

Flexible Bronchoscopy

Information for patients and families

Read this information to learn:

- what a flexible bronchoscopy is
- how to prepare
- what to expect



What is a flexible bronchoscopy?

A flexible bronchoscopy (often just called bronchoscopy) lets your doctor see inside your throat. A bronchoscopy allows your doctor to check for things like infection, sources of bleeding or cancer.

Your doctor puts a bronchoscope (flexible tube) that has a light and a very small camera at its tip into your throat. This camera can display pictures of your voice box, windpipe and airways on a video screen.

The bronchoscope can also take samples of tissue and fluid from your airways. These samples are then sent to a laboratory and tested.

Why do I need this test?

You may need this test because:

- you are coughing up blood
- you had an abnormal chest x-ray or lung scan
- you have a cough that won't go away
- to check for a chest infection
- to check if your body is rejecting your new lung(s) after a lung transplant

How do I prepare?

- ✓ Tell your doctor if you are taking blood thinners (anticoagulants such as Warfarin / Coumadin or Heparin). You may need to stop taking them before your test.
- ✓ **Don't eat or drink after midnight the night before your test.**
- ✓ Plan to have a family member or friend pick you up from the hospital after your test. You will not be able to drive.
- ✓ Bring your health card (OHIP).

What can I expect?

1. We ask you to remove any dentures or eyeglasses before the test.
2. We place a small probe on your finger. The probe monitors your oxygen level and pulse rate. We also put a blood pressure cuff on your arm to keep track of your blood pressure during the test.
3. We may place a small tube at your nostrils or at your mouth to give you more oxygen.
4. We spray the back of your throat or nose (or both) with a local anesthetic (medicine). This numbs the area so you are more comfortable when the bronchoscope is put in.
5. We then inject some medicine into your vein to sedate (relax) you. This medicine makes you feel drowsy, but you are still awake.
6. The bronchoscope goes through your nose or your mouth. As we put it in, we spray more anesthetic into your voice box.
7. Once the bronchoscope is in your airways, your doctor looks at the area and takes samples or biopsies (small pieces of tissue) if needed.

What happens after the test?

- You may be sleepy or drowsy for about 30 to 60 minutes.
- If you are an outpatient, don't drive after the test. Call a family member or friend to pick you up and take you home.
- Don't eat or drink for 2 hours after the test or until the numbness at the back of your throat is gone.

Are there any risks to this test?

A flexible bronchoscopy is a safe test. It is unlikely that you will have any problems other than a mild sore throat, hoarseness, fever or cough after the test. Serious risks such as bleeding or an air leak happen in fewer than 5 of every 100 people who have the test.

Your health care team monitors you closely during your test to check for any of these problems:

- **Discomfort and coughing**

The tube in your airways may cause you to cough during the test. The local anesthetic and sedative we give you will make you feel more comfortable.

- **Reduced oxygen level**

The tube in your airways may cause the level of oxygen in your blood to drop. This is usually only temporary and we will give you extra oxygen.

- **Bleeding**

You may have some bleeding if your airways are swollen and abnormal or if you tend to bleed easily.

- **Lung collapse**

If your lung is punctured (a small hole is made) while taking a biopsy, air may leak outside the lung and cause it to collapse. This happens very rarely. If it does, you may not need any treatment. In some cases, the air from the leak may need to be drained with a chest tube.



Contact your doctor if for longer than 1 day after the test you have:

- shortness of breath
- chest pain
- a fever above 38 °C or 101 °F



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Form: D-5522 | Author: Dr. Clodagh Ryan | Reviewed: 2020