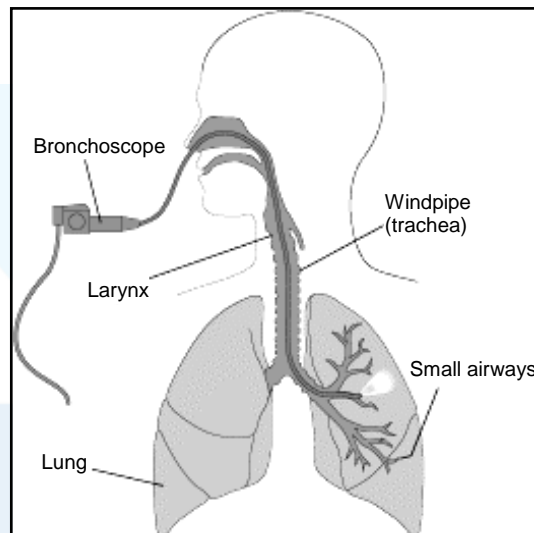


Trafford General Hospital
Endoscopy Unit
Tel: (0161) 746 2016

Information for Patients

Your Bronchoscopy



PLEASE NOTE:

If you are unable to keep your appointment, please telephone the Waiting List Office as soon as possible via the number on your appointment letter. Your appointment can then be offered to someone else which helps to keep waiting lists shorter.

Thank you.

Introduction

Your Doctor has advised you to have a test called a bronchoscopy. This booklet has been written to inform you about the test and to answer the most frequently asked questions. If you have more questions, or if there is anything that you do not understand, please ask. There is a phone number on page 1 of this booklet.

What is a bronchoscopy?

A bronchoscopy is a test to look inside your airways, including your throat, voice box (larynx), windpipe (trachea) and lungs. A thin flexible tube, about the width of a pencil, is normally passed through your nose and down the back of your throat. However, the tube may sometimes need to be passed through your mouth instead.

Why do I need the test?

You might need a bronchoscopy if you have been coughing up blood or phlegm, have breathing problems, or unexplained symptoms and a chest x-ray shows signs of abnormalities.

Preparation for bronchoscopy

You must not have anything to eat or drink for 6 hours before your test, except for sips of water which you may have up to 2 hours before your test.

Should I take my usual tablets or medications?

You should continue to take all your usual medications at their usual time.

Diabetes: If you are a diabetic you should contact your Diabetes Nurse Specialist for advice on dosage changes on the day of your test.

Warfarin or Sintrome: Please contact your anticoagulant clinic and ask them to check your clotting levels within 1 week of your test. The anticoagulant nurse will advise you if your dose needs changing. Do not stop taking it unless you are specifically told to do so.

Other blood thinning tablets (such as Clopidogrel or Apixaban): You should have been advised at your outpatient appointment whether you should continue or stop taking these prior to your test. If you require further advice, or did not receive this advice, please call us.

Sedation

If you would like sedation for your test, this can be given as an injection into a vein in your hand or arm. The sedation will make you feel sleepy and relaxed but won't make you go to sleep. You will still hear what is said to you and you will be able to carry out simple instructions during the test.

Sedation may make you forgetful. Afterwards you may remember very little about the test.

You must have a responsible adult (18+) to take you home and look after you for at least 12 hours after having sedation. Do not travel home on public transport.

Sedation can remain in your blood system for up to **24 hours**. For this length of time **you should NOT:**

- Look after children
- Drive (You will not be covered by your insurance if you have an accident).
- Return to work.
- Use any kind of machinery, including household appliances.
- Drink alcohol.
- Sign any important documents.

We strongly recommend that even if you do not have sedation, you do not drive home.

How long will I be in hospital?

Your length of stay can vary, but you should expect to be in the department for up to three hours. If your test and recovery is complete, you may be allowed home sooner.

We will always try to see you at your appointment time. However, please note that there are several factors that may cause unavoidable delays. For example, if we find a condition during a procedure which we need to treat at the time, or if we need to see emergency patients.

Do I need to bring anything with me?

Please bring a copy of your most recent prescription or a list of your medication.

Visitors

The Endoscopy Unit is a very busy ward and to ensure the privacy and dignity of all our patients we are unable to accommodate friends and relatives in the treatment area. However, staff may assess your circumstances and make exceptions where necessary. For example:

- The patient concerned has special needs
- The patient is 16 to 18 years of age
- The patient requires support with communication needs (Please note that friends and relatives are not allowed to interpret for patients. If an interpreter is required, please inform Waiting List via the number on your appointment letter)

During your test, friends and relatives may wait in reception, visit the restaurant or go home for a while depending on your expected length of stay. If necessary, staff will contact them by phone when you are ready to be escorted home.

If you would like to discuss your needs before arrival, please telephone the Endoscopy Unit on (0161) 746 2016.

What happens when I arrive?

Please report to the Endoscopy Unit reception where a member of staff will confirm your details.

When you arrive on the Endoscopy Unit:

- Your personal details will be checked.
- You will be asked some questions about your general health.
- Your blood pressure, pulse and oxygen level will be recorded.
- You may be weighed.
- Your test will be explained and your questions answered.
- Arrangements for going home and aftercare will be checked.
- If you wish to have sedation, a needle will be inserted into the back of your hand or arm. The needle will be removed and a soft plastic tube left in place. This will be used to give your sedation.
- If you are a diabetic your blood sugar level will be checked.
- If you are taking tablets to thin your blood, we will check the result of your most recent blood test. Occasionally, we may need to take another sample to make sure it is safe to carry out your test.
- The doctor carrying out your test will establish your understanding of the procedure and obtain your written consent.

You will not need to get undressed for this test.

Before the test

The endoscopist will make sure you understand the test and that you have signed your consent form.

What happens during the test?

The test is done in the Endoscopy procedure room.

When you enter the procedure room, additional checks will be completed (Eg. Your name, date of birth, allergies, medical history etc).

You will then be asked to sit upright on a patient trolley.

The back of your nose and throat will be numbed with local anaesthetic. This may taste a little unpleasant but will help prevent you gagging during the test. A finger clip will be placed on your finger to monitor your pulse rate and the oxygen content in your blood. A soft plastic tube will be placed in your nostril to give you extra oxygen during your test. If you choose to have sedation this will be given into the plastic tube inserted in the vein in the back of your hand or arm.

The doctor will insert the tip of the bronchoscope into your nostril and then gently guide it down the back of your throat into the wind pipe, applying more local anaesthetic through a channel in the bronchoscope as it advances to reduce discomfort caused by coughing.

The doctor will look at both sides of your lungs, going down the airways as far as possible until they become too narrow, looking for sore patches, damage, inflammation and lumps.

During the test the doctor may need to take samples for analysis in the laboratory. This may be biopsies (tiny samples of tissue), or by obtaining some cells by washing an area to make cells loose and then sucking them through the hollow channel in the bronchoscope or by brushing an area with a fine brush.

When the test is finished the bronchoscope is removed smoothly and easily. The procedure takes approximately 20 minutes.

Who will be present during my test?

As a minimum:

- The endoscopist.
- Two members of endoscopy nursing staff.

Sometimes, additional staff may be present, depending on circumstances on the day of your test:

- *A trainee endoscopist, who may carry out your procedure under the supervision and guidance of a consultant endoscopist.
- Another doctor in an observational capacity.
- A specialist nurse if required.
- *A student nurse or medical student on placement.

*The Trust participates in the training of doctors, nurses and other healthcare staff. Should you wish to discuss this during your visit, please speak to a member of the nursing staff.

What happens after the test?

You will be transferred to the recovery ward and encouraged to rest until you have fully recovered. Your nose and throat will remain quite numb for the following two hours. It is therefore important that you do not eat or drink during this period. It may be appropriate for you to remain on the unit for this time and then offered some refreshment before you are discharged. However you may return home earlier if you so wish.

Before your discharge the doctor or nurse will speak to you in a private room and explain the findings of your test and any follow up arrangements. If specimens have been taken the findings will be discussed with you at your next clinic appointment.

After you have left the unit

Problems following your test are unusual. When you leave the unit, we will provide you with a discharge advice sheet which will contain the possible after effects of your test and contact details should you need them.

What are the discomforts of the test?

Most patients can expect to cough during the procedure, and some patients feel like retching particularly as the liquid anaesthetic is introduced into the throat and over the voice box. This

usually settles as the anaesthetic takes effect. In patients where part of the lung is washed with salty water to collect fluid and cells for analysis, breathlessness can be experienced for a few minutes.

Are there any after effects?

Some patients experience mild throat or nose discomfort as a result of the bronchoscope rubbing against these structures during the test. It is unusual for these to last more than a day or so. Occasionally patients have hoarsening of the voice. This is more common when patients experience a lot of coughing and may take a few days to settle. Minor bleeding is common after all biopsies and shows itself as streaks of blood in the sputum over the next couple of days, but should clear thereafter. More troublesome bleeding is rare, but can mean that you may be kept in hospital over night for observation.

What symptoms should I look out for after the test?

- Persistent coughing up of blood.
- Breathlessness.
- Chest pain - usually worse on breathing in.

If you develop any of these and are worried about them, you should contact your GP.

What are the benefits of having the test?

Bronchoscopy is a good test for lung cancer and infections. However some lung problems can be missed, usually because the damage is very deep inside the lungs and the bronchoscope was too big to get inside the small airways, or because not enough tissue was taken for testing.

What are the risks of the test?

Few people have problems during or after their test. Serious problems are very rare and are usually easy to treat. You are more likely to get one of these if you have a heart condition or liver problem, or a weakened immune system.

The main complication is bleeding which occurs when either bronchial biopsies or brushings are taken. Troublesome bleeding is very unusual occurring in less than 1% of patients.

Deeper biopsies (transbronchial) also carry the risk of causing a punctured lung (pneumothorax) which may need treatment by inserting a small plastic tube into the chest to re-inflate the lung.

Are there any alternatives?

A test called a transthoracic needle biopsy can be used instead of bronchoscopy, or after bronchoscopy. It is useful if parts of the lung were unable to be reached.

During the test, doctors look at an X-ray of your chest and insert a needle into your lungs in the place where there is a problem. Cells are collected through the needle and sent to the laboratory to be checked for cancer or infection.

If your doctor suspects you have a lung infection such as tuberculosis (TB) you may have a phlegm test. This is then looked at under a microscope. This test identifies tuberculosis in about 8 or 9 out of 10 people who have this disease.

What will happen if I don't have the test?

Disease in the air passages, which may not be visible on x-rays or scans, could be missed.

If I have any further questions about the test, who should I contact?

If you have any worries about your test, you can talk to your doctor beforehand or contact the Endoscopy Unit on 0161 746 2016, Monday to Friday 8.00 am – 6.00 pm.

Further information can also be obtained via our website at www.mft.nhs.uk/trafford/services/endoscopy or from www.nhs.uk.

Please make sure you fully understand the test and any possible treatments before signing your consent form. You may ask questions about anything you are unsure of.

Check list

- Are you able to keep your appointment? If not have you phoned the Waiting List Office to cancel or change it? The phone number is on your appointment letter.
- Are you worried or do you have any questions to ask?
You can talk to your doctor or ring the Endoscopy Unit on 0161 746 2016.
- Have you arranged for an adult to collect you and take you home after your test? If you have sedation, they will also need to look after you for at least 12 hours.
- If you are taking anticoagulants, such as Warfarin or Sinthrome, have you been in touch with your anticoagulant clinic to have your clotting level checked within 1 week of your appointment?

General Information

- Our aim is for you to be seen as quickly as possible. However, the unit is very busy and if emergencies occur these will naturally be given priority over less urgent cases, therefore your examination may be delayed.
- Do not bring valuables to the hospital. We cannot be responsible for loss or damage to personal property.

How to Get Here

The hospital is situated on Moorside Road in Davyhulme.

Parking is available at the front of the hospital and there are a few parking places at the front of the Endoscopy Unit. The car park is monitored by an automated number plate recognition system. Parking is free of charge for the first three hours. If your stay exceeds three hours, please provide reception with your vehicle registration number on the day of your visit in order to avoid a fine being issued.

Several buses serve the hospital. For up to date information on these bus routes, contact Transport for Greater Manchester on 0871 200 2233 or visit www.tfgm.com. For more information on how to get to Trafford General, including the MRI-Trafford shuttle bus, please visit www.mft.nhs.uk/trafford and click on 'Getting Here'.

No Smoking Policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking, and the use of e-cigarettes, is not permitted within any of our hospital buildings or grounds.

You can contact the Trafford Stop Smoking Service on 0300 456 2400 or by e-mail at stopsmoking.trafford@nhs.net. For some great information go to: www.nhs.uk/livewell/smoking

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

اذا كنت بحاجة الى مترجم، او ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك
اگر آپ کو ایک مترجم، یا ترجمہ کی ضرورت ہے، تو برائے کرم ہمارے عملے کے کسی رکن سے کہیں کہ وہ آپ
کے لیے اس کا انتظام کرے۔

আপনার যদি একজন দোভাষী, অথবা অনুবাদের প্রয়োজন হয়, দয়া করে আমাদের একজন
কর্মীকে বলুন আপনার জন্য ইহা ব্যবস্থা করতে।

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się
do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahayga si
uu kuugu.

如果你需要翻译或翻译员，请要求我们的员工为你安排