

# Having a Bronchoscopy and Insertion of Bronchial Stent

Your doctor has advised you to have a bronchoscopy with a possible stent insertion. This leaflet tells you about the procedure. It explains what is involved and what the possible risks are. It is not meant to replace informed discussion between you and your doctor, but can act as a starting point for such a discussion.

You should have plenty of time to discuss your situation with your consultant and perhaps even your own general practitioner (GP.)

## Your consent for the test

**You should have had sufficient explanation before you sign the consent form. Your signature confirms that you understand the procedure, the potential risks and side effects and want to go ahead with the procedure.**

**Although you will sign a consent form for this treatment, you can withdraw your consent at any stage if you change your mind after signing.**

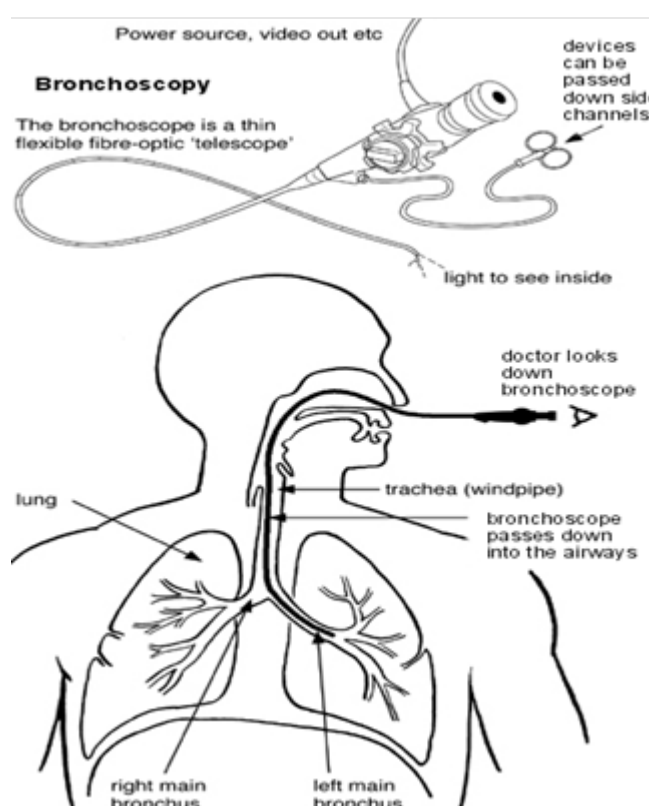
## What is a bronchoscopy?

During bronchoscopy a doctor is able to view the airways inside your lungs. A small flexible camera is carefully passed through your mouth into your lung. It gives a clear view of your airways and also allows your doctor to collect lung secretions or take biopsy samples. Local anaesthetic is used to make the procedure more comfortable, and many patients also have an injection to make them sleepy and relaxed.

## What is a stent?

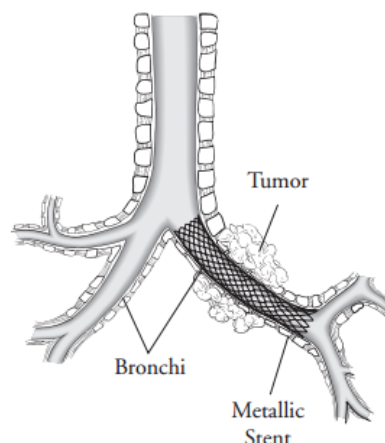
A stent is a hollow tube that may be placed in your airway to open the narrowed area and help you breathe. The stent can be placed in your bronchi (breathing tubes), depending where the narrow area is. The bronchi are tubes that branch off the trachea (windpipe) and lead to the different areas of your lungs.

Stents can be made of different materials, including metal or silicone. They also come in different sizes and shapes. They can be temporary or permanent. Your stent will be placed during the bronchoscopy and you will not have a surgical cut. Most people go home the same day but occasionally an overnight stay is required.



## Why do I need a bronchoscopy and a stent procedure and what are the benefits?

Many diseases or disease complications can narrow or block your airway, causing you to feel short of breath. If one of the bronchi is narrowed a stent can be used to improve that narrowing and hence improve your breathing. The aim is to make you breathing easier though it will not cure the disease causing the narrowing.



## What are the alternatives?

Your doctor has advised you to have a bronchoscopy and possible stent insertion as s/he feels that this is the best option for you. You can, however, discuss what alternatives may be available to you, including the option not to have this procedure done.

X-rays, scans and breathing tests give your doctors different information about your lungs but cannot always tell us whether a stent is possible, or is needed, and it is only by performing a bronchoscopy, to look at the inside of the bronchi, that we can be certain.

## What are the potential risks and side effects of a bronchoscopy?

Bronchoscopy is an extremely safe procedure. The chance of anything going seriously wrong is very small indeed. Most problems that do occur are minor and can be dealt with easily.

Potential problems from having a bronchoscopy are:

- Coughing - this almost always settles once the local anaesthetic has worked.
- Bleeding from where the samples have been taken.
- Very occasionally patients may experience some temporary breathlessness due to irritation of the voice box.
- A few patients are particularly sensitive to the drugs used for sedation. The risk is very small and can usually be reversed with medication.
- Spasm of the airways (causing wheezing and breathlessness) can occur and can cause you to feel short of breath immediately after the procedure.

## Complications from the stent insertion

- The inside of the stent may collect mucus that can block air flow. Depending on the type of stent, tissue may grow into the stent and make it narrow, or cause narrowing of the bronchi above or below the stent. If you become rapidly more breathless at any stage following a stent insertion this may be due to such narrowing and you should contact the respiratory team or your own doctor promptly so that we can investigate and address it.
- Pneumothorax (punctured lung) – there is a small chance (around one in a hundred) of causing a pneumothorax during insertion of a stent due to the guidewire, over which the stent is introduced, puncturing the surface of the lung. If this does occur you will be asked to stay in hospital for observation and may need to have the air drained from the lung. We will tell you if this risk applies to you.

- Your stent is held in place by pressure in the narrowed bronchi. If treatment of the underlying condition reduces the pressure on the bronchi, allowing them to widen again, there is a small chance that your stent will move. This may lead to sudden coughing or shortness of breath. Very rarely, you may cough up the stent. If this happens, call your doctor immediately, as the stent may need replacing with a larger one.
- Some of the stent insertion procedures are higher risk than others and may carry a risk of death. This will be directly discussed with you before the procedure.

### How to prepare for your test

For this investigation it is important that your stomach is empty. The night before your bronchoscopy, **do not eat** anything after midnight. You can have a drink of water, or **black** tea or **black** coffee up to four hours before your visit to the hospital but you **must not eat any breakfast or drinks containing milk.**

- You may take your usual medication (except diabetic medication) as normal. You can take the medication with a small amount of water or bring it with you and take it after the test if required.
- If you are diabetic or are taking blood thinning medication (eg warfarin, rivaroxaban, apixaban, clopidogrel) your consultant will discuss your management of this with you prior to the procedure. Aspirin does not usually need to be stopped for the procedure.
- If you have asthma and take inhalers (e.g. salbutamol) please take them as normal in the morning, and bring them with you.

### How long does the procedure take and how long will I be in the Endoscopy Unit?

A bronchoscopy takes ten to thirty minutes. With insertion of a stent this can sometimes extend to 60 minutes. The time varies depending on the findings and if treatment is needed. Including admission and recovery time, most people will be in the department for between two and four hours, but you should be prepared for the possibility of an overnight stay.

### What is conscious sedation?

The sedation is an injection to make you feel relaxed and sleepy. It makes the procedure more pleasant for you, and people who choose to have it find they often cannot remember the procedure clearly afterwards. It is not like having a general anaesthetic, as you will still be able to hear and understand what is being said to you. Though a simple bronchoscopy can be carried out without it, sedation is necessary for procedures in which a stent insertion is being considered.

- Please arrange for someone to collect you as you will not be able to drive yourself home. Someone should be with you for 12 hours after the test. If this is not possible you should let your consultant know as early as possible so that we can make alternative arrangements; either staying in hospital overnight or for someone to accompany you at home for the 12 hours until the sedative has completely gone.

### What to bring with you to the Endoscopy Unit

- A list of all your medications.
- A list of all your allergies.
- A name and telephone number of the person taking you home.
- Your reading glasses.

Please wear loose, comfortable clothing.

Please do not bring any valuables with you, as we cannot take responsibility for any losses.

### **What will happen when I arrive at the Endoscopy Unit?**

- You will be greeted by a member of the endoscopy team at the endoscopy reception and your details will be checked.
- A trained nurse will record your blood pressure and ask you questions about your medication, any allergies and medical conditions.
- The nurse will explain the procedure to you again and you can ask questions if you need to.
- If you haven't already signed a consent form, you will be asked to complete one now. This is to confirm that you understand the test and want to go ahead with it. If you choose to have sedation, we will place a small needle into a vein in your hand or arm, so that we can give you the injection.
- The nurse or doctor will give you local anaesthetic spray or Gel to numb your nose and sometimes also your mouth and throat.
- Very occasionally the doctor may recommend additional medication before the test (for example a nebulised bronchodilator for patients with severe COPD.) If so, the doctor will discuss the medication with you.

### **What happens during a bronchoscopy?**

- You will be on a hospital trolley. Most doctors prefer to do the test with you sitting up, but some prefer you to be lying down. If there are reasons why one or other position would cause you problems, please tell the nurse or doctor looking after you.
- Three nurses will assist the doctor and look after you during the examination.
- You will be closely monitored during the test and you may be given oxygen.
- If you have chosen to have sedation, we will give this to you before the test starts.
- The bronchoscope (a flexible tube connected to a camera) is carefully passed through the nose or mouth, down the back of your throat and through into the airways.
- The doctor will use more local anaesthetic spray during the test to numb the vocal cords and windpipe. This will make the test more comfortable for you although it won't stop you from coughing at times.
- The doctor will look at the lining of the airways and take some small tissue samples (biopsies) if necessary.

### **What happens after the test?**

- After the bronchoscopy you will be taken to the recovery area for about one to two hours whilst the sedative wears off. The nurse will take your blood pressure, pulse and oxygen levels regularly.
- When you are fully awake and the local anaesthetic has worn off you can have something to drink and a biscuit.
- You may have a chest x-ray after the procedure. This is to make sure your lung was not punctured if you had a lung biopsy or to check the stent position if you have had one inserted. You may cough up a little blood after your procedure, which is normal.

### **How will I feel afterwards?**

- Your throat may feel a bit hoarse or sore for a day or two afterwards. Throat lozenges, iced drinks and eating soft foods can help. You should avoid spicy foods and smoking.
- If you have had a biopsy, you will probably cough up a few specks of blood.

- **If you had sedation, it lasts longer than you think and you must not drive a car/motorbike, operate machinery (including using your cooker), drink alcohol or sign any legal documents until the next day.**

## When can I go home?

Most patients are able to go home one to two hours after the test. It's a good idea to take it easy for the rest of the day. You can eat normally and take your usual medication.

## Do I need somebody to take me home?

If you have had sedation you will need somebody to collect you from the Endoscopy Unit and to stay with you for at least 12 hours after the test.

## Can I expect any problems when I get home?

**Serious side effects are rare, but if you develop any of the following symptoms, you need to be seen urgently:**

- Painful or difficult breathing
- Have chest pain or pressure
- Cough blood for longer than 2 days, or an amount greater than a teaspoon
- Cough up anything unusual, or if the amount or colour of your sputum (mucus that you cough up) changes
- Have sudden shortness of breath or difficulty breathing
- Have a fever of 101° F (38.3° C) or higher
- Develop persistent bad breath not relieved by normal oral hygiene

## When can I return to work?

You should be able to resume normal activities the day after the bronchoscopy.

## Specific advice and contact details

You will be given an additional supplementary leaflet advising you of specific instructions relevant to you. This will include advice particularly if you are diabetic or taking anticoagulants (e.g. Warfarin, Clopidogrel). Please telephone the Consultant Secretary or the Endoscopy Unit and speak to a member of staff if you are unclear or need further guidance.

Endoscopy Unit Conquest Hospital – Tel: 0300 131 5297

Consultant Secretary Conquest Hospital – Tel: 0300 131 4837 or 0300 131 4835 Monday-Friday 08.30-16.30

Endoscopy Eastbourne District General Hospital – Tel: 0300 131 4595

Consultant Secretary Eastbourne DGH – Tel: 0300 131 4816 or 0300 131 4815 Monday-Friday 08.30-16.30

## Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 (direct dial) or by email at: [esh-tr.patientexperience@nhs.net](mailto:esh-tr.patientexperience@nhs.net)

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## Reference

The following clinicians have been consulted and agreed this patient information:

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Responsible clinician/author: Gemma Sheppard, Clinical Service Manager, Medicine Division

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