Bronchoscopy (Flexible Bronchoscopy and Bronchoalveolar Lavage)

A bronchoscopy (bron-KOS-koe-pee) is a test to look at the different parts of the airways in the lungs (Picture 1). For a flexible bronchoscopy, a small, flexible tube (called a bronchoscope) is used. The tube is smaller than the airway so the patient is able to breathe around it. The tube also contains a tiny channel that may be used to spray numbing medicine onto the surface of the airway or remove mucus from the airway. The channel is too small to remove objects that may have been inhaled.

Sometimes fluid samples are taken from the small airways during the test. A small amount of sterile saline (salt water) is put through the bronchoscope. The saline washes the airway and is then suctioned back through the tube. This is called a bronchoalveolar lavage (BAL).

How to Prepare for the Test

- At the time of the test, your child should be free of any illness or infection (unless the test is being done to diagnose an illness). Be sure to tell the doctor if your child has any allergies.
- Your child should have nothing to eat or drink for 6 hours before the test. He should not even have gum, mints or cough drops.
- Explain the procedure in a way your child will understand. Ask for help from a nurse or doctor when your child has special concerns.
- Your child will wear a hospital gown or pajamas.
- The doctor will ask you to sign a consent form. A nurse will witness your signature.
- An IV (intravenous) will be started before the test. Some medicine will be given into the IV to help your child relax. The medicine will make him sleepy and more comfortable during the test.
- Parents may wait in the cafeteria or child's room until the test is over.
How the Test Is Done

- The test is done in the Bronchoscopy Labor Intensive Care Unit (ICU). Some children need a breathing tube for a short time to get the best test results.
- This test is not painful but your child may feel a little discomfort.
- The doctor, nurse and technician will wear gloves, gowns and face shields. (Picture 2).
- Monitors will be attached to your child. They will measure his heart rate, breathing rate and the amount of oxygen he is getting during the test.
- A soft, flexible tube called a bronchoscope will be put into your child's nose. The bronchoscope has a light on the end. This helps the doctor see inside the airways.
- When the test is over, the monitors will be removed. The IV will stay in place until your child can drink liquids. (Your child may still need to wear an oxygen mask and a monitor may be kept on until the sedation medicine wears off and the child is completely awake.)
- The test takes about 2 hours to complete.

After the Test

- If your child has been given medicine to help him relax, he may go to sleep. After the test, he will stay in the procedure room until he is more awake. If he is a patient in the hospital, he will return to his room.
- After your child is fully awake, the nurse will check his gag reflex to be sure his throat is no longer numb and he can safely swallow liquids. As soon as he can drink liquids well, he may have regular foods.
- If an IV was started before the procedure, it will be taken out when your child can drink liquids (unless he needs it for other reasons).
- Your child's blood pressure, heart rate and breathing will be checked often.
- After the test your child may have a cough or a bloody discharge from the nose. He may also be drowsy or unsteady when standing or sitting up. This is normal.
- As soon as he is fully awake, your child may eat his usual foods and return to his regular activities.
- It may take up to 7 days for the test results to be completed. When the report is ready, your doctor will discuss with you the results and the plan for medical care.
Follow-Up Appointment

Call the Pulmonary Clinic at (614) 722-4766 for a follow-up appointment.

If you have any questions, please ask your doctor or nurse or call ________________.