



*Better
Together*

Patient information

Having a Bronchoscopy Under Local Anaesthetic

Medical Division: Royal Liverpool Hospital and
Broadgreen Hospital

PIF 855 V3

You have been advised to have a bronchoscopy procedure to assist your medical team in finding the cause of your symptoms.

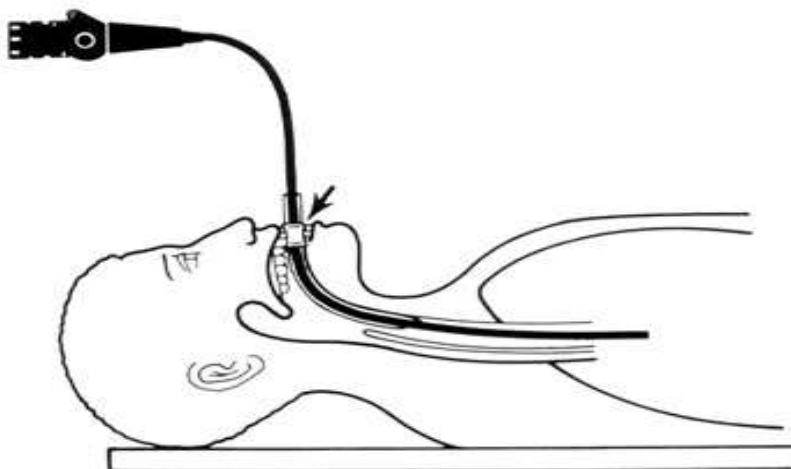
The information below is a general guide and may not answer all of your questions. If you do have any queries please discuss them with any member of the medical team.

What is a bronchoscopy?

A bronchoscopy is a commonly used test, which allows the doctor to look directly down your windpipe and into part of your lungs using a bronchoscope. A bronchoscope is a flexible tube (thinner than a little finger) with a light and camera at the end.

The bronchoscope will be passed through your nose or mouth into your throat. Looking down the tube allows the doctor to view your lungs. During the test it may be possible to take samples, this is done painlessly either by removing tiny pieces of tissue (biopsy) or by “washing” out part of the lung with salt water that is then sucked back. The samples are then taken to the laboratory for further examination.

FLEXIBLE FIBEROPTIC BRONCHOSCOPY



What are the benefits of having a bronchoscopy?

Your doctor has requested this procedure to help investigate your condition and help with your diagnosis and management.

What are the risks of having a bronchoscopy?

Complications after a bronchoscopy are uncommon but the following can occasionally happen:

- Too little oxygen in the blood. We monitor your oxygen levels and pulse during the test. You also receive oxygen during the test if necessary.
- Too much sedation. We give only small amounts and monitor its effects. Using another drug can reverse this.
- Bleeding following a biopsy. This is very rare as a major complication – about 12 per 10,000 cases.
- Food or drink entering the breathing tubes after the procedure. We will ensure the effects of the local anaesthetic spray have worn off before you start to eat or have drinks.
- Irregular heart rhythms. We monitor your heart rate and rhythm throughout the test, and can correct this if necessary.
- Very, very rarely, there is a major complication, which could be fatal. This risk is 4 per 10,000 cases and is taken into consideration when the doctor decides you need to have a bronchoscopy.
- Other minor complications include fever, feeling faint and nausea (feeling sickly).

Are there any alternative investigations available?

There are no alternative investigations that can examine your lungs in this way.

It is also important to be aware that bronchoscopy may not provide a definite answer for every patient.

Will I be given an anaesthetic?

You will be given a local anaesthetic. Local anaesthesia is drug-induced numbness: The doctor will spray local anaesthetic into the back of your throat that may taste quite bitter. A further anaesthetic may be given through a fine needle directly through the skin in the front of your neck, or passed along the bronchoscope into your lungs.

This will briefly make you cough but will not interfere with your breathing. You may also be given some sedation through a needle in your arm. This will help you to relax and reduce your awareness of the procedure; you may also find you cannot remember anything about it afterwards.

Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness.

Serious side effects are rare but include low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening. If you have any concerns about any of these effects, you should discuss them with your doctor.

You will be given an opportunity to discuss anaesthetic options and risks before your bronchoscopy. For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

Getting ready for the procedure

- The doctor will explain the procedure to you and ask you to sign a consent form. This is to ensure that you understand the procedure and its implications.

- You will be asked to not to eat or drink anything for approximately four hours before your procedure.
- Remember, you can change your mind about having a procedure at any time.
- As the sedative may have an effect for up to 24 hours, please do not drive to the hospital as you will be unfit to drive yourself home.

During the test

The test is performed in a room in our theatre department. You will be taken there in a bed accompanied by your ward nurse.

You will be made comfortable and introduced to a theatre nurse who will place:

- Three sticky pads on your chest to monitor your heart beat.
- A probe on your finger to measure your oxygen level.
- A blood pressure cuff around your arm. This works automatically and you will feel it inflate and deflate. It may become quite tight at times.

These are routine safety precautions that allow us to monitor you during the procedure.

The doctor will talk to you throughout the test. If you or the medical team think the test needs to be stopped, it can be at any time.

When the test is finished, the bronchoscope is removed quickly and easily. You may be moved onto a recovery room where you will stay for a short time before you return to the ward.

After the test

When you return to the ward your nurse will record your blood pressure, pulse and oxygen levels. You will be given something to eat and drink when the effects of the local anaesthetic have eased. After the test, you may find streaks of blood in your phlegm. This is nothing to worry about and will usually pass within 24 hours. You will be given an advice sheet to take home.

Common side effects

- Your nose and throat may be a bit sore for a day or two.
- slight nosebleed
- You may feel tired or sleepy for several hours caused by sedation
- You may cough up a little blood a few times the following day or so

If any of the above symptoms do not settle or you have any other concerns please contact the ward you were admitted to for advice, or your family doctor (GP), or out of hours services i.e. walk in centres or NHS direct. In severe cases the Emergency Department (A&E).

When will I know the results?

It may be possible to give you some information immediately after the test but often the samples need to be processed and examined in the laboratory.

Your doctor will give you these results as soon as possible; it usually takes seven to fourteen days to process a sample. If you are a day case patient, you will be discharged and be given a clinic appointment for your results.

Going Home

If you are being discharged home on the day of your bronchoscopy and you have had sedation, **you must have a friend or relative to take you home and have a responsible adult to stay with you for 24 hours.**

For next 24 hours **you must not**

- Travel alone.
- Drive a car or ride a bicycle
- Operate machinery (including domestic appliances such as a kettle)
- Climb ladders
- Make important decisions, sign any business or legal documents
- Drink alcohol
- Return to work within 12 hours of treatment. Your general health and any medicines you are taking may increase the time you need off work.

You **should**

- Take it easy for the rest of the day and avoid strenuous activity.
- Take your medications as usual
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Further information:

Please contact the relevant secretary as indicated on the front sheet of your letter for any enquiries

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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