

AABIP PATIENT EDUCATION SERIES



RIGID BRONCHOSCOPY

WHAT IS A RIGID BRONCHOSCOPY?

A bronchoscopy is a procedure that enables your doctor to look inside the airways of your lungs using a bronchoscope, or a long tube with a camera. A rigid bronchoscopy is a specific type of bronchoscopy procedure that is performed using a “rigid” or straight, inflexible tube that is placed into your mouth, through your throat and down into your trachea (main windpipe) and airways.

WHY DO I NEED A RIGID BRONCHOSCOPY?

A rigid bronchoscopy is typically performed to diagnose or treat a problem in your main airways. Some examples include:

- Diagnosis and removal of an airway tumor
- Obtaining biopsies or larger pieces of tissue of an airway abnormality
- Dilation (stretching) of an airway or treatment for an airway narrowing or “stenosis”
- Removal of a foreign body or an object that was accidentally inhaled
- Placement of an airway stent for narrowed airways or “malacia” (floppy airways)
- Control of airway bleeding

While flexible (non-rigid bronchoscopy) is more commonly performed, there are specific reasons that a rigid bronchoscopy may have been chosen in your case. You should discuss this with your doctor prior to your procedure so you fully understand why this procedure is being chosen in your specific case.

WHAT ARE THE RISKS OF A RIGID BRONCHOSCOPY?

All procedures carry some risk, and each patient and doctor should carefully weigh the risks and benefits of a rigid bronchoscopy. The risks of rigid bronchoscopy range in severity with the most common risks including hoarseness, sore throat, low-grade fever, and /or cough with expectoration of a small amount of blood after your procedure. These can last for several days and should slowly get better with time. Additional risks include:

- Damage to the structures in the mouth including your lips, teeth and tongue
- Irritation or damage to your vocal cords
- Tearing of the airways (bronchial perforation or laceration)
- Bleeding
- Infection
- Pneumothorax or lung collapse that may require a chest tube to allow healing and reinflation of the collapsed lung
- Complications with general anesthesia

Your doctor will perform a thorough examination of your mouth, teeth and neck before your procedure. Let your doctor know ahead of time if you have any concerns with lesions in your mouth, problems with loose teeth or problems with range of motion in your neck. In some rare cases, limited range of motion in your mouth, jaw or neck can limit your ability to undergo a rigid bronchoscopy. You should feel free to discuss this further with your doctor if you have any concerns.

HOW SHOULD I PREPARE FOR MY PROCEDURE?

Preparing for your rigid bronchoscopy usually involves reviewing any medication and food restrictions you were given prior to your procedure. Make sure that your doctor has a full list of all of the medications that you take, including any blood thinning medications, vitamins and/or herbal supplements. Additionally, you will likely be asked to review these with an anesthesiologist in a “pre-operative assessment” appointment. This will allow your providers to ensure the best care for you possible. It will be important that you follow any instructions you are given regarding when to stop taking any medications prior to your procedure.

If your rigid bronchoscopy is planned as an outpatient procedure, plan on having a separate friend or family member with you, who will be responsible for safely driving your home after your procedure. This point person will usually need to be available and present in the procedure unit area for the entire duration of your rigid bronchoscopy and recovery. It is also a good idea to have someone available to stay with you for the rest of the day at home as you recover from your anesthesia on the day of your procedure.

You may also be asked to bring any home respiratory equipment that you usually use at home, such as your home oxygen or a CPAP for sleep apnea, with you for the recovery period after your rigid bronchoscopy.