Your physician will be glad to discuss any questions you may have regarding this procedure. Please use the lines below to note any questions you may wish to ask.

Questions for my Physician

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Facts about your

Fiberoptic Bronchoscopy Procedure

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What is Fiberoptic Bronchoscopy?
It is a diagnostic examination of the major air passages to the lungs. This procedure enables the physician to examine the inside of the main windpipe (trachea) and other major air passages, (bronchi). Bronchoscopy is a safe diagnostic procedure that carries little risk to the patient.

Why do Fiberoptic Bronchoscopy?
There are many reasons a physician will schedule a patient for a fiberoptic bronchoscopy procedure. A few examples include a patient who is experiencing a chronic, unexplained cough, a cough that produces thick secretions and/or blood, as well as abnormal findings on a chest X-ray. Some lung diseases produce secretions or other materials that can lead to a correct diagnosis when they are examined in the laboratory. Tumors, for example, sometimes develop in the air passages and can be seen and sampled during bronchoscopy. Direct observation through the fiberoptic bronchoscopy may itself yield a diagnosis.

The Fiberoptic Bronchoscope
The bronchoscope is a pencil-thin flexible tube with fiberoptic materials inside the tube, enabling the physician to see clearly through it. A narrow open channel in the tube allows the physician to obtain tissue and fluid samples.

Preparing for the Exam
Once you schedule the fiberoptic bronchoscopy procedure, you will receive instructions from your physician regarding preparation for the day of procedure. This will include what routine medications to take, or suspend based on your individual needs, time of arrival at the hospital, as well as timing of withholding food and beverage the day of your procedure. You will be given a hospital gown to wear, although you will not be required to entirely disrobe. A Registered Nurse (R.N.) and Respiratory Therapist (RT) will be assisting the physician during the procedure.

The Exam
In order to reach the lungs, the fiberoptic bronchoscope is passed through the nose or mouth. Local (or topical) anesthetic sprays are used to minimize any discomfort to your nose and throat, and reduce your gag and cough reflexes. If you have an allergy to local anesthetics, it is very important to tell the physician, the nurse, and the respiratory therapist. You will be given oxygen to inhale during the test. When your nose and throat begin to feel numb through your nose or mouth, the bronchoscope will be inserted, and the procedure is under way. You won’t be able to speak very well during the procedure because the bronchoscope will pass between your vocal cords, but you will be able to breathe. The bronchoscopy may make you cough occasionally, but this will be lessened by the numbing medicine.

After the Bronchoscopy
When the procedure is over, you will be given time to rest before you are discharged. Your mouth and throat may remain numb from the anesthetic for a while, so you shouldn’t eat or drink anything until all the feeling has returned. You must arrange to have someone drive you home and stay with you until all the effects of the medications have passed. You may experience some hoarseness and throat irritation after the procedure, but these symptoms should subside in a day or so.