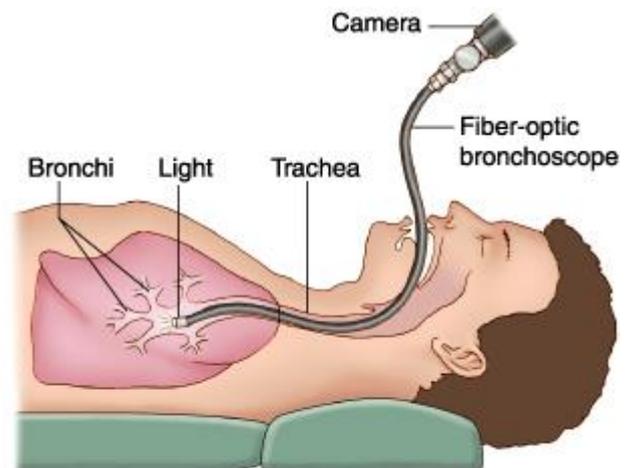


Bronchoscopy is a quick outpatient procedure and helps safe fast evaluation of the problems and severity. It is usually safe and painless in qualified hands. Dr. Vishal and Dr. Deepika are the most appropriate choice in Navi Mumbai for the bronchoscopy and related queries. Being specialists care centre, the bronchoscopy is regularly performed at the CHEST CARE CLINIC, KHARGHAR by appointment.

BREATHE FIT LIVE FIT

What is Bronchoscopy?



CHEST CARE CLINIC, KHARGHAR

**Dr. VISHAL GUPTA- CHEST SPECIALIST
Dr. DEEPIKA UGHAD GUPTA- CHEST
SPECIALIST**

TIMINGS: 10AM TO 1PM AND 5PM TO 10PM

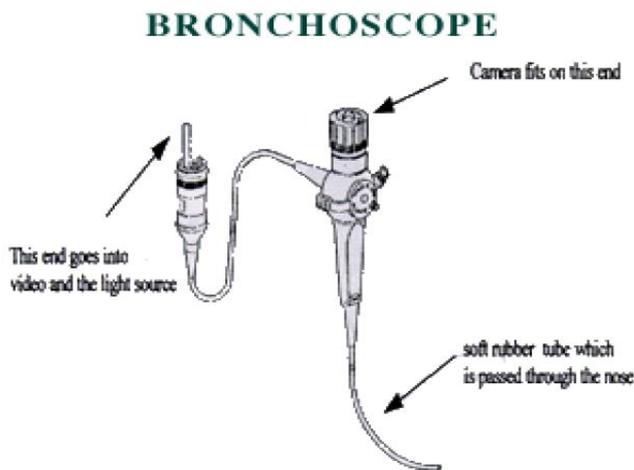
**Shop No. 1, Shreeji enclave, plot 18, sector 13,
Kharghar.**

**Inquiries and Appt. 022-65150120.
chestcareclinickharghar@gmail.com**

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Bronchoscopy is a procedure to pass a light tip tube (bronchoscope) to visualise abnormality in the lungs / bronchi. It is to identify problems in the lung. Usually it is done to look at cancers / tuberculosis and other lung problems not picked up on the CT scan / x-ray. It is used to confirm the nature of infection by appropriate further tests which have a good accuracy in giving final confirmation to the doctor's suspicion. This will enable you to receive a diagnosis and management plan at your appointment.

Fig. Bronchoscope.



Why do I need a bronchoscopy?

Some of the common reasons why bronchoscopies are done include:

- **Infection:** specific samples from your lungs can help your doctor to find the causes of infections and give you appropriate treatment. Your doctor can also use the bronchoscope to clear some of the mucus from your breathing passages.
- **Bleeding:** your doctor can look inside your breathing passages to determine where the blood is coming from that you are coughing up.
- **An abnormal Chest X-ray / CT SCAN:** there can be wide reasons for a spot in your lung on CT chest seen as narrowing of a breathing passage or a "spot" on your lung that your doctor

wants to investigate with the bronchoscope and take small samples to find the cause.

- **Persistent cough,** samples taken during a bronchoscopy and an examination of the breathing passages can sometimes help to determine the cause for a cough that does not respond to usual medication.
- **Noisy breathing** , a bronchoscopy can help to see if narrowing of your breathing passages or erratic movement of your vocal cords (voice box) is causing additional breathing sounds.

Your doctor will explain why you need the bronchoscopy.

How do I prepare for my bronchoscopy?

You will need to provide an up-to-date list of all your medication, allergies and any medical conditions. Your doctor will review this with you including list of routine blood investigation.

Kidney function test.

Liver function test.

Complete blood count and ESR.

Blood clotting profile PTINR.

Blood grouping.

HIV/ HBSAG/ HCV.

X-rays and Ct scan of Chest.

It is important to let your doctor know if you are taking any blood thinning medication like Acitrome/ Warfarin/Asprin etc or if you are diabetic / hypertensive / epilepsy / heart condition / blood condition / pregnancy. Other high risk factors.

You cannot eat for 4 hours or drink anything for 2 hours before the procedure.

What will happen before the procedure?

The procedure will be explained to you again and you will have the opportunity to ask any questions. You will be asked to sign a consent form. In the room where you will have your bronchoscopy the oxygen levels in your blood and your heart rate is monitored with a probe (loose clip) on your finger. A cannula (tiny plastic tube) is inserted in one of your veins and you may be given medication in the vein to make you feel sleepy. You may be given some oxygen.

What happens during a bronchoscopy?

A local anaesthetic will be applied to your nose and the back of your throat via a syringe and needle inserted into the neck in lying down (transtracheal route). This can be uncomfortable; the anaesthetics taste bitter and makes throat and tongue heavy and difficult to swallow. The sensation of numb 'blocking' in the back of your throat is expected and so is the sensation of minimal throat pain, salty water and difficulty talking. It is temporary and will reverse as soon as the procedure is over and will be asked to wait in recovery till it is almost gone before sending you home. If there is any situation out of the above please don't fear to ask your doctor and anaesthetist.

Your doctor will then insert the bronchoscope via your nose/mouth to the back of your throat to numb your voice box with local anaesthetic. While your voice box and breathing passages are being numbed, you may cough: this usually settles down when the local anaesthetic takes effect. The coughing may however cause you some discomfort during the procedure. The doctor will look inside the breathing passages and take samples; you may be offered more anaesthetic or sedation to help address any discomfort you may experience. It is advised to stay calm as the procedure usually lasts for 30-45 minutes and you will be shifted to the recovery as described previously.

in post procedure recovery , You should not eat or drink anything till 2 hours after the procedure and will start with small liquids if

no cough then semisolids and finally full food can be taken . Some blood streaking and salty water coughing will be expected and if occurring in large amounts should be reported to the doctor in emergency.

When the procedure is completed the patient will be called for review after few days after the results from the samples collected will be available. This will finally decide the further course of action and needs to be reviewed with your doctor.

Are there any complications / CAN ANYTHING GO WRONG?

Almost all persons recover completely from the procedure. They may be sleepy or tired for several hours after the procedure. Their throat can feel slight sore for a day or two afterwards. It is extremely safe procedure due to the local anaesthetic involved. There have been very rare deaths involved for cardiac and blood conditions due to unexpected events inside the procedure room. These are best managed by keeping the patient in hospital indoor setting.