NHS

Royal Papworth Hospital

NHS Foundation Trust

Treatment flexible bronchoscopy

A patient's guide and consent form

Compassion
Excellence
Collaboration

This information booklet has been prepared to help you and your relatives understand more about your planned procedure. It also gives you general information about what to expect from the time of your admission to your discharge home from Royal Papworth Hospital, and some practical advice on what to do when you get home.

Reasons for needing a flexible bronchocopy

A bronchoscopy is a procedure which can help to diagnose and to treat conditions of the airways and lungs. It can be performed as a day case procedure but if treatment is required during the procedure an overnight stay may be recommended.

There are a number of reasons why a patient may be offered a bronchoscopy. These may include coughing up blood, a persistent cough or an abnormal chest X-ray. Bronchoscopy is performed routinely in patients after lung transplantation, and is helpful in the diagnosis of difficult lung infections, inflammatory conditions and tumours in the lung.

Royal Papworth Hospital is also a referral centre for more complex bronchoscopic procedures, airway stenting and bronchoscopic cryosurgery and electrocautery, which are procedures to treat different kinds of problem within the airways in the lungs.

What is a flexible bronchoscopy?

A bronchoscopy is a way of looking inside your lungs, usually while you are sedated. It is a medical procedure in which a doctor passes a thin flexible telescope, called a bronchoscope, through your nose or mouth and down your windpipe into the lungs. Different kinds of treatment can then be provided during the bronchoscopy depending upon what the problem is within the air tubes in the lung. These include:

Stenting is the insertion of a flexible wire mesh tube, called a stent, into the airway to hold it open if it is being squashed by an obstruction from the outside, or due to an obstruction within the airway. A stent may also be used if the airway has become floppy.

Electrocautery / diathermy

Electrocautery or diathermy is the application of an electrically heated probe to the surface of the airway to burn away cells that may be causing an obstruction.

Cryotherapy

This is the application of a freezing probe to the surface of the airway to freeze and kill any cells that may be causing an obstruction. Cryotherapy can also be used to help clear obstructions to the airway in certain circumstances.

Cryo-extraction or cryo-debulking

The insertion of a freezing probe into a growth, or next to an inhaled foreign body such as a peanut. The freezing probe sticks to the growth or foreign body which enables the doctor to pull out the bronchoscope, probe and growth or foreign body all in one go.

Argon plasma coagulation

The application of a spray form of electrocautery to shrivel up growths or to prevent bleeding from an exposed area of the growth.

What are the potential risks of having a treatment bronchoscopy?

Mild complications

Some patients notice a sore throat or some fever and sweating about six to 12 hours after bronchoscopy. These symptoms last a few hours and will go away without any treatment. You may well also feel sleepy after the procedure.

More serious complications

Bleeding can follow certain treatment bronchoscopies. This bleeding is not usually severe, and if it occurs it can be treated with electrocautery or argon plasma coagulation. Cases of bleeding that require blood transfusion or cause any serious complication are rare.

Some patients with blockage to the airways can develop an infection when it is relieved. If the doctor thinks that this may be a risk in your case you will be given antibiotics at the time of the procedure and to take home.

Very serious complications

The risk of death from treatment bronchoscopy is very low (1 in 5,000).

As with any medical procedure there may be risks involved, which will depend upon the type of procedure being undertaken and your consultant will talk to you about the risks outlined above and how these relate to your own medical condition and health.

What are the benefits?

Your chest physician has recommended a bronchoscopy because it is felt that the benefit to you of having this test outweighs any risk. The benefit to you will be in obtaining a diagnosis of your chest problem and giving you the right treatment. The decision to offer you a bronchoscopy is taken carefully and with your best interests in mind. The most common reasons for a treatment bronchoscopy are:

1. To unblock an air tube within the lung. A blocked air tube most commonly occurs due to an obstruction in or alongside the airway. The treatment bronchoscopy will be intended to unblock the airway using one or all of the methods described above.

2. To treat coughing up blood.

3. To monitor for rejection or infection soon after lung transplantation.

4. To insert a stent when there is narrowing of the airway due to compression from the outside.

5. To cover a hole in the airway called a tracheo-oesophageal fistula.
   A tracheo-oesophageal fistula is a connection between the food pipe (the oesophagus) and the windpipe (the trachea). When this occurs food or drink that has been swallowed can enter the lungs via the fistula, causing coughing and repeated chest infections. The fistula can sometimes be covered by inserting a stent into the trachea.

Please affix patient label or complete details below.

Full name:

Hospital number:

NHS number:

DOB:

PIC 108: patient agreement to PI 108 - Treatment flexible bronchoscopy

Intended procedure/surgery

Statement of healthcare professional

(To be filled in by healthcare professional with appropriate knowledge of proposed procedure, as specified in consent policy).

I have explained the procedure to the patient. In particular I have explained:

The intended benefits: This procedure allows inspection and sampling of the lungs to make appropriate changes in treatment thereafter.

Significant, unavoidable or frequently occurring risks:

- Infection
- Bleeding
- Pneumothotrax
- Death

☐ Additional risks specific to you or your procedure - please specify below:

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Any extra procedures, which may become necessary during the procedure:

☐ Blood transfusion

☐ When required, between 6-10 biopsies are taken from the lung under X-ray control to look for evidence of rejection

☐ Other procedure - please specify below:

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I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

This procedure will involve local anaesthesia and sedation unless othewise advised.

Healthcare professional

Signed: .....

Date: .....

Name (PRINT): .....

Job title: .....

Contact details

.....

.....

Has a ReSPECT form been considered and, if relevant, appended to this form?

☐ Yes ☐ No

Statement of patient

Please read the patient information and this form carefully. If the treatment has been planned in advance, you should already have your own copy of which describes the benefits and risks of the proposed treatment. If not, you will be offered a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

Yes	No	
☐	☐	**I agree** to the procedure or course of treatment described on this form and have read this information leaflet on insert title (PI 108) and had the opportunity to ask questions.
☐	☐	**I agree** to the use of photography for the purpose of diagnosis and treatment and I agree to photographs being used for medical teaching and education.

- **I understand** what the procedure is and I know why it is being done, including the risks and benefits.

Please affix patient label or complete details below.

Full name:

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- **I understand** that any tissue removed as part of the procedure or treatment may be used for diagnosis, stored or disposed of as appropriate and in a manner regulated by appropriate, ethical, legal and professional standards.
- **I understand** that any procedure in addition to those described on this form will be carried out only if necessary to save my life or to prevent serious harm to my health.
- I have listed below any procedures **which I do not wish to be carried out** without further discussion:

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I have been told in the past by Public Health that I am at increased risk of CJD (Creutzfeldt Jakob disease) or vCJD (variant Creutzfeldt Jacob disease).

☐ Yes ☐ No

(Where patient indicates 'yes' health professional to refer to Trust CJD procedure DN092)

Statement of interpreter (where appropriate)

If an interpreter was present to support this consent, please state the name and number of the interpreter present:

Date: ……

Interpreter's number:……

Name (PRINT): ……

Interpreter PIN:……

If a telephone / video service has been used, please document the name of the interpreter and company below

.....

.....

Patient

Patient signature: ……

Date: ……

Name (PRINT): ……

Confirmation of consent

(To be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Signed: ……

Date: ……

Name (PRINT): ……

Job title: ……

Important notes (tick if applicable).

☐ Patient has advance decision to refuse treatment

☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ……

Date: ……

Name (PRINT): ……

Please use and attach Consent form C for a young person who is not Gillick competent.

Your admission to hospital

If you are having a treatment flexible bronchoscopy you may require a stay in hospital overnight, or the procedure may be done as a day case. Your doctor will explain which will apply in your case. If you are having a treatment bronchoscopy as an emergency, or a series of tests, you may be admitted overnight or over a number of days as an inpatient to allow these to be scheduled.

Please follow the directions in the letter that you are sent, or in the phone call that you receive on where to report on arrival at the hospital.

Preparation for your procedure

Your letter or phone call will advise you not to have any food in the six hours before your appointment time and no fluids in the two hours prior to your surgery.

Please bring any medication that you take with you and please do not wear any jewellery, make-up or nail varnish as this will affect monitoring equipment that we use.

Please let us know if you are taking any medications to thin your blood. These may include (but not limited to); aspirin, clopidogrel, prasugrel, warfarin, heparin injections, apixaban, rivaroxaban, edoxaban or dabigatran. Please also tell us whether you have any allergies or if you may be pregnant.

What happens during the procedure?

After you have given informed consent to the procedure, you will be taken to the procedure room. The clinical staff will carry out routine checks to make sure that they are planning to do the correct procedure on the right person and that anything which may affect the procedure, for example, if you are taking warfarin to thin the blood, has been taken account of.

Once everything is prepared, you will be given a sedative injection to make you calm and relaxed, and a local anaesthetic spray to the nose, throat and windpipe. When you are comfortable the bronchoscope is then passed either through the nose or mouth into the air tubes in the lungs.

Most treatment bronchoscopies last between 10 and 40 minutes depending upon the exact procedure.

By signing the consent form you are consenting to receive sedation as part of the procedure.

What to expect afterwards

- After the procedure you will go to our recovery area while sedation wears off. When your are more alert, you will be taken back to the ward.
- It is likely that you will still be feeling the effects of the sedation at this stage and need help to get into your bed and to get comfortable.
- The nurse will assess you following the procedure by measuring your vital signs and will also monitor any requirement for oxygen that you may have by attaching a clip to your finger called an oxygen saturation monitor. It's common to be given oxygen whilst the effects of sedation are wearing off.
- It is probable that you will feel drowsy for about an hour; although people vary widely in this.
- It is likely that if you cough up any phlegm it will be bloodstained. This is because there is always a little bleeding when specimens are taken. The bronchoscopist will have made sure, however, that any bleeding has stopped before the end of the procedure, so any blood that you cough up will have already been spilt and will not mean that you are bleeding internally.
- About an hour after the end of the procedure, you will be given something to drink. By this time any numbness in your throat from the local anaesthetic should have fully worn off and you should be able to swallow normally. After two hours if

you can drink comfortably then you will be offered something to eat and allowed home unless otherwise specified.

The results of your bronchoscopy will not be immediately available. It may take several days for the specimens to be analysed. You will be given an appointment in clinic to discuss the results with the medical team.

Care on discharge home from hospital following treatment bronchoscopy

It is normal to bring up streaks of blood in your phlegm following a bronchoscopy. As the biopsy site heals this should stop. If it persists please seek advice from your GP.

Here is some information you may find useful

You can eat and drink normally following your discharge.

Because the sedative can affect your judgement and behaviour slightly, even if you are feeling fine in yourself you should not drive, operate any dangerous machinery or enter into any legally binding agreements for 24 hours after your bronchoscopy. We also advise caution when using social media for the same reason

Other activities we advise you not to undertake within 24 hours are the following:

- Shopping
- Heavy lifting
- Gardening
- Sexual intercourse
- Drinking alcohol

You should not attempt to return to work on the day of your bronchoscopy. If you live alone, you will need someone to stay with you, or for you to stay with them until the following morning. You should be back to your usual self within 24 hours.

Contact information

If you have any questions or problems after returning home please call the day ward on 01223 638150. This ward is staffed Monday to Friday from 07:00 until 20:00. Outside these hours please ring the main hospital switchboard on 01223 638000 and ask to speak to the on call doctor for thoracic medicine.

If you experience symptoms of any chest pain and/or suffer shortness of breath contact your GP as soon as possible or go straight to the nearest accident and emergency department.

Dial 999 if you have no one to take you. Explain that you have been a patient at Royal Papworth Hospital and have undergone a bronchoscopy.

If you experience mild discomfort, painkillers such as paracetamol can be taken if needed. If you are worried about any of the above please contact your GP and pass on to him the letter we gave you on your discharge from day ward.

Further information

For further information about bronchoscopy please see:

- **patient.co.uk** and enter ‘bronchoscopy’

Royal Papworth Hospital NHS Foundation Trust

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Alternative versions of this leaflet

Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.

Royal Papworth Hospital

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Author ID:	Consultant
Department:	Thoracic oncology
Re-printed:	July 2026
Review date:	July 2028
Version:	7
Leaflet number:	PI 108

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