



GHADIALI

General Surgery

P R E S E N T S

Dr. Mufa T. Ghadiali is skilled in all aspects of General Surgery.
His General Surgery Services include:

- General Surgery
- Advanced Laparoscopic Surgery
- Surgical Oncology
- Gastrointestinal Surgery
- Hernia Surgery
- Endoscopy

BRONCHOSCOPY

Multimedia Health Education

Disclaimer

This film is an educational resource only and should not be used to make a decision on **Bronchoscopy**. All such decisions must be made in consultation with a physician or licensed healthcare provider.

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GHADIALI

MULTIMEDIA HEALTH EDUCATION MANUAL

TABLE OF CONTENTS

SECTION	CONTENT
1 . Introduction	
	a. What is a Bronchoscopy?
	b. Types of Bronchoscopy
2 . Purpose of Bronchoscopy	
	a. Why is a Bronchoscopy Performed?
	b. How to Prepare for a Bronchoscopy?
3 . Procedure	
	a. How is it Performed?
	b. What are the Risks?

What is a Bronchoscopy ?

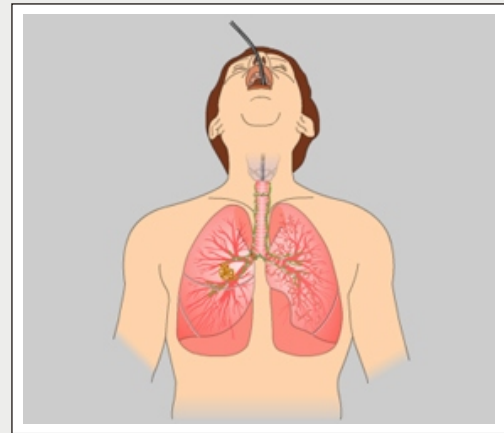
The doctors use a device called bronchoscope in this procedure to diagnose the lung problems.

A bronchoscope is a tube with a tiny camera on the end which is inserted through the nose or mouth into the lungs.

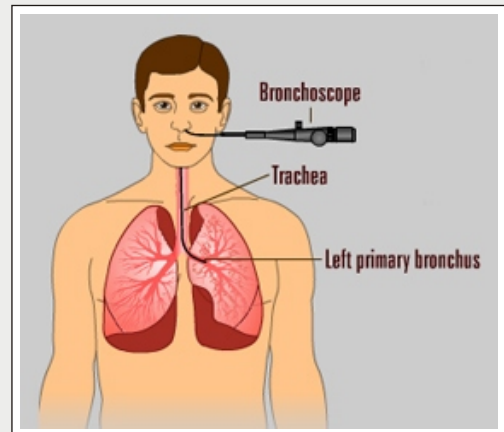
During a bronchoscopy procedure, a scope will be inserted usually through the nostril until it passes through the throat into the trachea and bronchi. The flexible tube actually contains a fiber-optic system which attaches to a video camera and a source of light.

The light travels through the scope and lights up the inside of the airway. The image seen at the tip of the scope is transmitted back again through the fiber-optic system to the video camera. Photographs can also be taken with the camera through the scope.

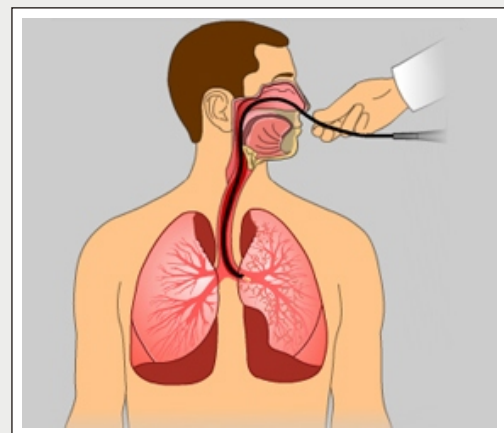
(Refer fig. 1 to 3)



(Fig.1)



(Fig.2)



(Fig.3)

Types of Bronchoscopy

There are two types of Bronchoscopy procedure:

- Rigid Bronchoscopy
- Flexible Bronchoscopy

Rigid Bronchoscopy:

A rigid bronchoscope is a straight, hollow, metal tube. Doctors perform rigid bronchoscopy less often today, but it remains the procedure of choice for removing foreign material and for several other treatments.

Rigid bronchoscopy also becomes useful when bleeding interferes with visualizing the area.

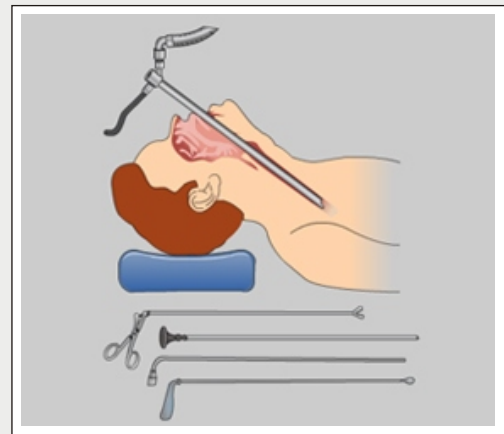
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Flexible Bronchoscopy:

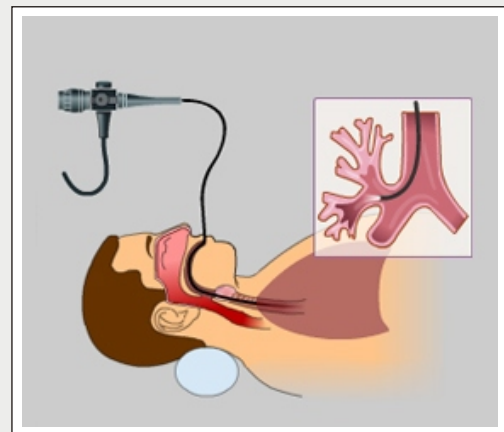
A flexible bronchoscope is a long thin tube that contains small clear fibers that transmit light images as the tube bends. Its flexibility allows this instrument to reach the farthest points in an airway.

The procedure can be performed easily and safely under local anesthesia.

(Refer fig. 5)



(Fig.4)



(Fig.5)

Unit 2:

Purpose of Bronchoscopy

Why is Bronchoscopy Performed?

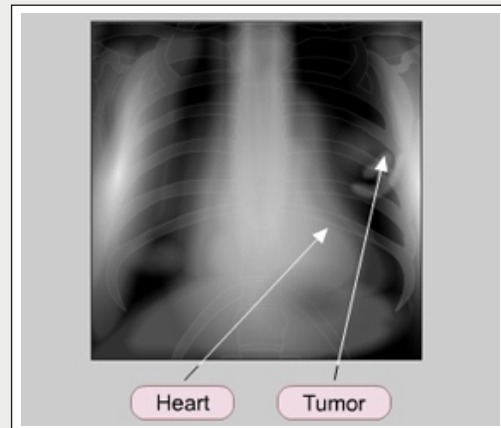
The most common reason why the doctor may decide to do a bronchoscopy is if you have an abnormal chest X-ray or chest CT scan.

(Refer fig. 6)

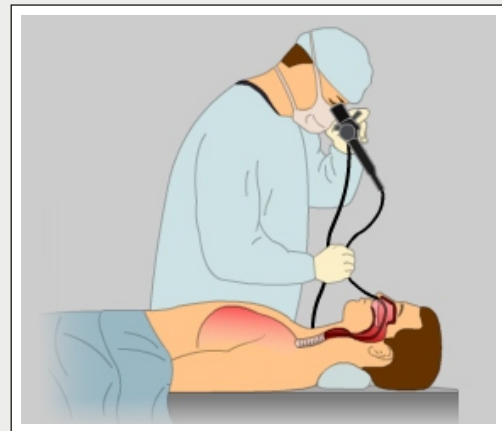
Bronchoscopy may also be used:

- To see abnormalities or blockage in the airways
- To take tissue samples when tests such as a chest X-ray or CT scan shows problems with the lung or with lymph nodes in the chest
- To identify the cause of airway problems, such as bleeding, trouble breathing, or a long-term (chronic) cough.
- To obtain tissue specimens of the lung for diagnosing a variety of disorders
- To remove objects blocking the airway
- To obtain samples of an abnormality or specimens in undiagnosed infections

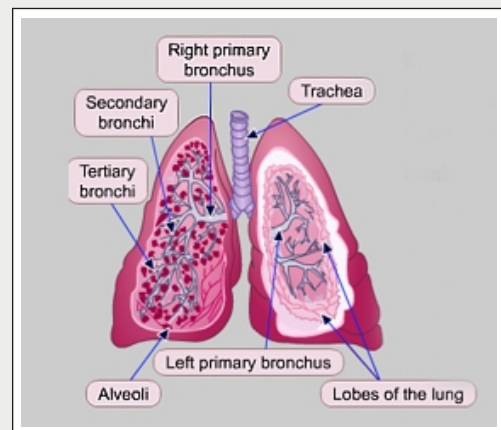
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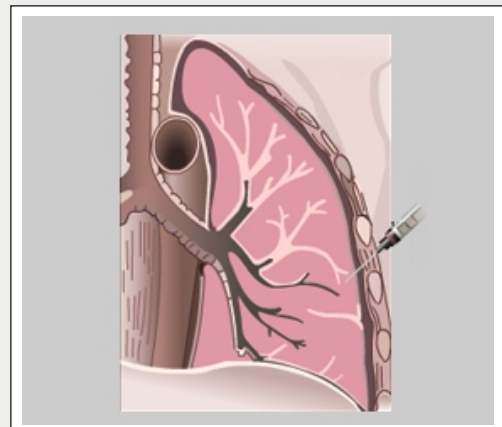
(Fig.6)



(Fig.7)



(Fig.8)



(Fig.9)

How to Prepare for a Bronchoscopy?

Do not eat or drink anything 6 - 12 hours before the test. The doctor may also want the patient to avoid any aspirin, ibuprofen, or other blood-thinning drugs before the procedure.

Prior to the procedure, the doctor will discuss the following with the patient:

- The reason to do the bronchoscopy
- What doctors hope to achieve
- The risks of the procedure
- Potential complications

(Refer fig. 10)



(Fig.10)

How is it Performed?

Bronchoscopy is a medical procedure used to look inside the trachea and the airways of the lungs known as bronchi. First the doctor administers medicine to make the patient sleepy and relaxed. The doctor also sprays liquid medicine into the nose and throat to make them numb.

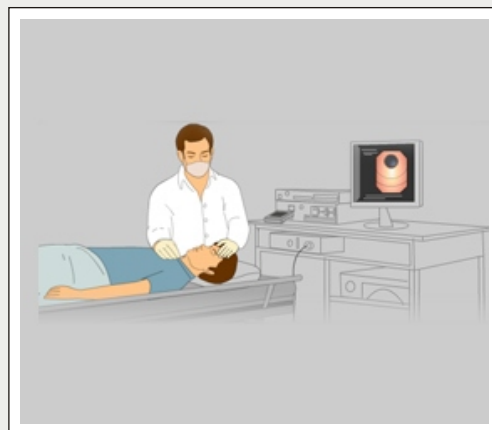
Next, the doctor inserts the bronchoscope through the nose or mouth. In this example, the nose is used. The bronchoscope has a light and small camera that allows the doctor to see inside the airways.

The bronchoscope is passed down toward the trachea. To prevent coughing, the doctor continues to give the numbing medicine through the nose. The doctor stops to look at patient's vocal cords, located at the beginning of trachea.

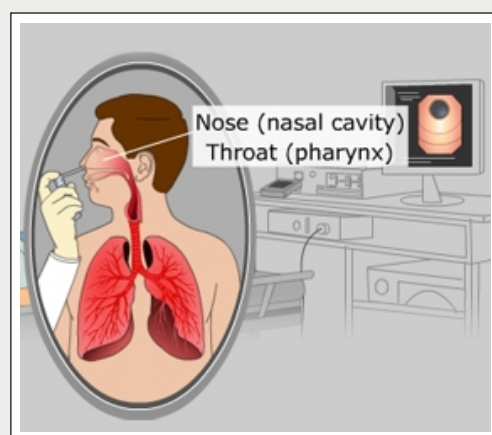
Next, the bronchoscope is passed down the trachea and into the left bronchi. The doctor looks at the inside of the airway as the scope moves downward. Then, the bronchoscope is pulled back into the trachea and passed down into the right bronchi.

After the doctor completes the exam, the bronchoscope is removed. The doctor continues to look at the airway as the bronchoscope is removed.

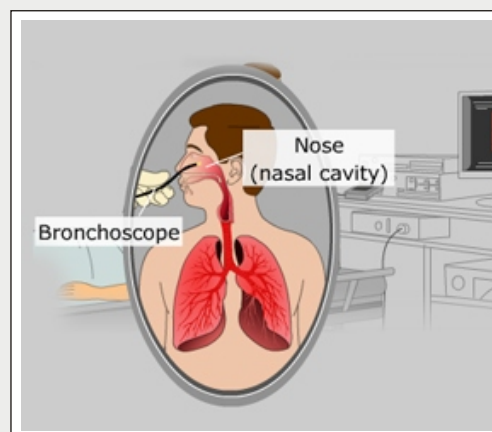
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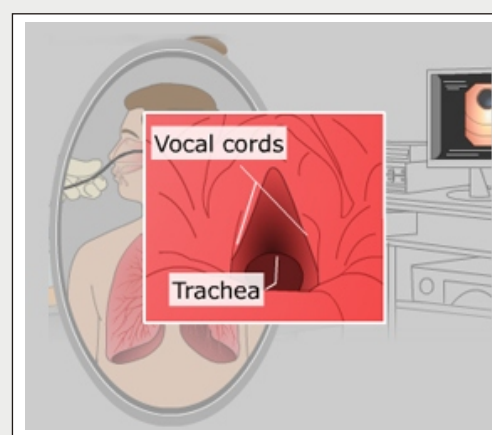
(Fig.11)



(Fig.12)



(Fig.13)



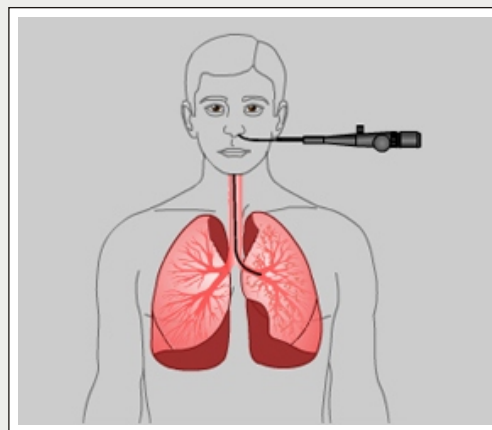
(Fig.14)

What are the Risks?

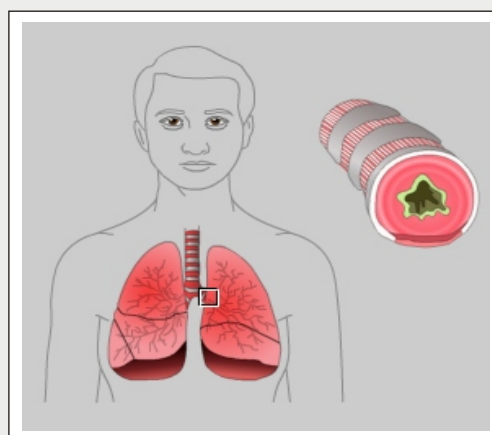
Bronchoscopy is generally a safe procedure. Possible risks of a Bronchoscopy include:

- Spasms of the bronchial tubes, which can impair breathing.
- Infections, such as pneumonia.
- Risk of lower heart rate when anesthesia is used
- Bleeding from biopsy sites if biopsy was performed

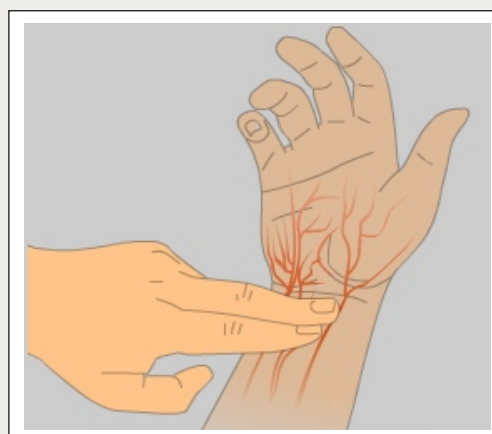
(Refer fig. 15 to 17)



(Fig.15)



(Fig.16)



(Fig.17)

Although every effort is made to educate you on **BRONCHOSCOPY** and take control, there will be specific information that will not be discussed. Talk to your doctor or health care provider about any concerns you have about **BRONCHOSCOPY**.

YOUR SURGERY DATE

READ YOUR BOOK AND MATERIAL

VIEW YOUR VIDEO /CD / DVD / WEBSITE

PRE - HABILITATION

ARRANGE FOR BLOOD

MEDICAL CHECK UP

ADVANCE MEDICAL DIRECTIVE

PRE - ADMISSION TESTING

FAMILY SUPPORT REVIEW

Physician's Name : _____

Patient's Name : _____

Physician's Signature: _____

Patient's Signature: _____

Date : _____

Date : _____