

Bronchoscopy Information Sheet

General indications for the procedure:

A bronchoscopy is a procedure used to visualize the airways of the lung and to obtain tissue and fluids. The tissue and fluids are examined under the microscope and cultured for infection. This allows for a diagnosis of lung problems and is helpful in determining the cause, extent and possible treatments of lung problems.

Description of Procedure:

Bronchoscopy is performed by inserting a thin tube with fiberoptic viewing bundles thru the nostril or mouth into the back of the throat and then past the vocal cords into the windpipe (trachea). Prior to the procedure, the throat is numbed and intravenous sedation is given to cause drowsiness. With the tube in the airways, fluid can be injected and then aspirated back thru the bronchoscope to obtain a specimen that can be examined for cells and infection. Small brushes and biopsy forceps can also be passed thru the bronchoscope to obtain specimens to evaluate. The primary discomforts of the procedure are the sensation of not being able to get enough to breath and the need to cough. Medications are given to lessen these symptoms. Monitoring of oxygen levels, blood pressure, and heart rate are done during the procedure.

Risks of the Procedure:

Mild decreases in oxygen levels and mild bleeding may occur with the procedure. More severe bleeding may rarely occur and is usually associated with brushing or biopsy. Pneumothorax (air leak of the lung) occurs infrequently following biopsy of the lung and may require a tube to drain the air leak. Rare complications include infection, nose bleeds, irregular heart beats and infection.

Procedure Alternatives, if any:

Evaluation of sputum specimens, needle aspiration of lung masses under radiologic guidance, and having the procedure done in the operating room with possibly a surgical incision and the need for general anesthesia.

Probable Consequences of Refusing Procedure:

Not knowing the cause of the lung problem.

Person(s) Performing the Procedure:

The key portions of the procedure will be performed by a physician who is a member of the medical staff of Rush University Medical Center and/or a pulmonary/critical care fellow who is observed by a physician who is a member of the medical staff. Fellows are licensed physicians in approved post residency training programs. Parts of the procedure which they perform will be based on their level of competency.