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# **Rigid Bronchoscopy- Patient Information Sheet**

A rigid bronchoscopy is a medical procedure used to examine and treat issues within the airways of the lungs. Here are some key points about rigid bronchoscopy:

#### 1. Procedure Overview

A rigid bronchoscopy uses a straight, inflexible tube that is inserted through the mouth, down the throat, and into the trachea and airways. Rigid bronchoscopy is usually used with a flexible bronchoscopy, to improve safety and access to equipment. Rigid bronchoscopy is always coupled with flexible bronchoscopy is Cryo-ILD biopsy procedures and tumour debulking and stent placement procedures.

# 2. Purposes of Rigid Bronchoscopy

- **Diagnosis and Removal of Airway Tumours:** Used to diagnose and remove tumours or abnormal growths in the airways.
- **Biopsies:** Obtaining biopsies or larger tissue samples from abnormal lung abnormalities.
- **Airway Dilation:** Treating airway narrowing or "strictures" by stretching the airway.
- Removal of Foreign Bodies: Retrieving objects accidentally inhaled into the airways.
- **Stent Placement:** Inserting airway stents to address narrowed or floppy airways.

• **Control of Airway Bleeding:** Managing and stopping bleeding in the airways, especially during cryo biopsy for interstitial lung disease.

#### 3. Risks

As with any medical procedure, there are associated risks with rigid bronchoscopy. Some common risks include:

- Hoarseness of voice
- Sore throat
- Low-grade fever
- Coughing up a small amount of blood post-procedure

#### More serious risks can include:

- Damage to mouth structures including teeth and gums
- Vocal cord irritation or damage
- Airway tearing
- Significant bleeding
- Infection
- Lung collapse, which may require a chest tube insertion to drain the air leak
- Complications related to general anaesthesia

**Important:** Inform the proceduralist if you have any loose teeth or demineralised teeth, as well as any difficulty or discomfort in moving your neck.

## 4. Preparation

## Before the procedure, you should:

## 1. Review medication and food restrictions:

- Share a list of all medications, including blood thinners, vitamins, supplements (including omega 3), and over-the-counter medications, with your medical team.
- Your Respiratory Physician will advise if you need to stop any of these medications before the procedure, how many days you need to stop, and when to restart them.
- Follow instructions regarding medication adjustments before the procedure.

## 2. Pre-operative assessment:

 If you have multiple medical issues like heart disease, your Respiratory Physician may request you to undergo a pre-operative assessment at your hospital's pre-op assessment clinic with an anaesthetist.

# 3. Post-procedure arrangements:

The procedure typically lasts 60 minutes.

- Requires one night elective ICU stay for monitoring due to delayed pneumothorax or bleeding risks.
- Discharge the next morning after a chest X-ray. Bring any home respiratory equipment (e.g., oxygen, CPAP machine) for post-procedure recovery.
- Arrange for a friend or family member to drive you home after the outpatient procedure
- Bring any home respiratory equipment, such as oxygen or a CPAP machine, with you for post-procedure recovery.

#### Care at Home:

- Use Difflam throat lozenges for a sore throat.
- Drink plenty of fluids.
- Resume normal activities in 1-2 days.

#### **Results:**

- Available within one week
- Please make an appointment with your Respiratory specialist, one week after the procedure to discuss the results and start treatment

## Medicare/Health fund Item Number:

- MBS item number 38425 for health fund claims.
- Dr Herath does not charge a gap for your procedure and all claims will be made directly to the health fund and Medicare
- You may incur separate fees for anaesthesia, pathology, and radiology, which are beyond the control of the Sydney Respiratory Specialist clinic.

## **Additional Information:**

This sheet provides an understanding of the procedure and what to expect. It's essential to discuss the reasons for the procedure, potential risks, and specific

instructions with your Respiratory specialist before the rigid bronchoscopy. The procedure is performed for diagnostic and therapeutic purposes, and the choice between a rigid bronchoscopy and a flexible bronchoscopy is made based on the specific clinical situation and patient needs.

Thank you for choosing Sydney Respiratory Specialist Clinic for your bronchoscopy procedure. We appreciate your trust in our care and are committed to providing you with the highest quality of service and support.

For any queries and follow up appointments please contact: 02 9487 8373.