

Introduction

Bronchoscopy is a procedure using a flexible endoscope of approximately 5mm passing through the nose or mouth into the tracheo-bronchial tree approximately. This direct visualization enables doctors to diagnose diseases, such as pneumonia, tuberculosis or lung cancer. Additional therapeutic procedures could also be performed at the same time, such as sampling lung fluid or biopsy, retrieval brushing of lung tissue, removal of foreign body and control of bleeding.

Procedure

1. An intravenous line will be set up for the administration of IV sedations.
2. Patient is arranged in sitting position.
3. Oxygen is given through nasal cannula.
4. Local anesthetic may be sprayed on the nostrils or throat.
5. Sedation may be given intravenously. Your vital sign will be closely monitored.
6. The bronchoscope is then inserted through the nose or mouth into the tracheo - bronchial tree by the doctor.
7. Irritation resulting in coughing and shortness of breath might be experienced during the procedure.
8. The procedure will usually take 15-30 minutes depending on the complexity.
9. Doctor will perform haemostasis procedure or biopsy taking if required.
10. Photographs and DVD of the bronchial tract will be recorded during the procedure.

Pre-procedural Preparation

1. A written consent is required.
2. Continue inhalational therapy for patient suffering from chronic airway diseases.
3. No food or drink for 4 to 6 hours prior to bronchoscopy.
4. Cleaning of mouth and nostrils before the procedure.
5. Remove dentures, spectacles, contact lens, metallic accessory before the procedure.
6. Please inform doctor for the followings:
 - Drug allergy
 - Drug history- antiplatelet and anticoagulant, such as NSAID, Warfarin etc
 - Diabetes mellitus, hypertension, cardiac or pulmonary disease
 - Pregnancy

Possible risks and complications

- Cardiac dysrhythmias
- Mild pneumothorax, possibility around 1% and usually self-resolved.
Severe pneumothorax, possibility around 0.5%, chest drainage is necessary.
- Massive haemoptysis, possibility around 0.2%.
- The chance of developing respiratory tract infection is relatively rare.
- Sedation induced complications, such as hypotension, respiration depression, shock, and allergy.
- Patients should consult your doctors for the detail of the procedures.

Post-procedural information

1. As the effect of local anaesthetic will persist for about an hour, patient should remain fasting until anaesthesia has worn off and as ordered by bronchoscopist.
2. Patients attending the endoscopic procedure must be aware that treatment or procedure that will be carried out on them may require general anaesthesia, sedation (e.g. monitored anaesthesia care -MAC) or a combination of techniques (“**anaesthesia/sedation**”). **Patients must fully understand and acknowledge that patients recovering from anaesthesia/sedation after the surgery must not leave the Hospital unaccompanied as a matter of patient safety. In this regard, patients wish to leave the hospital within 24 hours after the procedure should be accompanied by a responsible adult who is able to accompany them home.**
3. Slight sore throat and coughing with blood stained sputum may be expected for a short period of time.
4. Chest X-ray may be required if biopsy is taken during bronchoscopy.
5. If intravenous sedation is used, patient should be bed rest until fully awake. If patient needs to get out of bed (especially the first attempt), please press call bell to inform nursing staff for assistant to avoid fall. Patient should avoid operating heavy machinery, signing legal documents or driving for the rest of the day.
6. Patient is advised to enquire about the date of follow up via the bronchoscopist.
7. Patient should follow the instruction in completing the drug treatment.
8. Patient could contact endoscopy centre or attending doctor for any discomfort.
9. If serious events develop, such as heavy blood stained sputum, dyspnoea or fever, patients should seek medical advice immediately.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: www.ekg.org.hk/pilic/public

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____.

I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: _____

Pt No.: _____

Case No.: _____

Sex/Age: _____

Unit Bed No: _____

Case Reg Date & Time: _____

Attn Dr: _____

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____