

Bronchoscopy



Information for patients at
King's College Hospital only

Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.

Ensuring your safety is our primary concern.

What is a bronchoscopy?

A bronchoscopy is an examination of the major air passages in your lungs. It allows the doctor to look directly at your trachea (windpipe), the bronchi (branches of your airways) and into some areas of your lungs.

The doctor will pass a bronchoscope through your nose or mouth, past your larynx (voice box), down your trachea and into your bronchi. A bronchoscope is a long, flexible tube, about the width of a thin pencil. It has a bright light at the end which transmits pictures of your lungs onto a video screen. This allows the doctor to get a clear view of the different areas of your lungs.

The doctor may take samples during the bronchoscopy.

This involves:

- washing out an area of your lungs with salty water
- rubbing the inside of your airways with a small brush
- taking biopsies (several small pieces of tissue no bigger than 2-3mm).

What are the benefits of having a bronchoscopy?

It is not normally used as a treatment so it will not make you feel better. But if you have a plug of mucus blocking your airway the doctor can remove this during the bronchoscopy, which can improve your breathing. We use this test because it is a relatively safe way of helping us to find out what is causing your symptoms so you can manage your lung problem better.

What are the risks?

During or after your bronchoscopy you may have a:

- sore nose
- sore throat



- nosebleed
- fever
- cough.

You may also cough up blood (haemoptysis). This normally settles quickly, but very rarely it can be more serious and we will need to monitor your condition. A small percentage of patients have signs of a chest infection after the procedure, such as a cough with green/yellowish spit and fever. If this happens and does not go away within 48 hours of the test, please contact us for advice.

If you have asthma or chronic obstructive pulmonary disease (COPD) you may feel breathless after the procedure.

If you are having a special type of biopsy called a transbronchial biopsy, you have a one in 20 risk of developing a pneumothorax, where air leaks into your chest. If this happens you may need to be admitted to hospital for observation; very rarely, we need to put a drain into your chest to make your lung re-expand.

Are there any alternatives?

Some conditions can only be investigated by bronchoscopy. Alternatives, depending on the reason why you have been referred for a bronchoscopy, include a surgical biopsy, which you have under general anaesthetic, or a CT-guided biopsy. However, these cannot show us the inside of your lungs in as much detail as a bronchoscopy, so they may not be suitable in your case. Any possible alternatives should already have been suggested to you. Why bronchoscopy is thought to be the most appropriate procedure to find out what is causing your symptoms, should have also been explained to you. If you wish to discuss this further, contact the doctor who referred you for a bronchoscopy.



Can I delay having my bronchoscopy?

You will have to wait longer for your diagnosis and treatment if you delay having your bronchoscopy.

More test results could also be delayed or we may not be able to interpret them properly if you do not have your bronchoscopy first.

We can start your treatment as soon as possible after we confirm your diagnosis using the results of your bronchoscopy.

Your bronchoscopy may be normal; by putting off having this test the reassurance this knowledge would have given you will also be delayed.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to ask to speak with a senior member of staff again.

What should I do if I cannot come my appointment?

Phone the Chest Unit on **020 3299 4743** and we will be happy to arrange an alternative date for you.

Please note: we only perform bronchoscopies on certain days of the week.

Where will I have my bronchoscopy?

You will have your test in the bronchoscopy suite in the Chest Unit as a day case. The Chest Unit is on the second floor of Cheyne Wing, opposite Todd Ward.



How do I prepare for my test?

When the hospital clinician advises you that you need a bronchoscopy they will also order some blood tests and look at what medications you take. Some medications can cause you to bleed a lot. These are anticoagulants (blood thinners) that reduce blood clotting. If you are on any of the following drugs, please let us know as soon as you are given your appointment for your bronchoscopy: warfarin, apixaban, rivaroxaban, dabigatran, edoxaban, betrixaban, acenocoumarol, clopidogrel, aspirin or heparin. We may ask you to stop the medication for up to a few days beforehand, depending on your medical history. This information is very important to allow us to safely plan the bronchoscopy. There are some other medications that can also increase your risk of bleeding such as ibuprofen.

The hospital clinician who has arranged your bronchoscopy will arrange for you to have blood tests to check that your clotting is normal before your bronchoscopy.

On the day of your appointment do not eat or drink for at least four hours before the test. You may be allowed a few small sips of water up to two hours beforehand if you need to take any medication. The hospital clinician will advise you whether you should take your medications on the day of your bronchoscopy.

If you are diabetic, phone us for advice on **020 3299 4743**. You may be asked to reduce or stop taking diabetic tablets and insulin on the day of your test.

If you use inhalers for your breathing, use them as normal.

Please bring with you a list of any medications you are taking and tell us if you are allergic to any drugs.



You may be given a sedative injection to make you feel relaxed and drowsy. You will be made comfortable on a couch in a sitting position.

Please wear loose, comfortable clothing so we can attach the monitors to you easily.

What happens before the test?

You will be asked to sign a consent form and you will be able to ask the doctor any questions you have about the procedure.

There will be two respiratory physiologists with you during the procedure. They assist the doctor doing the bronchoscopy and care for you before and after the procedure.

Before, during and after the test the respiratory physiologists will check your blood pressure and place a cuff around your arm that inflates and deflates every few minutes, to measure your blood pressure. They will also attach a probe to your finger to measure your oxygen level.

What happens during the test?

The doctor will spray a local anaesthetic into your nose and at the back of your throat. At first this tastes unpleasant but it fades quickly. They may also lubricate the inside of your nose using an anaesthetic jelly. After having the spray your throat will feel numb and you will find it difficult to swallow. This is normal and reduces your gag reflex when we put the bronchoscope down your throat. A soft plastic tube will be placed just inside one of your nostrils or your mouth to give you some extra oxygen; sometimes you may be given an oxygen mask instead.



As the doctor inserts the bronchoscope, more local anaesthetic will be sprayed through the bronchoscope onto your voice box. This may make you cough, but it will settle as the anaesthetic takes effect. You may also feel like you have more saliva at the back of your throat and find it difficult to swallow. You will be able to swallow but you might not be able to feel yourself doing so because your throat will be numb.

When the tube has passed through your voice box the most uncomfortable part of the test is over. We advise you not to talk after this point because it can give you a sore throat, but feel free to use your hands to communicate.

It usually takes about 15-30 minutes to examine all the areas of your lungs carefully and to take any samples we need. When we have finished, we will remove the bronchoscope quickly and easily, causing little discomfort.

What happens after the test?

We will take you to the recovery room so you can rest for at least one hour. If you are an inpatient at King's, you can go back to your ward after about 15 minutes.

Your throat will be numb so you must not eat or drink anything for two hours, because you may accidentally breathe it in .

After the test you may have a slight nose bleed if the scope has passed through your nose. If you have had a biopsy taken you might have streaks of blood in your spit. Any soreness in your throat or a hoarse voice will ease within a day or so.



When can I go home?

If you are an outpatient you can usually go home two hours after the test has finished.

A responsible adult must collect you and escort you home. If this is not possible, tell the doctor or the respiratory physiologists so they can make arrangements for you. If possible, have someone stay with you overnight.

Once you are home, you should rest quietly for the rest of the day. The effects of the sedative last longer than you might think, so until the next day you must not:

- drive a car
- use machinery
- drink alcohol
- sign any legally binding documents.

By the next day the effects of the sedation should have worn off and you will be able to go back to your normal activities.

When do I get my results?

In some cases the doctor will be able to tell you the results of your bronchoscopy straight away. But if they have taken samples (biopsies), you may not get the results for several days.

If you need any more treatment, the doctor who recommended that you have the bronchoscopy will discuss this with you when you see them again in the outpatient clinic. The respiratory physiologists will make sure that a follow-up appointment is arranged for you. If you are an inpatient, the doctor will visit you again on the ward.



Who can I contact with queries or concerns?

If you have any questions or worries, please do not hesitate to ask. You can contact the bronchoscopy team on **020 3299 4743**.

If you would like to discuss your test with the doctor that arranged it, phone the chest secretaries on **020 3299 3103** and leave a message for the doctor to contact you.

Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at

www.kch.nhs.uk/contact/pals

If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.



