

Patient Education Guide

BRONCHOSCOPY

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Bronchoscopy (pronounced bron-kós-ko-pee) is a diagnostic examination of the major air passages of the lungs. It is done so that your chest physician can look inside your lungs. Your physician will insert a bronchoscope, which is a flexible tube about the width of a pencil, through your nose or mouth and into your windpipe (trachea).

There are two types of bronchoscopes. One type is a flexible instrument which consists of many small glass fibers that transmit light and allow your physician to see clearly through it. A small channel in the instrument allows small specimens to be obtained. This instrument can be passed either through the nose or mouth into the air passages. The second type is an open tube bronchoscope which can be inserted only through the mouth. It is often used for the removal of foreign objects from the airways, or when a larger biopsy specimen may be desired. Both types of bronchoscopes have specific advantages, and the choice will be made by your physician based on your particular case.

Why a Bronchoscopy?

There are many reasons for having a bronchoscopy. Common ones include: coughing up blood, a persistent cough that has not responded to the usual medications, and abnormal chest x-ray findings.

Diseases of the lung can be analyzed with bronchoscopy by sampling the lung tissue through the use of a bronchoscope. Samples are sent to a laboratory for analysis, from which your physician can make a diagnosis.

Adults, and children in particular, may inhale foreign bodies, such as peanuts, denture parts, pins, etc, into the lung. Sometimes a special grasping device can be inserted into the lung through the bronchoscope to remove the foreign body.

How Do I Prepare for a Bronchoscopy?

Your physician will have reviewed with you all the medications you are taking. Some medications can cause you to bleed excessively. Any medication with aspirin or ibuprofen can do this. Your physician may order a test called a bleeding time, or draw some blood to check that the clotting factors in your body are within the normal range. Be sure to tell your physician about all medications you are taking. Your physician may have you stop taking certain medications prior to your procedure.

Unless you are told otherwise, you should follow these instructions to prepare for the procedure:

1. The night before your bronchoscopy, **DO NOT** eat or drink anything (not even water) after midnight. It is important that your stomach be empty to avoid vomiting.
2. Your physician should tell you if you should take your medications with a little sip of water on the morning of the procedure.
3. Bring someone to drive you home, or arrange for alternate transportation.

How Is Bronchoscopy Performed?

Before the procedure begins, you will receive medication that will help you relax and reduce coughing and throat irritation. A small IV needle will be inserted into a vein so that additional medications can be given.

Your nurse or physician will connect you to a heart and blood pressure monitor. You will be given extra oxygen through your nose during the exam. At this point, additional sedative medication may be given through your IV.

After the tube is passed through your nose or mouth and throat, it goes through your vocal cords to your windpipe and into your lung. When the tube passes through your vocal cords, you may feel like you cannot catch your breath. The feeling is not unusual and is temporary. Your physician will stop to let you catch your breath before continuing the examination.

During the procedure medicine will be administered through the tube to help relieve any coughing. You can help by taking slow, shallow breaths through your mouth.

Try not to talk while the tube is in your lungs. Talking can make you hoarse or give you a sore throat after the procedure.

Occasionally, the examination is done with the aid of x-ray equipment to help your physician locate the exact area from which to take biopsy specimens. You may feel pressure or tugging when the biopsy specimens are taken. However, pain is unlikely to occur during the bronchoscopy. A nurse will be present during the exam to assist you and the physician.

Bronchoscopy is a safe diagnostic procedure and carries little risk. Complications are infrequent, but if they occur, they may include pneumothorax (collapsed lung), bleeding at the biopsy site, allergic reaction to medicines, hoarseness, and fever. Only rarely do patients experience other, more serious complications.

What Happens After Bronchoscopy?

When the procedure is finished, you will be observed by a nurse until you are awake enough to leave. Tell the nurse if you have any chest pain, difficulty breathing, or notice a large amount of blood (more than one tablespoon) in your sputum. It is normal to cough up a small amount of blood for 1-2 days after the procedure.

The nurse will recheck your blood pressure, pulse, and respiratory rate prior to your discharge.

The IV needle will be removed, and a chest x-ray may be taken.

You cannot eat or drink anything for 2 hours after the procedure because your throat muscles will still be numb.

When you are ready to be discharged, the nurse will go over some instructions with you, such as what to do if you have a sore throat.

Your physician will be happy to discuss any questions you may have regarding the diagnostic examination and will tell you when to expect the results back from the laboratory.

Contact your physician if you have any questions or problems after your bronchoscopy.
