harvey Hospital, Ashford Telephone: 01233 61 62 74
- Kent and Canterbury Hospital, Canterbury Telephone: 01227 78 30 58
- Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 43 70

If you have any questions between 6pm and 8am Monday to Sunday then contact the **Emergency Department** on:

- William Harvey Hospital, Ashford Telephone: 01233 61 62 07
- Queen Elizabeth the Queen Mother Hospital, Margate Telephone: 01843 23 50 30

A short film outlining what patients can expect when coming to hospital for an endoscopy is available on the East Kent Hospitals web site [www.ekhufft.nhs.uk/endoscopy/](http://www.ekhufft.nhs.uk/endoscopy/)

Our units are regularly inspected and audited; please ask if you want any information about our performance standards. You can also visit [www.patientopinion.co.uk](http://www.patientopinion.co.uk)

**This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

**Any complaints, comments, concerns, or compliments** please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring in large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals web site [www.ekhufft.nhs.uk/patientinformation](http://www.ekhufft.nhs.uk/patientinformation)

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