



Pre-Bronchoscopy Instructions

INSTRUCTIONS:

- ☐ Do not eat or drink anything after midnight. You may take your medicine with a sip of water.
- ☐ Your doctor may give you medication before or during the procedure to help you relax and better tolerate it. This medication can impair your ability to drive for 24 hours. Please have an adult who can drive you home come with you to the bronchoscopy.
- ☐ Please report to the hospital at least 2 hours before the bronchoscopy.

WHAT IS BRONCHOSCOPY?

Bronchoscopy is an examination of the large air passages in the lungs and neck. A bronchoscope, a pen-sized flexible tube with a camera lens on the end, is used to view the airways. A small channel in the bronchoscope can be used to obtain specimens from the lungs that can be used to diagnose or treat many different lung diseases. Photographs or videos can be taken of abnormal airways. It is usually performed on an outpatient basis, with the use of a mild sedative.

WHAT PREPARATION FOR BRONCHOSCOPY IS NEEDED?

You will be asked not to eat or drink for several hours before the bronchoscopy to ensure that you have an empty stomach. Review your medication schedule with your doctor. Blood thinners and medications like **Plavix** and **Aspirin** will need to be discontinued. The timing of discontinuation is to be coordinated with your doctor. In most circumstances, you should continue to take your oral medicines. Please discuss this with your doctor if you have questions or if you are taking insulin or other medicine which requires a timed diet. You must have someone drive you home due to

the medication (sedation) that makes you drowsy during the bronchoscopy. The medications used to numb the airway may have an effect that lasts for hours after their administration. You will be instructed on when it is safe to eat and drink after receiving these medications.

HOW IS THE BRONCHOSCOPY PERFORMED?

The test is performed while you sit or lay on a hospital bed. Before your bronchoscopy begins you will receive medication to numb your mouth, throat, and nose. In addition, you may receive medication to make you drowsy, decrease coughing or to decrease saliva and other secretions. You will be attached to EKG (heart), blood pressure, and oxygen monitors and an IV will be started. Extra oxygen may also be ordered during the test. You may require general anesthesia. Your doctor will pass the bronchoscope through either your mouth or nose. The bronchoscope will be guided through the vocal cords and into the lungs. As the test proceeds, additional medication to further numb the breathing tubes will be inserted through the bronchoscope. If abnormalities are seen, specimens and photographs can be obtained. The bronchoscopy itself takes anywhere from 10 minutes to an hour. Approximately 20 to 30 minutes are needed for preparation before and a similar amount of time for recovery and cleanup afterward. Plan on a two-hour procedure. Your doctor will review the results of the bronchoscopy afterwards with you and in most instances will schedule a follow-up appointment with you one or two weeks later to review any results requiring further testing.

WHAT ARE THE POSSIBLE COMPLICATIONS?

Bronchoscopy is a safe procedure. In general, complications are uncommon and when they do occur, are usually mild.

- Reaction to the medication used for sedation, or for numbing the throat and breathing tubes- The complications from the sedative and local anesthetic can include but are not limited to: nausea and vomiting, slow, shallow breathing (respiratory depression), excessive sleepiness (somnolence), cardiovascular depression, low blood pressure (hypotension), headache or seizures.

- Discomfort and Coughing- While the bronchoscope is passed through your nose and back of your throat into the lungs, it may cause some discomfort. It may also

tickle your airways, causing a cough. You will be given medicine to help with this prior to the procedure.

- **Reduced oxygen-** Your oxygen level will be continuously monitored during the procedure using a pulse oximeter, with a sensor clip placed on your finger. The level of oxygen in the blood may fall during the procedure for several reasons. The bronchoscope may block the flow of air into the airway, or small amounts of liquid used during the test may be left behind, causing the oxygen level to drop. This drop is usually mild, and the level usually returns to normal without treatment. If the oxygen level remains low, the doctor will give extra oxygen or stop the test to allow for recovery.

- **Lung Air Leak-** Rarely, an airway may be injured by the bronchoscope, particularly if the lung is already very inflamed or diseased. The procedure could cause an air leak (pneumothorax) in which air comes out of the lung and gathers in the space around it, which can limit how well the lung expands. This complication is not common and is more likely if a biopsy is taken during bronchoscopy. If there is a large or ongoing air leak, it may need to be drained with a chest tube.

- **Bleeding-** Bleeding can occur after the doctor performs a biopsy. Bleeding can also occur if the airway is already inflamed or damaged by disease. Usually, bleeding is minor and stops without treatment. Sometimes medication can be given through the bronchoscope to stop bleeding. Rarely, bleeding can lead to severe breathing problems or death.

- **Infection-** While equipment used is cleaned before and after use, there is a small risk that a germ could be introduced into the airways from your mouth that could cause infection. If a new infection develops, it can be treated.