

Bronchoscopy: Pulmonary Branch Protocols

This information is prepared for patients on specific protocols at the NIH Clinical Center. It might not apply to all patients.

What is a bronchoscopy?

Bronchoscopy is a routine diagnostic procedure that lets your doctor see inside your lungs and possibly to get tissue to examine. The procedure uses a bronchoscope: a small, narrow, tube with a light and lens at the tip.

Who might have a bronchoscopy?

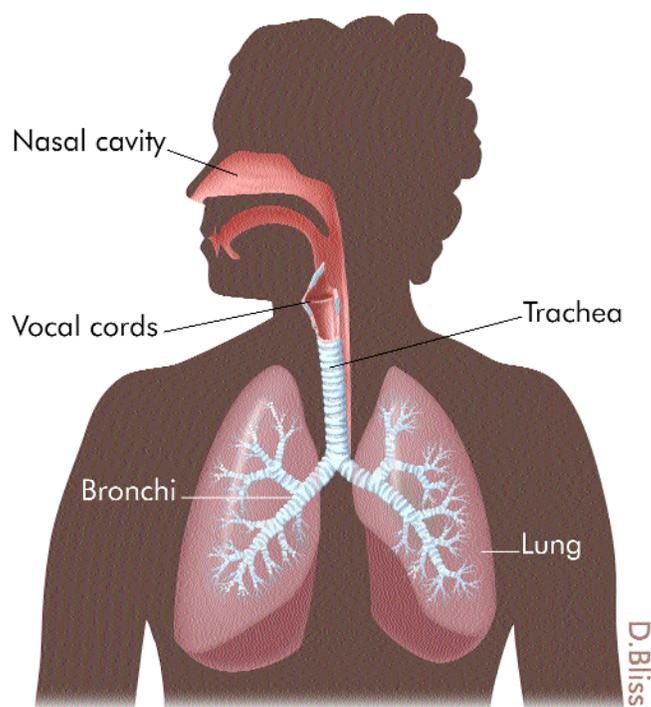
People who have symptoms of a lung problem may have a bronchoscopy to help make an exact diagnosis. Patients with known lung disease may need this test to check the status of their disease. For comparison, bronchoscopy may also be done on people with normal lungs.

How do I prepare for it?

Before the procedure, you will have a chest x-ray, pulmonary function test, physical exam, blood work, and an electrocardiogram. Also, you will be asked to sign an informed consent, which will be signed by your doctor.

Do not eat or drink anything 8 hours before the procedure.

The morning of the procedure, a small, intravenous tube (catheter) will be put into one of your arm veins. This will be used to give you fluids and medication to help you relax. You may get an injection of medications into your muscle to help control coughing and secretions in your mouth.



The respiratory system

What happens during a bronchoscopy?

When you are in the bronchoscopy suite, the nurse will attach patches to your chest to monitor your heart, a blood pressure cuff to monitor your blood pressure, and a clip on your finger to check how much oxygen is in your blood.

After this, you will breathe a mist of topical anesthesia (numbing medication) through your mouth. You will breathe this mist from a tube attached to an oxygen flowmeter. You will be asked to breathe through your mouth until this mist is gone.

The nurse will give you a topical anesthetic to gargle, or the back of your throat will be sprayed with anesthetic. A small amount of Lidocaine (numbing medication) will be put into one of your nostrils to let the bronchoscopy tube pass through.

What are the side effects?

Because of the sedatives you may have received, you may feel groggy for several hours. Your mouth may feel dry during, and shortly after, the procedure. Some people also have a slight sore throat, blood-tinged saliva, or a low fever.

What happens afterwards?

When the procedure is over, the nurse will take you back to your room. Your vital signs (temperature, heartbeat, blood pressure) will be monitored. Your nurse will also ask you to take deep breaths and cough gently. This helps clear your lungs of the fluid used during the procedure.

Because your throat and gag reflex will be numb, do not eat or drink for at least 2 hours after the bronchoscopy. In 2 hours, your nurse will check your gag reflex. If it has returned, you may try to drink; then eat.

Are there special instructions to follow after the procedure?

If you develop a fever higher than 100 degrees Fahrenheit, take Tylenol every 4 hours as recommended by your NIH doctor or nurse practitioner. If your fever lasts longer than 24 hours, call

If you have a sore throat, take throat lozenges as needed. If you have any of the following, go to the nearest emergency room:

- ▶ difficulty catching your breath
- ▶ bleeding from your nose
- ▶ coughing up blood
- ▶ chest pain or chest discomfort.

Please remember, our staff is here to help you. If you have questions or concerns about this procedure, contact

This information is prepared specifically for persons taking part in clinical research at the National Institutes of Health Clinical Center and may not apply to patients elsewhere. If you have questions about the information presented here, talk to a member of your health care team.

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