

Flexible Bronchoscopy and EBUS-FNA

This leaflet explains about flexible bronchoscopy and EBUS-FNA, including the benefits, risks and any alternatives along with what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

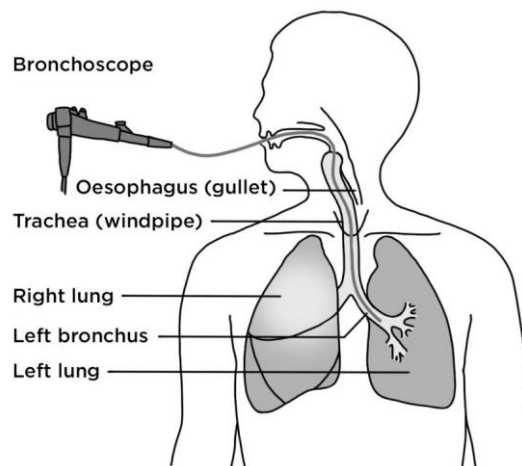
What is a bronchoscopy?

This is an examination of your trachea (windpipe) and the bronchi (the main and smaller branches of the air tubes) leading to your lungs. The test involves passing a bronchoscope (a long, thin, flexible telescope with a bright light and a camera on the end) into your lungs through the nose or mouth. With this procedure a doctor can get a clear view of the lining of the air tubes to check if there is any disease present and to take samples for further testing if necessary. This will help the doctor in making a diagnosis and planning treatments.

The examination lasts about 15-20 minutes and you will need to allow at least two hours in the Endoscopy Unit.

What is endobronchial ultrasound-guided fine needle aspiration (EBUS-FNA)?

Endobronchial Ultrasound-guided fine needle aspiration (EBUS-FNA) is like bronchoscopy except this procedure uses a special bronchoscope with ultrasound scanning built into it. The scope also has a fine needle which goes through the target lymph node. Tissue sample is then obtained by the fine needle by means of aspiration. The duration of the procedure can vary for each individual but generally can last for 30-40 minutes.



Why should I have bronchoscopy?

Some of the common reasons why bronchoscopies are carried out include:

- **Infection** – samples from your lungs can help to find the cause of infections and enable us to treat you appropriately. The bronchoscope can also be used to clear some of the mucus from your lungs.
- **Lung disease** – in some diseases such as lung fibrosis in which your lungs are scarred or inflamed; samples taken from your lungs may help to determine the cause.
- **Bleeding** – if there is blood sometimes when you cough, we can look inside your breathing passages to determine from where the blood is coming.
- **Abnormal chest x-ray / CT scan** – there may be a narrowing of a breathing passage or a 'shadow' on your lung that your doctor wants to look at and possibly take samples.

Why should I have EBUS-FNA?

- Enlarged lymph nodes - these may be due to infection or cancer or might be normal for you. They may need further investigations to be sure of a diagnosis or to plan your options for treatment.
- For diagnosis of conditions like sarcoidosis or tuberculosis.
- For diagnosis of cancer outside the bronchi.
- Staging of lung cancer.

The doctor who recommended the test will have explained the reasons for the test to you but please do not hesitate to ask at your appointment if you have any further questions.

How relevant is EBUS-FNA in cancer staging?

EBUS-FNA is commonly done to stage cancer: a process of measuring how much the cancer has grown and spread. It is important to identify the stage so that doctors can determine which treatment is most suitable for you. Assessing the lymph nodes for evidence of spread is one of the methods that can determine the stage of the cancer.

What are the risks?

The most common risks that can occur during or after the bronchoscopy are:

- Sore nose
- Sore throat
- Cough
- Haemoptysis (coughing up blood)
- Fever - Sometimes after you have had a BAL (bronchio alveolar lavage) during bronchoscopy, you may have a temperature in the first 24 hours. Please take

paracetamol. If the temperature does not settle or if you cough up yellow / green phlegm or if it occurs again or after 24 hours, please speak to your GP.

- There have been reported cases of infection around lymph nodes following on from EBUS-FNA but these are rare.
- You will be given medications to help you to remain calm and manage your pain but you should be conscious throughout the procedure. This carries a risk of making you go into a deeper level of sleep. However, the doctor will be careful in the dosage that will be given to you while a nurse will monitor you closely for the entire procedure.
- Very occasionally, when a biopsy is taken, there is a small risk that bleeding may occur. This will usually stop by itself. If it continues, you may need to stay in hospital to be observed until the bleeding stops.
- Damage to teeth (this only occurs where the tooth is already weakened) or crowns or dental bridgework. We use a plastic mouth guard to protect against damage.

Symptoms following the procedure should subside after 48 hours. Should they persist, please contact the Administrative Coordinator on telephone number 020 8725 3336 (8.30am to 4.30pm) or by emailing EBUS@stgeorges.nhs.uk or contact your GP.

Are there any alternatives?

Breathing tests, x-rays and CT-scans of your lungs can give some additional information about your lungs but a bronchoscopy or EBUS-FNA provides detailed information as it enables us to look inside your breathing passages and obtain specific samples for testing.

How can I prepare for the procedure?

It is important to have nothing to eat for six hours before your appointment. You may drink clear fluids up until two hours before your appointment. Please take your blood pressure tablets or beta blockers with your breakfast. Please bring your tablets and inhalers with you for your appointment.

If you are a diabetic and are taking tablets for the condition, do not take them on the day of the procedure. If you are taking insulin, your referring doctor should have given you the advice and instructions beforehand. If you are unsure or have further questions about your medications, please ring us on 020 8725 3336 or email us on EBUS@stgeorges.nhs.uk.

What if I am on blood thinning tablets?

- Clopidogrel - please cease taking this **five days before the procedure**. Please check with the doctor making your appointment or ring us.
- Warfarin - we advise stopping this for **five days before your appointment**. Please discuss this with your referring doctor and anti-coagulation clinic as they may need to arrange alternative blood thinning medication for this period.
- Prasugrel - please stop this for **five days prior to your procedure**.

- Ticagrelor - please stop **seven days before your appointment**
- Other anticoagulants (Rivaroxaban, apixaban) - please stop these for **48 hours before the appointment.**
- Aspirin can be continued.

What if I have allergies?

Identifying any allergies towards medications or other substances is important to ensure that the procedure will be safe for you. On the day of your procedure, a nurse will perform initial screening on admission and you will be asked to identify your allergies should there be any.

What happens on the day of appointment?

A nurse will meet you and we will check your details and vital signs and check brief history during the brief admission. We will try our best to perform the procedure on time but at times due to emergencies or reasons beyond our control, there can be a delay in starting the procedure. If you have other engagements, please speak to the nurse or the doctor and we can re-arrange the procedure.

Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during a bronchoscopy or EBUS-FNA?

A long flexible thin tube (size of a pencil) with a bright light on the end (a bronchoscope) is passed through your nose or mouth and down through your throat, trachea, and bronchi. In bronchoscopy, sometimes a sample (a biopsy) or a sample washing of lung tissue with salt solution or scraping the lining of the lung with a small brush (brushings) is taken to send to the laboratory for further tests. In EBUS-FNA, a sample from your lymph node/s will be obtained using the fine needle. There are no nerve endings in this area, so you do not feel any pain from biopsy forceps or needle. You will be connected to a monitor to closely monitor your heart rate, oxygen levels and blood pressure along with your breathing rate and pattern. You will also be given a low amount of oxygen through a soft plastic device called a nasal cannula during the procedure.

Will I feel any pain?

These tests are generally not painful. You will be offered medicine to help you relax and minimise discomfort. You may find that the local anaesthetic induces coughing and while it may be slightly uncomfortable, it should not hurt.

What happens after a bronchoscopy or EBUS-FNA?

If you have sedation, you will not be allowed to drive home and must arrange for someone to accompany you and drive you home. Medication given during the test will prohibit you from driving 24 hours after the examination. Please do not plan to take public transport home. If you are unable to arrange transportation, we can arrange a taxi to take you home however, you are responsible for the fare.

You will need a responsible adult at home for at least 12 hours. Should there be no one to accompany you at home after the procedure, you will need to be admitted overnight to monitor you.

What do I need to do after I go home?

You will be allowed home when your observations are satisfactory and when you have had something to eat and drink. Once you are at home, you should rest quietly for the remainder of the day. If you have had sedation, you should not do any of the following for 24 hours after the procedure:

- Drive
- Ride a bicycle
- Operate machinery
- Perform tasks requiring skill or judgement (including signing official documents, making important emotional or financial decisions)
- Return to work
- Drink alcohol.

Will I get any results on the day?

Upon completion of the bronchoscopy the findings will be discussed with you. We will be able to tell you of the findings, however any samples will need to be sent to the laboratory for testing. This can take up to three weeks. A copy of the report will be sent to your referring doctor and your GP. If required, a follow up appointment will be given to you before you leave the Endoscopy Unit.

Contact us

For scheduling or appointment inquiries, please contact the Administrative Coordinator on telephone number 020 8725 3336 (8.30am to 4.30pm) or by emailing EBUS@stgeorges.nhs.uk

If you have any questions or concerns on the day of the procedure, please contact the Endoscopy Unit on 020 8725 3967 or 020 8725 1563 (Monday to Friday).

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS UK

The NHS provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111



Working in collaboration with the Southwest London Network for EBUS-FNA Central Booking Point St. George's University Hospitals NHS Foundation Trust:
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