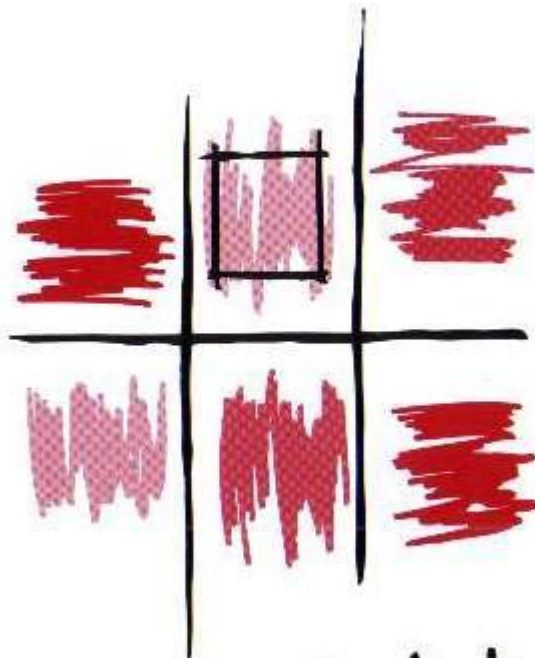


# Having a Bronchoscopy



a guide to the test

## **HAVING A BRONCHOSCOPY**

### **(a guide to the test)**

You have been advised to have a bronchoscopy to help find the cause of your symptoms. You may also be having the test to assess the progress of your condition. This leaflet has been prepared from talking to patients who have had a bronchoscopy. It may not answer all your questions; if you have any worries please don't hesitate to ask. The staff who is doing the test will be available to answer any queries.

#### ***What is a Bronchoscopy?***

A bronchoscopy is a test which allows the doctor to look directly at the **trachea** (the windpipe), the **bronchi** (branches of the airways) and into some areas of the lungs. A **bronchoscope** is passed up through your nose, past your larynx (voice box), down your trachea and into the bronchi. The bronchoscope is a long flexible tube, about the width of a thin pencil, with a bright light at the end. Looking down the tube the doctor gets a clear view of the different areas of your respiratory system and can check whether or not any disease is present; a chronic condition can also be assessed.

During the test different procedures may be performed to obtain small amounts of tissue for further examination in the laboratory. A biopsy specimen may be taken from a particular area. This involves the painless removal of a small piece of tissue using tiny forceps threaded through the bronchoscope. If the biopsy needs to be taken from an area which is more difficult to reach, X-ray equipment may be used in a darkened room to help the doctor locate the tissue.

#### **What should you expect?**

**The preparation:** You may be asked to come to the department on the day of the test, or to arrive the day before and stay overnight. You will be asked not to eat or drink for at least 4-6 hours before the test. If you are not sure when this is, please ask a member of staff. When you come into the department, a doctor will explain the test to you and will usually ask you to sign a consent form. This is to ensure that you understand the test and its implications. If you have any anxieties or queries don't be afraid to ask. Please tell the doctor or nurse if you have any **allergies** to any drugs; they will also want to know about any previous bronchoscopy you have had, if you are asthmatic, and any change in your condition since you were last seen in the clinic.

**During the test:** You may be given a pre-medication injection prior to the examination which will cause your mouth to feel dry and make you feel sleepy. In the examination room you will be made comfortable on a couch in a sitting or lying position. The doctor may give you an injection into a vein in your arm or hand. A local anaesthetic will be sprayed into your nose and through your mouth to the back of your throat. This tastes rather bitter. Sometimes the anaesthetic is given through a fine needle directly through the skin in the front of the neck. This procedure may make you cough but will not interfere with your breathing. As the tube is passed, more local anaesthetic may be sprayed through the bronchoscope to numb the voice box. This may make you cough, but as the anaesthetic takes effect your throat will relax. When the tube is in the bronchi the worst part of the test is over. It usually takes about 15-20 minutes to examine the areas carefully. A soft plastic tube may be placed

just inside your other nostril to give you some extra oxygen, and a plastic clip may be placed over a finger to monitor the amount of oxygen in your body and the pulse rate. On occasion it is necessary to use an X-ray machine to guide the passage of the bronchoscope to certain parts of your lungs. When the examination is finished the bronchoscope is removed quickly and easily, causing little discomfort.

### **After the test**

If you are still sleepy from the sedation you will be left to rest in the ward of unit where a nurse is always present. Because your throat will be numbed it is not safe to eat or drink in case it is inhaled. Your swallowing reflex should return to normal in about three hours. After the test you may have a slight nosebleed and if you have had a biopsy taken you may find streaks of blood in your phlegm. This will usually pass within the next 24 hours and is nothing to worry about. Any soreness in the throat or a hoarse voice will also ease within a day or so.

### **Going Home**

If you are going home the same day as the test it is essential that someone come to pick you up. Once at home, rest quietly for the remainder of the day. The sedation lasts longer than you think so you should not:

- drive a car
- operate machinery
- drink alcohol

By the following day the effects of the sedation should have worn off and you should be able to resume normal activities.

### **When do I know the result?**

In many cases the doctor will be able to tell you the results of the test as soon as you are awake. However, if tissue has been taken for analysis it may be several days before the results are known. If you are going home after the test it is a good idea to have someone with you when you speak to the doctor. Because of the sedation, many people find they forget what has been said to them.

Details of necessary treatment should be discussed with the doctor who recommended you to have the test.

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If you have a lung condition such as asthma, chronic bronchitis, or emphysema, you may be interested in joining 'Breathe Easy'. This is the British Lung Foundation's free club for people with any kind of lung problem. Breathe Easy offers a quarterly newspaper, information leaflets and a chance to contact others. For details contact:

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