

## Introduction

Bronchoscopy is the investigation or treatment for lung disease. A flexible bronchoscope is used to directly visualize and examine the airway. Secretion can be obtained for cytology and microbiology study. Tissues may also be taken for histology examination. (Each patient must be assessed and prepared individually by your doctor prior to bronchoscopic procedure.)

## Indication

- Persistent cough
- Blood stained sputum
- Abnormal shadow in Chest Radiography or Computerized Tomography
- Aspiration pneumonia
- Removal of foreign bodies or obstructive secretion
- No improvement after respiratory medication treatment or other respiratory medical problem

## The Operation / Procedure

1. Local anaesthetic agent is sprayed into the nose and the throat.
2. Patient may need intravenous sedation.
3. The scope is lubricated and inserted into the airway via the nose or the mouth. Further local anaesthetic agent may be instilled if necessary.
4. Bronchial washing and biopsy may be taken.
5. Supplemental oxygen therapy may be required.
6. The procedure may last for 15 to 30 minutes.
7. For patient safety and security surveillance, all endoscopy rooms are installed with 24-hour recording CCTV. Video records will be managed according to the principles of Personal Data Privacy Ordinance.

## Before the Operation / Procedure

1. Patients on long term medications should consult your doctor whether its necessary to be stopped, changed or continued before and during Bronchoscopy. Blood tests may be required prior to Bronchoscopy. For example:
  - 1.1 Heart disease patients on Aspirin / Plavix / Warfarin or other anti-coagulants.
  - 1.2 Asthmatic patients on bronchodilator or steroid.
  - 1.3 Chronic airway disease patients may require continuation of inhalational bronchodilator therapy.
  - 1.4 Chronic medical condition such as Diabetic Mellitus, Hypertension, Cardiac disease may require different medications.
2. Stop oral intake for 2-6 hours before the procedure.

## After the Operation / Procedure

1. Stop oral intake 2-4 hours after the procedure until gag reflex returns.
2. Blood pressure, pulse rate and oxygen saturation are closely monitoring.

## Risk and Complication

The procedure is relatively safe and complication is rare and easy to manage:

1. Allergic drug reaction.
2. Hoarseness of voice.
3. Blood in sputum may appear.
4. Pneumothorax (air leak from the lung into the pleural capacity) may be occurred following the procedure or lung biopsy. This condition usually settles on its own, but sometimes tube insertion into the chest may be required for drainage.
5. Respiratory difficulties after bronchoscopy may require oxygen therapy or very rarely, ventilatory support.
6. Fever and pneumonia may rarely occur.

## Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

## Reference

Smart patient website by Hospital Authority: Bronchoscopy (3/2020)