

Bronchoscopy: Procedure, uses, risks, and recovery

Rompikuntal*

Department of Health Psychology, The University of Auckland, Auckland, New Zealand

Abstract

A doctor inserts a skinny tube containing a light-weight and camera into the lungs through the nose or mouth during a bronchoscopy. He can use the findings to diagnose tumors, infections or diseases within the lungs. It is a comparatively quick and painless procedure, it requires little preparation, and other people tend to recover quickly. We describe what to expect before, after, and during a bronchoscopy in this article. A bronchoscopy may be done to diagnose and treat lung problems such as: Tumors or bronchial cancer. Airway blockage (obstruction) Narrowed areas in airways (strictures). The bronchoscope is advanced slowly down the back of your throat, through the vocal cords and into the airways. It may feel uncomfortable, but it shouldn't hurt. Your health care team will try to make you as comfortable as possible.

Keywords: Tumors, Bronchoscopy, Diagnose

Accepted on Nov 20, 2020

Introduction

Bronchoscopy is an endoscopic technique of visualizing the inside of the airways for diagnostic and therapeutic purposes. An instrument (bronchoscope) is inserted into the airways, usually through the nose or mouth, or occasionally through a tracheostomy.

Procedure

Most people are awake during a bronchoscopy. Before the procedure, a doctor sprays an area anesthetic into the nose and throat to numb the world. many of us also take a sedative to assist them relax.

Doctors only recommend a general anaesthetic in rare cases, once they are going to be employing a rigid bronchoscope.

Once the anesthetic takes effect, the doctor will usually insert a versatile bronchoscope tube through the nose and throat and into the bronchi. because the tube moves into the lungs, an individual may feel a pressing or tugging sensation.

A doctor may administer oxygen throughout the procedure may to assist breathing.

If a doctor must insert a stent or take a biopsy, they will pass brushes, needles, and other instruments through a channel within the bronchoscope. A stent may be a small tube that helps to stay blocked or narrow airways open.

The doctor sprays a saline through the airways, during a process which is called bronchial washing, or lavage, to gather cells and fluids. He will later examine them under a microscope. The bronchoscope's light and camera help the doctor to ascertain the airways clearly, even around bends.

During the bronchoscopy, a doctor may take an ultrasound, to urge a clearer picture of the lymph nodes and tissues in and round the bronchi.

Once they're finished checking the airways, the doctor will remove the bronchoscope. The procedure usually takes 20–30 minutes, although times can vary, counting on the amount of examinations and therefore the underlying issue.

Recovery

Although most patients tolerate bronchoscopy well, a quick period of observation is required after the procedure. The complications mostly occur early and are readily at the time of the procedure. Monitoring continues until the consequences of sedative drugs wear off and pharyngeal reflex has returned. If the patient has had a transbronchial biopsy, doctors may take a chest x-ray to rule out any air leakage within the lungs (pneumothorax) after the procedure. The patient is going to be hospitalized if there occurs any bleeding, air leakage (pneumothorax), or respiratory distress. Pneumothorax occurs in but 1% of lung biopsy cases.

Complications and risks

Besides the risks related to the drugs used, there also are specific risks of the procedure. Although a rigid bronchoscope can scratch or tear airways or damage the vocal cords, the danger of bronchoscopy is restricted. Complications from fiberoptic bronchoscopy remain extremely low. Common complications include excessive bleeding following biopsy.

A lung biopsy also may cause leakage of air, called pneumothorax. Pneumothorax occurs in but 1% of lung biopsy cases. Laryngospasm may be a rare complication but may sometimes require tracheal intubation. Patients with tumors or significant bleeding may experience increased difficulty breathing after a bronchoscopic procedure, sometimes thanks to swelling of the mucous membranes of the airways.

*Correspondence to:
Rompikuntal
Department of Health
Psychology
University of Auckland, Auckland, New Zealand
E-mail: kuntal.R@auckland.ac.nz