

1. What is a Bronchoscopy?

Dr Fourie uses a bronchoscope to look at the vocal cords and airways. It will be passed through the mouth, down through the vocal cords and into the airways.

Some of the following tissue samples are frequently taken and sent for testing in the laboratory:

- Endo-bronchial biopsy: A small tissue sample is taken from the inside lining or the air pipes
- Bronchial brushings: A small brush is passed over the inside lining of the air pipes
- Bronchial washings: A small amount of fluid is put into the bronchial pipes and sucked back through the bronchoscope into a specimen bottle
- Trans-bronchial lung biopsy: A sample of lung tissue is taken from the outer parts of the lung
- Trans-bronchial needle aspiration: A needle is passed through the wall of the bronchus to take tissue samples from the outside of the lung



2. My Anaesthetic

This procedure requires Anaesthetic. You will be referred to the anaesthetist’s office or the anaesthetist will come and see you in the hospital before surgery. He/She will supply you with an **Anaesthetic information sheet** about the anaesthesia and the risks involved. If you have any concerns discuss it with your anaesthetist.

3. What are the risks to this procedure?

In recommending this procedure Dr Fourie has balanced the benefits and the risks of the procedure against the benefits and the risks of no intervention. Dr Fourie believes there is a net benefit to you having this procedure. This is a very complicated assessment. There are risks and complications with this procedure. They include, but are not limited to the following:

Common risks and complications (>5%)	Uncommon risks and complications (1-5%)	Rare risks and complications (<1%)
<ul style="list-style-type: none"> • Low oxygen levels: you will be given oxygen 	<ul style="list-style-type: none"> • Bleeding: this is more common if you have been taking blood thinning medication (Asprin, Warfarin, Plavix) 	<ul style="list-style-type: none"> • Narrowing of the vocal cords (laryngospasm): this is usually brief and rarely a problem
<ul style="list-style-type: none"> • Collapsed lung (pneumothorax): you may need a tube inserted between the ribs to reinflate the lung. This may require a longer stay in hospital. Rarely this can happen up to 24hrs after biopsy or brushings 	<ul style="list-style-type: none"> • Heart problems: a brief minor strain may be put on the heart. This can cause abnormal beating of the heart. It rarely causes fluid to collect in the lungs or a heart attack. 	<ul style="list-style-type: none"> • Fever: this is treated with paracetamol
<ul style="list-style-type: none"> • Increased risk in obese people: wound infection, chest infection, heart and lung complications and thrombosis 	<ul style="list-style-type: none"> • Asthmas like reactions: the air pipes can be narrowed due to irritation by the procedure. This is usually treated with asthma medication 	<ul style="list-style-type: none"> • Death as a result of this procedure is rare

4. Post-Procedure Expectations

This is a day procedure. Depending on your disease and functional status before the procedure, you should be able to go home a few hours after the procedure