

What are the complications?

Minor complications occur in 1 in 500 bronchoscopies and include:

- Slower breathing due to the sedating drugs
- Wheezing due to spasm of the vocal cords from the local anaesthetic
- Feeling faint or nauseated (sick or queasy)

Major complications occur in 1 in 800 bronchoscopies and include:

- Stopping breathing
- Unusual heart rhythms (arrhythmias)
- Chest infection (pneumonia)
- Fluid on the lung (pulmonary oedema)
- Significant bleeding
- The risk of dying during the procedure is the same risk as being a passenger in a car for 40,000 miles

What are the alternatives?

The other way to look into the breathing tubes is to use a rigid tube which is wider than the bronchoscope. It is passed through the mouth, usually after you have had a general anaesthetic. Such a test is done by the chest surgeons at Nottingham. It may take a few weeks to organise this type of bronchoscopy.

How long do I have to stay in hospital?

Most people can go home the same day if you have someone who can be with you. In exceptional circumstances you may be admitted for overnight observation.

When will I get the results?

The doctor will try to speak to you after the test once the sedation has worn off.

The results of the biopsies and the washings from the lungs can take several days to be ready. An outpatient appointment will be arranged following the procedure for you to discuss the results with the doctor.

If you have any further questions you can contact the hospital where the investigation will be taking place (see front page).

Sources of information used in the production of this leaflet

British Thoracic Society Guidelines for Diagnostic Flexible Bronchoscopy in adults Thorax 2013;68;i1-i44.

The Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language, large print, audio (CD or tape) or braille, please e-mail the Patient Information team at patient.information@ulh.nhs.uk

What is a Flexible Bronchoscopy?

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This leaflet aims to explain what a bronchoscopy involves and tries to answer the questions you may have about the procedure.

Why do I need a bronchoscopy?

Your doctor has recommended a bronchoscopy to look at your breathing tubes to help find the cause of your symptoms.

What is a flexible bronchoscopy?

A bronchoscopy is a test which allows the doctor to look directly at the windpipe (trachea) and the breathing tubes (bronchi) which take the air into your lungs.

A flexible bronchoscope is a long bendy tube, the width of a thin pencil, with a tiny camera and bright light on the end. The tube is usually passed, either through your nostril or your mouth, down your windpipe and into your breathing tubes. This allows the doctor to get a good look at your breathing tubes to check whether any disease is present. Small amounts of tissue may be taken to be looked at under a microscope.

These may be:

- Biopsies - taken using tiny forceps threaded through the bronchoscope
- Brushings - a tiny brush is rubbed against the wall of your breathing tubes
- Washings - where some liquid is run into the lungs and then sucked back
- Needle aspiration - where some cells are sucked out through the wall of the breathing tube

Will I be awake for the procedure?

To make the procedure as pleasant as possible for you, you may be given an injection of a sedative drug into a vein in your arm, just before the test. This should make you feel quite sleepy and relaxed.

A soft plastic tube giving you oxygen may be placed in one nostril and a probe, measuring the oxygen in your blood, placed on your finger.

The doctor will then use a local anaesthetic spray or gel to numb the nose, mouth and back of your throat.

Once you are relaxed and the area is numb, the doctor will start the test, using more local anaesthetic liquid when necessary.

How long will it take?

About 15 to 20 minutes.

What do I need to do before the procedure?

It is important that you do not eat for 4 hours or drink for 2 hours before the test.

How will I feel afterwards?

After the test, you will be asked to rest and be observed for an hour or two whilst the drowsiness wears off.

Because your throat will be numb, you should not eat or drink for the first two hours following the test.

You should not drive or operate machinery for 24 hours after the test as this may invalidate your insurance.

You will be able to go back to work the day after the procedure.

Because the sedation may last longer than you think don't sign any important documents until the next day.

If you choose to have sedation, you will need someone with you for the next 24 hours.

What are the side effects?

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. You may also notice a hoarse voice, sore throat or flu-like symptoms which should also settle down in a day or two.

If you cough up larger quantities of blood (e.g. an egg-cup full) or become suddenly short of breath, you should contact your doctor immediately.