

WHAT DO I FEEL AFTERWARDS?

After the test you will be asked to rest and will be observed for an hour or two while any drowsiness and numbness wears off. As your throat is numb, you should not eat or drink for the first hour or two after the test. The nurses will offer you a drink of water once you are fully awake and once the anaesthetic has worn off. If you are able to swallow the water you will be allowed any other food and drink that you wish to have. Sedation lasts longer than you think. **You should not drive, operate machinery, or sign legally binding documents for 24 hours after the test.** Please arrange for someone to accompany you when you go home, and avoid any alcohol for the rest of the day. The sedation will have fully worn off by the following day and you should be able to go back to work.

WHAT ARE THE POSSIBLE SIDE EFFECTS?

Bronchoscopy is an extremely safe test for most patients. After the test you may have a slight nose bleed, or your phlegm may be streaked with blood. This is normal and should settle down within 24 hours. If you cough up larger quantities of blood (such as an egg-cup full or more) or suddenly become short of breath you should contact your doctor straight away. You may notice a hoarse voice or mild sore throat for a time after the test, but this will settle down. Some patients feel feverish a few hours after bronchoscopy, this is not dangerous and does not usually indicate an infection. The fever can be treated with paracetamol.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Every medical procedure can have complications. The complication rates for bronchoscopy are very low. Minor complications can occur up to one in 500 bronchoscopies and can include:

- reduced depth of breathing due to sedation
- spasm of the vocal cords due to the local anaesthetic
- feeling faint or nauseated
- wheezing and breathlessness
- air leakage outside the lung (pneumothorax) which can be left to settle or sometimes requires tube drainage

Major complications can occur up to one in 800 bronchoscopies and can include:

- more severe breathing difficulties
- unusual heart rhythms (arrhythmias)
- chest infection (pneumonia)
- fluid on the lung (oedema)
- significant bleeding

If you have a transbronchial lung biopsy there is a one to

two in a 100 risk of pneumothorax (deflation of the lung) which may be left to settle or require tube drainage. If you require this particular test (most patients do not) you will be warned in advance of this risk, and you will be X-rayed after the test to check that the lung is fully inflated. You will also be given special instructions advising you what to do if you should feel breathless after the test. The risk of death is extremely low (from zero to 1 in 5000 cases).

WHEN WILL I GET THE RESULTS OF THE TEST?

After the test, the endoscopist may be able to tell you if any abnormality was seen, but because of the sedation many people find that they forget what has been said to them. It is a good idea to have someone with you if you speak to the endoscopist. Results of biopsies and the tests can take several days or even longer. These will be discussed with you at the clinic if you are an outpatient or later on the ward if you are an inpatient. Details of any necessary treatment will then be discussed with you once the results of all the specimens are available.

BEFORE YOU LEAVE

Make sure you know if and when you need to come back to the clinic.

This document is intended for general information purposes only and you should read it together with (and depending on) any advice given by your local health professionals.

BRITISH LUNG FOUNDATION

The British Lung Foundation is the only UK charity working for everyone affected by lung disease. We do this through our network of Breathe Easy support groups, by providing information and advice, and by working for positive change in lung health through campaigning, lobbying and funding world-class research.

For more information about your nearest Breathe Easy group, or any other BLF service, please contact:

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Having a Bronchoscopy

A guide to the test

You have been advised to have a bronchoscopy to help find the cause of your symptoms. This leaflet has been prepared from talking to patients who have had the test. It may not answer all your questions so if you have any worries please don't hesitate to ask. The staff who are doing the test will be available to answer any queries. Not every hospital does things in exactly the same way.

WHAT IS A BRONCHOSCOPY?

A bronchoscopy is a test which allows the endoscopist to look directly into the windpipe (trachea), and airways (bronchi) in your lungs. The test is carried out with a bronchoscope, which is a long flexible tube with a bright light and video chip at the end.

The tube is passed through the nose or mouth, then through your voice box (larynx) into the windpipe and breathing tubes to check whether or not any disease is present.

During the test, the endoscopist may collect different samples, which will be examined further in the laboratory.

WHY DO I NEED A BRONCHOSCOPY?

Your GP or doctor has recommended the test to look at your airways, or to take samples of lung tissue or lung fluid, in order to help find the cause of your symptoms.

ARE THERE ANY ALTERNATIVES TO A BRONCHOSCOPY?

Other tests such as x-rays may give some information about the lungs, but only a bronchoscope can allow the endoscopist to see inside the airways and take samples.

WHAT WILL HAPPEN IF I DECIDE NOT TO HAVE A BRONCHOSCOPY?

Without a bronchoscopy, your GP/doctor may not be able to find out what is wrong with you and it may not be possible to give you the correct treatment. If you decide not to have a bronchoscopy, you should discuss this carefully with your GP/doctor.

WILL I BE AWAKE DURING THE TEST?

To make the test as easy as possible for you, you will be offered the opportunity to have sedation before the test, but you may also have the test without sedation if you prefer. Most patients report only mild discomfort from this test, and many patients decide to have the test without sedation. However people who feel anxious about the test may find it better to have light sedation.

DO I NEED TO AVOID EATING AND DRINKING BEFORE THE TEST?

You must not eat any food for at least 4 hours, and drink for 2 hours before the test. Any tablets that you need may be taken with a drink up to 2 hours before the test. Take all other medicines (tablets, inhalers, etc) at the usual times on the day of the test.

WHAT SHOULD I DO BEFORE THE BRONCHOSCOPY?

Before the test the endoscopist or nurse will explain the test to you, and will ask you to sign a consent form. This is to confirm that you understand what is going to happen to you during and after the test, the reasons for and benefits of the test, and any risks that the test may involve. If you have any anxieties or queries at this stage, do not be afraid to ask.

Please tell the endoscopist or nurse if:

- you have any allergies to any drugs
- you have had a previous bronchoscopy
- you suffer from asthma or heart disease
- there have been any changes in medication since you were last seen in the clinic
- you are taking any form of anti-coagulant such as warfarin, which you will need to stop well before the test (discuss the details with the endoscopist or nurse)
- you have diabetes - you will need to discuss the details with the endoscopist, nurse or diabetes nurse

You may be asked to come to a Short Stay, Day Case ward or Endoscopy Unit on the morning of the test or to arrive the day before and stay overnight.

WHAT HAPPENS DURING THE TEST?

You will be made comfortable on a couch in the examination room, sitting or lying on one pillow. You will be given oxygen to breathe through a soft plastic tube that is placed just inside your nostril. A plastic clip will be placed on one of your fingers to record your pulse and oxygen levels. If you request or require sedation, a nurse will give this through a small needle in the back of your hand or arm. Sedation may make you go to sleep, but you may just feel sleepy and more relaxed during the test.

Anaesthetic to numb the throat, voice box and airways can be given in a number of different ways, including gel or paste into the nose, a spray on the back of the throat, inhalation from a nebuliser, or an injection at the front of the neck. The endoscopist will explain which form of anaesthetic you will be given. The anaesthetic may give you the sensation that you cannot swallow. In fact you can swallow perfectly normally and should not be worried by this sensation.

The endoscopist will then pass the bronchoscope through your nose or mouth and spray more local anaesthetic, if required, on your throat and voice box through a small channel in the bronchoscope. This may cause you to cough. When your throat is numb, the endoscopist will pass the bronchoscope into the airways and inspect these passages (this can cause a tickling sensation and you may cough a little). Do not worry if this happens - more local anaesthetic may be put into the airways to prevent further coughing.

Samples may be taken during the bronchoscopy to provide further information. These may include:

- biopsies (the painless removal of a small piece of tissue using tiny forceps passed through the bronchoscope)
- brushings (a tiny brush passed into the airways to collect samples of tissue)
- washings (fluid is run into the lungs and sucked back into a collection pot)
- transbronchial biopsies (a sample of lung tissue taken from the edge of the lung, often with the help of x-ray imaging in a darkened room)
- fine needle aspiration (a tiny needle is passed through the airway wall into tissues beyond)

The test can take from 5 to 30 minutes depending on how many specimens (if any) are required.

IS THE PROCEDURE PAINFUL?

The procedure may cause some discomfort in the nose and it may make you cough, but there is plenty of room to breathe around the bronchoscope. Passing a bronchoscope into the airways and taking specimens from the lung should not cause any pain.

