Endoscopy Unit

Bronchoscopy

Patient Information Leaflet

If you are unable to keep your appointment, please telephone the Waiting List Office on 0161 746 2741 as soon as possible. Your appointment can then be offered to someone else which helps to keep waiting lists shorter.
Introduction

Your Doctor has advised you to have a test called a bronchoscopy. This booklet has been written to inform you about the test and to answer the most frequently asked questions. (If there is anything else you feel should be included, please let a member of staff know during your visit).

What is a bronchoscopy?

A bronchoscopy is a test to look inside your airways, including your:

- throat
- voice box (larynx)
- windpipe (trachea)
- lungs.

This is done using an endoscope that has a thin flexible tube, about the width of a pencil, which is normally passed through your nose and down the back of your throat. However, the tube may need to be passed through your mouth instead.

Bronchoscopy can be done with minimal discomfort without sedation but you can be given sedation if you prefer – please see the ‘Sedation’ section below.

Why do I need the test?

You might need a bronchoscopy if you have been coughing up blood or phlegm, have breathing problems, or unexplained symptoms and a chest x-ray shows signs of abnormalities.

Preparation for bronchoscopy

Before 10.00 am on the day of your test, you may eat and drink normally.
After 10.00 am:

- do not eat anything
- drink only sips of water to moisten your mouth if required.

What about my medication?

You should continue to take all your usual medications at their usual time.
If you are a diabetic you should contact your Diabetes Nurse Specialist for advice on dosage changes on the day of your test.

If you take tablets to thin your blood, such as Warfarin or Sinthrome, please contact your anticoagulant clinic and ask them to check your clotting levels within 1 week of your test. The anticoagulant nurse will advise you if your dose needs changing. Do not stop taking it unless you are specifically told to do so.
If you are taking Clopidogrel, you should have been advised at your outpatient appointment whether you should continue or stop taking it prior to your test. If you require further advice, or did not receive this advice, please call (0161) 748 4022 and ask for your consultant’s secretary for advice. If you have any difficulties, please contact the Endoscopy Unit on (0161) 746 2016.

**How long will I be in hospital?**

Your length of stay can vary, but you should expect to be in the department for about two to three hours. If your test and recovery is complete, you may be allowed home sooner.

We will always try to see you at your appointment time. However, please note that there are several factors that may cause unavoidable delays. For example, if we find a treatable condition during a procedure, we will carry out this treatment at the time. This may result in that test taking longer than the allocated time slot resulting in delays for other patients, but we think you will agree that this is a necessary delay. We may also need to see emergency patients which are brought from the wards on to the unit through the hospital link corridor at the rear of the unit.

**Do I need to bring anything with me?**

Please bring a copy of your most recent prescription or a list of your medication.

**Visitors**

The Endoscopy Unit is a very busy ward and to ensure the privacy and dignity of all our patients we are unable to accommodate friends and relatives in the treatment area. However, staff may assess your circumstances and make exceptions where necessary. For example:

- The patient concerned has special needs
- The patient is under the age of 16
- The patient requires support with communication needs (Please note that friends and relatives are not allowed to interpret for patients. If an interpreter is required, please inform Waiting List on 0161 746 2741)

During your test, friends and relatives may wait in reception, visit the restaurant or go home for a while depending on your expected length of stay. If necessary, staff will contact them by phone when you are ready to be escorted home.

If you would like to discuss your needs before arrival, please telephone the Endoscopy Unit on (0161) 746 2016.

**What happens when I arrive?**

Please report to the Endoscopy Unit reception where a member of staff will confirm your details.

When you arrive on the Endoscopy Unit a nurse will look after you throughout your stay:
• Your personal details will be checked.
• You will be asked some questions about your general health.
• Your blood pressure, pulse and oxygen level will be recorded.
• You may be weighed.
• Your test will be explained and your questions answered.
• Arrangements for going home and aftercare will be checked.
• If you wish to have sedation, a needle will be inserted into the back of your hand or arm. The needle will be removed and a soft plastic tube left in place. This will be used to give your sedation.
• If you are a diabetic your blood sugar level will be checked.
• If you are taking tablets to thin your blood, we will check the result of your most recent blood test. Occasionally, we may need to take another sample to make sure it is safe to carry out your test.
• The doctor carrying out your test will establish your understanding of the procedure and obtain your written consent.

You will not need to get undressed for this test.

Sedation

The purpose of sedation is to relax you. It can make you drowsy, but it is not a general anaesthetic and will not put you completely to sleep. However you are unlikely to remember anything about the bronchoscopy if you have sedation.

Sedation remains in your blood system for about 24 hours. You must have someone to take you home and look after you for this length of time.

For 24 hours after your test with sedation you should NOT:

• Be left alone in the house or look after children
• Drive (You will not be covered by your insurance if you have an accident).
• Return to work.
• Use any kind of machinery, including household appliances.
• Drink alcohol.
• Sign any important documents.

We strongly recommend that even if you do not have sedation you do not drive home.

What happens during a bronchoscopy?

The test is done in the Endoscopy procedure room. You will be asked to sit upright on a patient trolley.

The back of your nose and throat will be numbed with local anaesthetic. This may taste a little unpleasant but will help prevent you gagging during the test. A finger clip will be placed on your finger to monitor your pulse rate and the oxygen content in your blood. A soft plastic tube will be placed in your nostril to give you extra oxygen during your test. If you choose to have sedation this will be given into the plastic tube inserted in the vein in the back of your hand or arm.
The doctor will insert the tip of the bronchoscope into your nostril and then gently guide it down the back of your throat into the wind pipe, applying more local anaesthetic through a channel in the bronchoscope as it advances to reduce discomfort caused by coughing.

The doctor will look at both sides of your lungs, going down the airways as far as possible until they become too narrow, looking for sore patches, damage, inflammation and lumps.

During the test the doctor may need to take samples for analysis in the laboratory. This may be biopsies (tiny samples of tissue), or by obtaining some cells by washing an area to make cells loose and then sucking them through the hollow channel in the bronchoscope or by brushing an area with a fine brush.

When the test is finished the bronchoscope is removed smoothly and easily. The procedure takes approximately 20 minutes.

**What happens after the test?**

You will be transferred to the recovery ward and encouraged to rest until you have fully recovered. Your nose and throat will remain quite numb for the following two hours. It is therefore important that you do not eat or drink during this period. It may be appropriate for you to remain on the unit for this time and then offered some refreshment before you are discharged. However you may return home earlier if you so wish.

Before your discharge the doctor or nurse will explain the findings of your test and any follow up arrangements. If specimens have been taken the findings will be discussed with you at your next clinic appointment.

**What are the discomforts of the test?**

Most patients can expect to cough during the procedure, and some patients feel like retching particularly as the liquid anaesthetic is introduced into the throat and over the voice box. This usually settles as the anaesthetic takes effect. In patients where part of the lung is washed with salty water to collect fluid and cells for analysis, breathlessness can be experienced for a few minutes.

**Are there any after effects?**

Some patients experience mild throat or nose discomfort as a result of the bronchoscope rubbing against these structures during the test. It is unusual for these to last more than a day or so. Occasionally patients have hoarsening of the voice. This is more common when patients experience a lot of coughing and may take a few days to settle. Minor bleeding is common after all biopsies and shows itself as streaks of blood in the sputum over the next couple of days, but should clear thereafter. More troublesome bleeding is rare, but can mean that you may be kept in hospital over night for observation.
What symptoms should I look out for after the test?

- Persistent coughing up of blood.
- Breathlessness.
- Chest pain - usually worse on breathing in.

If you develop any of these and are worried about them, you should contact your GP.

What are the benefits of having the test?

Bronchoscopy is a good test for lung cancer and infections. However some lung problems can be missed, usually because the damage is very deep inside the lungs and the bronchoscope was too big to get inside the small airways, or because not enough tissue was taken for testing.

What are the risks of the test?

Few people have problems during or after their test. Serious problems are very rare and are usually easy to treat. You are more likely to get one of these if you have a heart condition or liver problem, or a weakened immune system.

The main complication is bleeding which occurs when either bronchial biopsies or brushings are taken. Troublesome bleeding is very unusual occurring in less than 1% of patients.

Deeper biopsies (transbronchial) also carry the risk of causing a punctured lung (pneumothorax) which may need treatment by inserting a small plastic tube into the chest to re-inflate the lung.

Are there any alternatives?

A test called a transthoracic needle biopsy can be used instead of bronchoscopy, or after bronchoscopy. It is useful if parts of the lung were unable to be reached.

During the test, doctors look at an X-ray of your chest and insert a needle into your lungs in the place where there is a problem. Cells are collected through the needle and sent to the laboratory to be checked for cancer or infection.

If your doctor suspects you have a lung infection such as tuberculosis (TB) you may have a phlegm test. This is then looked at under a microscope. This test identifies tuberculosis in about 8 or 9 out of 10 people who have this disease.

What will happen if I don’t have the test?

Disease in the air passages, which may not be visible on x-rays or scans, could be missed.
If I have any further questions about the test, who should I contact?

If you have any worries about your test, you can talk to your doctor beforehand or contact the Endoscopy Unit on 0161 746 2016, Monday to Friday 8.00 am – 6.00 pm.

Further information can also be obtained via our website at www.cmft.nhs.uk/trafford-hospitals/our-services/endoscopy.aspx or from www.nhs.uk.

Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.

Check list

- Are you able to keep your appointment? If not have you phoned the Waiting List Office on 0161 746 2741 to cancel or change it?

- Are you worried or do you have any questions to ask? You can talk to your doctor or ring the Endoscopy Unit on 0161 746 2016.

- Have you arranged for an adult to collect you and take you home after your test? If you have sedation, they will also need to look after you for 24 hours.

- If you are taking anticoagulants, such as Warfarin or Sinthrome, have you been in touch with your anticoagulant clinic to have your clotting level checked within 1 week of your appointment?

General Information

- Our aim is for you to be seen as quickly as possible. However, the unit is very busy and if emergencies occur these will naturally be given priority over less urgent cases, therefore your examination may be delayed.

- Do not bring valuables to the hospital. We can not be responsible for loss or damage to personal property.

How to Get Here

The hospital is situated on Moorside Road in Davyhulme.

Parking is available at the front of the hospital and there are a few parking places at the front of the Endoscopy Unit. Parking is free of charge for the first three hours. Please note vehicles found illegally parked within the hospital ground may be wheel clamped and subject to a release fee.

Several buses serve the hospital. For up to date information on these bus routes, contact Transport for Greater Manchester on 0871 200 2233 or visit www.tfgm.com

For more information, visit www.cmft.nhs.uk/trafford-hospitals.aspx and click on ‘Plan Your Visit’.
No Smoking Policy

The NHS has a responsibility for the nation’s health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

You can contact the Trafford Stop Smoking Service on 0300 456 2400 or by e-mail at stopsmoking.trafford@nhs.net. For some great information go to: www.nhs.uk/livewell/smoking

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

These translations say “If you require an interpreter, or translation, please ask a member of our staff to arrange it for you.” The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

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