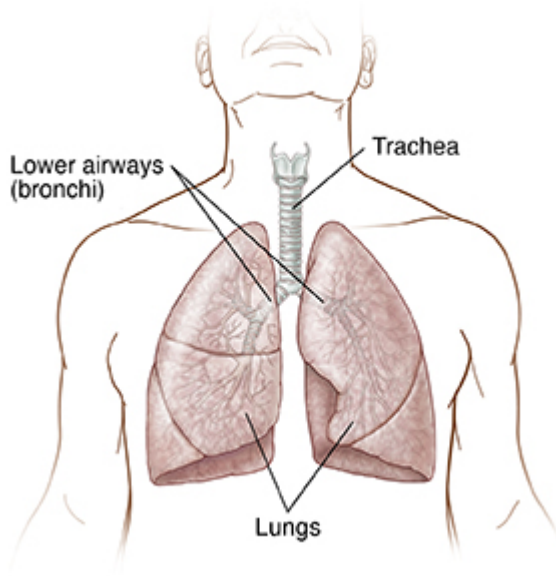


Tracheoscopy with Bronchoscopy

Tracheoscopy with bronchoscopy is a procedure that lets your provider look inside your windpipe (trachea) and down into your lower airways. To do this, a thin, flexible tube (endoscope) is used. It has a tiny camera and light at the end.



Getting ready for your procedure

Follow any instructions from your healthcare provider. You will be asked to sign an informed consent form. This form shows that you understand both the benefits and risks of the procedure and agree to proceed despite the risks. Be sure all your questions are answered before you sign the form. Follow any instructions for not eating or drinking before the procedure. Tell your provider about any allergies you have and any medicines you are taking. You may need to stop taking all or some of these medicines before the procedure. This includes:

- Certain prescription medicines
- Any blood-thinning medicines (anticoagulants)
- Over-the-counter medicines such as aspirin or ibuprofen
- Illegal drugs
- Herbs, vitamins, and other supplements

Also tell your provider if you smoke or drink alcohol.

During your procedure

The procedure can take up to 45 minutes. You will go home the same day. Before the procedure starts, your throat will be numbed. You may also be given medicine to help you relax. During the procedure:

- You may sit upright in a chair that supports your head, or you may lay down on a cushioned table.

- The endoscope is gently put into your nose and moved down into your throat, between your vocal cords. It may then be moved into your lower airways. You will need to breathe through your mouth while the endoscope is in place.
- The endoscope sends pictures from inside your trachea and lower airways to a video screen. Your provider uses the images to move the scope and look for problems.
- If needed, the endoscope can be used to take a small tissue sample (biopsy) from inside your trachea or airways. This sample is sent to a lab for testing. The provider can also take a sample by suctioning mucus and lung secretions.
- When the test is done, the endoscope is removed.

After your procedure

Have an adult family member or friend drive you home. Take it easy for the rest of the day. Due to the numbing medicine, swallowing may be hard at first. This may last a few hours. Don't eat or drink until swallowing returns to normal. You may have an X-ray if a biopsy was done. Follow any instructions you have been given, such as:

- If you smoke, stop for at least 24 hours after the procedure. Smoking will make your throat irritation worse and slow your recovery.
- If a biopsy was taken, try not to cough or clear your throat. This will help prevent bleeding. But it's OK to cough if you need to.
- Once you are able to swallow normally, drink plenty of water.
- Use throat lozenges as prescribed by your provider.

When to call your healthcare provider

Call your provider if you have any of these problems:

- Trouble swallowing that doesn't improve
- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Hoarseness that is not improving
- Severe nausea or vomiting
- Bloody cough or vomit (you may cough up small amounts of blood, especially if a biopsy was taken)

Call 911

If you are having trouble breathing, call 911 right away. Don't wait to see if it will get better on its own. This can be a life-threatening emergency.

Follow up

Within a week or so, your healthcare provider will likely see you for a follow-up visit. During this visit, your provider will discuss the results of your procedure and biopsy. You can also discuss any treatments that might be needed.

Risks and possible complications

All procedures have some risk. Possible risks of this procedure include:

- Bleeding
- Infection
- Swollen throat
- Breathing problems
- Vomiting
- Food or fluids going into your airways (aspiration)
- Vocal cord paralysis. This is rare.
- Lung collapse (pneumothorax), especially if a biopsy is done