Intermountain® Healthcare

Bronchoscopy

What is it?

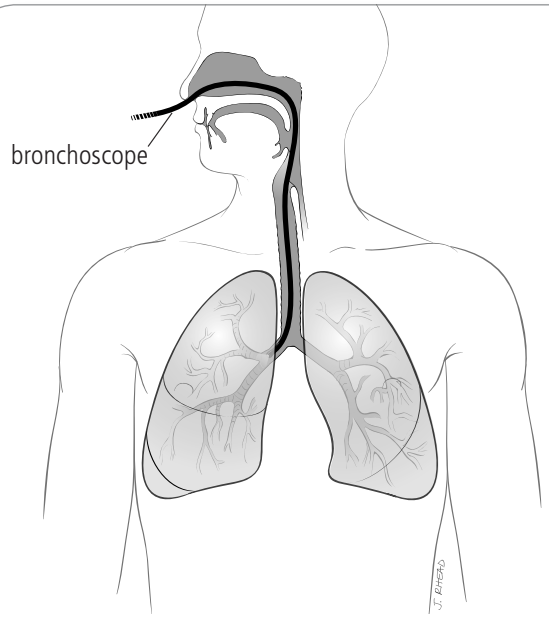
Bronchoscopy is a procedure that allows your doctor to look inside your airways (also called **bronchioles**). The doctor uses a long, thin tube with a camera at the end (a **bronchoscope**) to examine your larynx (voice box), trachea (windpipe), and bronchioles.

Bronchoscopy is used to find the cause of a problem in the airway or lungs. It can also be used to treat a problem, such as an obstruction (blockage) in the airway.

Why do I need it?

You may have a bronchoscopy if your doctor suspects you have a problem or disease of the lungs. You may have a symptom such as bleeding, coughing, or difficulty breathing. It's often used to diagnose a problem that has shown up on a CT scan. Bronchoscopy can be used to:

- Find the cause of a problem in the airway
- Take samples of tissue or mucus for testing
- Remove objects or growths blocking the airway
- Control bleeding
- Diagnose cancer, tuberculosis, infection, or other disease



A bronchoscope is inserted through your nose or mouth and moved toward your lungs. It helps your doctor examine your airways.

Talking with your healthcare providers about bronchoscopy

The table below lists the most common potential benefits, risks, and alternatives for bronchoscopy. Other benefits and risks may apply in your unique situation. Talking with your healthcare providers is the most important way to learn about these risks and benefits. If you have questions as you talk with your healthcare providers, be sure to ask them.

Potential benefits	Risks and potential complications	Alternatives
Bronchoscospy can: • Diagnose a problem in the airways • Treat a problem in the airways • Take tissue or fluid samples for testing	Complications are rare, but may include the following: • Spasms of the bronchial tubes • Irregular heartbeat • Infection • Hoarseness If a biopsy was performed, complications may include: • A tear in the lung from the biopsy forceps, allowing air into the space around the lungs (pneumothorax) • Bleeding • Death	Depending on your condition, alternatives to bronchoscopy may include: • CT scan • Surgery (to obtain tissues samples)

How do I prepare?

- Tell your doctor about any allergies you have and all medications and vitamins you're taking.
- Follow your doctor's advice about medication. Your doctor may want you to avoid aspirin or other anti-inflammatory medications before the procedure.
- Don't eat or drink anything for 6 to 12 hours before the procedure. Don't drink any liquids the day of the procedure.
- Arrange for someone to drive you home from the hospital.

How is it done?

Bronchoscopy is performed by a **pulmonologist**, a doctor specializing in diseases of the lungs. There are two types of bronchoscopy: flexible and rigid.

Flexible bronchoscopy

A **flexible bronchoscope** can bend to give the doctor a better view of your airways. It's more comfortable than rigid bronchospoy, and doesn't require general anesthesia. This is the most common type of bronchoscopy.

If you have a flexible bronchoscopy:

- You may remain awake during the procedure. You may be given sedation analgesia so you'll be conscious but more relaxed.
- An IV (intravenous) line will be placed in a vein.
- A local anesthetic will be sprayed into your mouth or nose. This may taste bitter.
- The doctor will gently insert the bronchoscope into your mouth or nose and toward your vocal cords. More anesthetic will be sprayed through the bronchoscope to numb your vocal cords.
- You may feel pressure in your airway as the bronchoscope is moved around.
- A large x-ray machine may be placed above you to help the doctor position the bronchoscope.
- Tissues or fluid samples may be taken using tiny tools at the end of the bronchoscope.

Rigid bronchoscopy

A **rigid bronchoscope** doesn't bend. It's used to remove large tissue samples for biopsy or to clear the airway of objects that can't be removed with a flexible bronchoscope. It's less common than flexible bronchoscopy, and usually requires general anesthesia.

If you have a rigid bronchoscopy:

- You'll be given general anesthesia so you will sleep during the procedure. You won't feel the procedure.
- An IV (intravenous) line will be placed in a vein.
- A tube will be placed in your windpipe and a machine will help you breathe.
- Once you're asleep, your head will be tilted back. Your doctor will gently insert the bronchoscope into your mouth and windpipe.
- Tissues or fluid samples may be taken using tiny tools at the end of the bronchoscope.

What happens after?

With either type of bronchoscopy, the procedure usually takes between 30 and 60 minutes.

After it's over:

- You'll stay in a recovery area until you're ready to go home.
- You may have trouble swallowing for about 2 hours. Until you can swallow without choking, don't eat or drink anything Spit out your saliva.
- Don't smoke for at least 24 hours.
- If a tissue sample was taken, you may spit up some blood.
- You may have a sore throat or hoarseness for a few days.

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