Patient Education

Bronchoscopy, Diagnostic

Why is this procedure done?

During a bronchoscopy, the doctor looks at your airways. The doctor uses a small thin tube called a bronchoscope. This tube may be flexible or stiff. This lets the doctor see from your nose all the way down into your lungs. A bronchoscopy may be done for many reasons. Some of them are to:

- Find a lung disease or infection
- Look for a blockage or mucus in the lungs
- Take a sample of the mucus or tissue in your lung
- Find the reason for a constant cough or coughing up blood
- Look for a foreign object, like gum, nut, or other object, that you may have inhaled by accident

What happens before the procedure?

- Your doctor will do an exam and take your history. Talk to the doctor about:
  - All the drugs you are taking. Be sure to include all prescription, over-the-counter, vitamins, and herbal supplements. Bring a list of drugs you take with you. Tell the doctor about any drug allergy.
  - Any bleeding problems. Be sure to tell your doctor if you are taking any drugs that may cause bleeding. Some of these are warfarin, rivaroxaban, apixaban, ticagrelor, clopidogrel, ketorolac, ibuprofen, naproxen, or aspirin. Certain vitamins and herbs, such as garlic and fish oil, may also add to the risk for bleeding. You may need to stop these drugs as well. Talk to your doctor about them.
  - When you need to stop eating or drinking before your procedure.

- Your doctor may order:
  - X-ray of your lungs
  - Lab tests
  - CAT scan

- Ask your doctor if you will get sedatives during the procedure and need to
have someone drive you home after.

**What happens during the procedure?**

- Your doctor will give you a drug to relax your throat muscles. You may also be given some drugs through an IV. These will help you relax during the procedure. If a stiff bronchoscope is used, you will be put to sleep for the procedure. Your doctor will put the bronchoscope into your nose or mouth. You may feel a mild pressure in your throat while the doctor is placing the tube.
- The doctor will look at your vocal cords and airways. This is done with a small camera that is attached to the bronchoscope. During the test, your doctor may take a sample of tissue or fluid from your lungs. This will be used for other tests. You may feel short of breath during the procedure. You will be given oxygen through a small tube in your nose during the test.
- The whole test takes less than an hour.

![Bronchoscope](image)

**What happens after the procedure?**

- You will stay at the hospital for a few hours. The staff will check your breathing and blood pressure.
- You may have a chest x-ray if the doctor took a sample of tissue in your lung.
- You can eat or drink when the numbness in your throat wears off.
- Your throat may be sore and scratchy for a few days after the procedure.
What care is needed at home?

- Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.
- Spit out saliva. Do not try to swallow it while your throat muscles are numb.
- When you are able to eat, start with sips of water. Add solid foods when you are ready.
- If you had a sample of tissue taken, do not cough or clear your throat.
- Do not drive until the relaxing drug has fully worn off and you are fully awake. This is most often 24 hours after the procedure.

What follow-up care is needed?

Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.

What problems could happen?

- Bleeding
- Collapsed lung
- Irregular heart rate
- Infection
- Sore and swollen throat
- Trouble breathing

When do I need to call the doctor?

- Bright red bleeding or trouble breathing, especially if it comes on all at once. Go to the ER right away.
- Signs of infection. These include a fever of 100.4°F (38°C) or higher, chills, very bad sore throat, cough, more sputum or change in color of sputum.
- Cough, shortness of breath, or chest pain
- Coughing up more than a teaspoon (5 mL) of blood
- Very bad upset stomach or throwing up
- Wheezing that is not normal for you
- Pain that you cannot control with the drugs you have been given

Where can I learn more?

American Lung Association

Up to Date


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