Diagnosing Chest and Lung Problems: Endoscopic Procedures

You've been told you need an endoscopic procedure to diagnose a problem in your chest or lung. This procedure allows your doctor to view the airway of your lungs and take a tissue sample (biopsy) if needed.

**Bronchoscopy**

A bronchoscopy allows the doctor to look directly into breathing passages. This is done using a bronchoscope (a thin, flexible, hollow, lighted tube that lets the doctor see inside the lung). Biopsy instruments are passed down the middle of the scope. The sample is taken and tested for cancer and other problems.

**Transbronchial Biopsy**

Transbronchial biopsy (TBB) is a procedure used mainly to biopsy tissue near the airway. This is done using a bronchoscope and tiny forceps. The forceps are passed through the scope into the airway, and a sample is taken.

**Endobronchial Ultrasound**

Endobronchial ultrasound (EBUS) is a type of bronchoscopy. With EBUS, the lungs and mediastinum (space between the lungs) are looked at using a flexible bronchoscope and ultrasound (images created using sound waves). Ultrasound guides the doctor and allows him or her to see through the airway walls.

**Preparing for the Procedure**

Before your procedure, do the following:

- Follow your doctor’s instructions about eating and drinking.
- Tell your doctor about the medications you take. You may need to stop taking certain medications before the procedure, especially aspirin, Coumadin, or other blood thinners.
- Discuss any allergies and health problems with your doctor.
- Tell your doctor if you are pregnant.

**During the Procedure**

You receive sedation (medication to help you relax) through an intravenous (IV) line. You may also receive local anesthesia (numbing medication) with a needle. Then a special spray is used to numb your throat and nose or mouth. This is to help keep you comfortable and prevent coughing during the procedure.

**After the Procedure**

You are sent to the recovery room until the sedation wears off. This takes about 1-2 hours. Once you are fully awake, you can be sent home. Plan for an adult family member or friend to drive you home from the facility. Your throat will be sore for a day or two. At first, there may be a small amount of blood in your sputum. This is normal. But this should go away after the second day.

**Risks and Complications**

- Bleeding
- Infection
- Injury to vocal cords
- Pneumothorax (collapsed lung)

**When to Call the Doctor**

- Large amounts of blood in sputum
- Blood in sputum after two days
- Shortness of breath
- Chest pain
- Fever of 100.4°F or higher
- Hoarseness that won’t go away