

## Patient information factsheet

# Bronchoscopy (surgical)

We have given you this factsheet because you are due to have a procedure called a bronchoscopy. It explains what the procedure involves, how to prepare for the procedure, and the potential risks and benefits. We hope it will answer some of the questions you may have. If you have any further questions, please speak to a member of our team.

### What is a bronchoscopy?

A bronchoscopy is a procedure to look at the inside of your trachea (windpipe) and the breathing tubes (airways) in your lungs. The procedure will be performed by a surgeon. You will be under general anaesthetic (medicines used to send you to sleep, so you do not feel any pain) for the procedure.

Depending on the findings, the surgeon may take tissue samples (biopsies) for further examination or perform treatment if necessary.

It is important that you understand why this procedure is necessary and what is involved, so that you can give your permission (consent) for it to be done.

### Why do I need this procedure?

You might need a bronchoscopy if you have:

- been coughing up blood or phlegm
- breathing problems
- unexplained symptoms
- had a chest x-ray or CT scan that has shown signs of abnormalities

A bronchoscopy can help us to diagnose your problem and decide on the best treatment for you. The surgeon will discuss this with you in more detail and explain why a bronchoscopy has been recommended for you.

### Before the procedure

#### Pre-assessment appointment

Before your procedure, you will need to come into hospital for a pre-assessment appointment. During this appointment, you will have:

- blood tests
- an electrocardiogram (a heart tracing test)
- a chest x-ray
- a full set of observations to check your blood pressure, pulse, oxygen levels, temperature and breathing rate
- swabs from your nose and groin to screen for MRSA infection

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We will also explain the procedure to you and answer any questions you may have. If you are happy to go ahead with the procedure, we will ask you to sign a consent form.

## **General anaesthetic**

The procedure will be performed under a general anaesthetic. This means you will be asleep for the procedure and will not feel anything. To ensure you are well enough for a general anaesthetic, an anaesthetist (a specialist doctor) will visit you before your procedure and ask you some questions about your medical history and your general health and lifestyle. This may be at your pre-assessment appointment or on the day of your procedure.

## **Eating and drinking**

At your pre-assessment appointment, we will explain when to stop eating and drinking before your procedure.

## **Medications**

At your pre-assessment appointment, we will explain what medications may need to be temporarily stopped before your procedure.

## **Antiseptic skin wash solution**

Before your procedure, you will need to wash your whole body and hair using an antiseptic skin wash solution. This solution is designed to help prevent infections occurring after your procedure. We will give this solution to you at your pre-assessment appointment and explain when and how to use it.

## **Dentures, loose teeth or crowns**

There is a slight risk that your teeth may be damaged during the procedure. To help reduce this risk, please let us know at your pre-assessment appointment if you have any dentures, loose teeth or crowns.

## **Pack an overnight bag**

A bronchoscopy is usually a day case procedure. However, if we have any concerns about your recovery, you may need to stay in hospital overnight so we can continue to monitor your condition. Please pack an overnight bag and bring it into hospital with you just in case.

## **Arrange for someone to stay with you**

General anaesthetic can affect your memory, concentration and reflexes for a day or two, so it's important you arrange for a responsible adult to accompany you home and stay with you for 24 hours after the procedure, if you're allowed to go home. If no-one is available, please let us know and we will arrange for you to be admitted to hospital.

## **On the day of the procedure**

When you arrive for your procedure, we will admit you to our surgical day unit (SDU) and show you to your bed space. If a bed is not available, we may ask you to sit in our waiting area.

Once a bed is available, we will ask you to change into a hospital gown and put on some compression stockings. These will help to prevent blood clots (deep vein thrombosis, or DVT) developing in your legs.

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We recommend leaving any valuables at home. Please let us know if you have brought any valuables into hospital with you. These will need to be locked away securely on the ward.

## During the procedure

Before we begin the procedure, we will take you to a room where an anaesthetist will give you a general anaesthetic. This may be given:

- as an injection through a cannula (a thin tube that allows medication to be given into a vein) in the back of your hand
- as gas through a face mask

Once you are asleep, the surgeon will gently guide a bronchoscope (a long, flexible tube with a bright light at the end of it) down your throat and into your airways.

Depending on what the surgeon sees in your airways, they may:

- take mucus, cell and tissue samples (biopsies) to be examined in the laboratory
- remove foreign objects blocking your airways
- make your airways wider (this may involve laser treatment or placing a stent (a hollow tube) in your airways to hold the narrowed part open)

## After the procedure

After the procedure, we will move you to our recovery room. You will stay in the recovery room until the general anaesthetic has completely worn off. We will give you oxygen through a face mask or nose tubes while you are recovering from the anaesthetic.

Once you are awake, we will help you to sit up. While you are in the recovery room, we will regularly check your:

- blood pressure
- pulse
- oxygen levels
- temperature
- breathing rate

We will then transfer you back to the surgical day unit where we will continue to monitor your:

- blood pressure
- pulse
- oxygen levels

When we think you are ready, we will:

- ask you drink a few sips of water (you will then slowly be able to increase the amount you drink)
- ask you to get out of bed, stand up, and encourage you to walk around the ward
- offer you something to eat

You may also need to have a chest x-ray. If necessary, we will discuss this with you in more detail.

Please let a member of staff know if you have any pain or feel shorter of breath than normal at any point.

## Going home

Depending on your recovery, you should be able to go home on the same day as your procedure. However, you may need to stay in hospital overnight. Most people are able to go home when they feel well and are able to pass urine, eat and drink without difficulty.

If you go home on the same day as your procedure, a thoracic nurse specialist (a specialist nurse) will call you the following day. They will check how you are feeling and answer any questions you may have.

If we have recommended starting you on a new medication, a letter will be forwarded to your GP.

## Compression stockings

We may recommend that you continue to wear the compression stockings for at least 10 days, or until you have fully recovered and are able to walk normally. If you experience any pain or discomfort in your calves (lower legs), or they become swollen, contact your GP.

## Advice after a general anaesthetic

For the first 48 hours after your procedure, you may feel more sleepy than usual and your judgement may be impaired. During this time, you must not:

- drive (your insurance company will have its own conditions for when you are insured to start driving again, so it is important you check your policy)
- drink alcohol
- work
- exercise
- handle machinery (including an oven or hob)
- sign any legal documents

## Potential side effects

After the procedure, it is common to experience some of the side effects below:

- tiredness
- a sore throat (this should improve over a few days, and you can take some over-the-counter pain relief medication to ease your symptoms)
- a cough which brings up a small amount of blood (this should stop after a few days)
- low blood pressure (this will usually improve after having something to drink)

## When to seek medical advice

Contact the surgical day unit immediately if you are worried about the amount of blood you are coughing up, or if you have any of the following symptoms:

- increased shortness of breath
- vomiting (being sick)
- a high temperature (38°C or above)

## Potential complications

A bronchoscopy is usually a safe, straightforward procedure. However, as with all procedures, there are some potential complications. Minor complications after a bronchoscopy include:

- damage to teeth
- a chest infection (moving around early on will help to prevent this)
- a temporary narrowing of your airways (this is called a bronchospasm and may cause you to cough and feel wheezy)

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## Results

Before you go home, one of the medical team will talk to you about how the procedure went. However, we may not be able to give you your results on the day of the procedure.

If biopsies have been taken, it can take up to two weeks for the results to be available. Once we have the biopsy results, we will pass them to the doctor who referred you for the procedure. They will then contact you to let you know the next steps.

## Alternative procedures

There are no alternative procedures to a bronchoscopy. If you choose not to have the procedure, you will need to have surveillance scans to keep the area or your symptoms under review. If the area becomes bigger or your symptoms worsen, your doctor will talk to you about what treatment you may need.

## Contact us

If you have any **urgent questions or concerns**, please contact our surgical day unit (SDU).  
Telephone: **023 8120 5249**

For any **non-urgent queries**, please contact our thoracic nurse specialist team.  
Telephone: **023 8120 8457**

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