

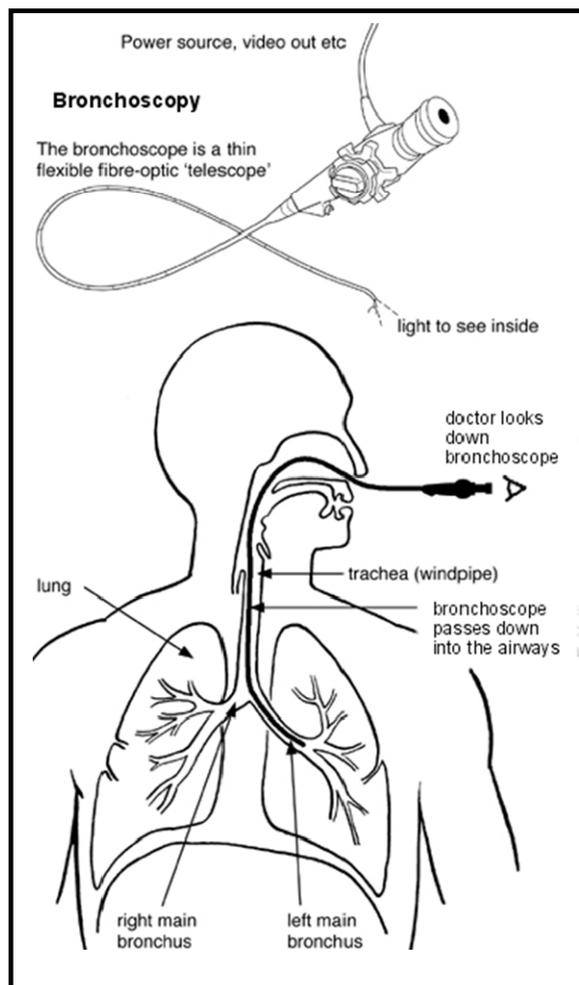
BRONCHOSCOPY

What is a Bronchoscopy?

Bronchoscopy is when we look into your child's breathing tubes or airways, with a small, flexible telescope. The picture opposite shows what happens. It can help us to explain and treat a number of different chest problems. The reason why your child has been recommended to have a bronchoscopy will have been explained to you by your child's doctor. Usually it is done to help explain the cause of your child's breathing problems, or to guide treatment.

To have a bronchoscopy, your child will first be given a general anaesthetic (made unconscious).

The bronchoscope is then passed through the voice box and into the trachea (wind pipe) (as you can see in the picture). The airways are carefully checked and (if needed) we can also collect mucus (phlegm) from deep within the breathing tubes. The mucus can be tested in the laboratory for signs of infection, bleeding or aspiration. A video recording and photographs of the procedure are taken. This is kept to have a record of the procedure and for other doctors to review at a later time. The video is also sometimes also used to help teach doctors in training. We usually make a spare copy of the photographs for you to keep if you would like.



What are the side effects and risks of bronchoscopy?

Children cope very well with bronchoscopy. Side effects are uncommon, and usually short lived. They include a hoarse voice, sore throat, increased cough, transient fever (in about 1 child in 30). Rarely, a child might have slight blood staining of secretions after the lavage.

High Resolution CT Scan

This is a special type of X-ray test which shows a lot more detail than an ordinary chest X-ray does. To do this, your child will have to lie completely still, and be able to hold their breath for 20-30 seconds. Many children cannot do this well, so in order to get the best scan pictures we can, we do the test under a general anaesthetic. Occasionally, a special dye (called "contrast") needs to be injected to help certain areas of the chest show up even better. If this is thought necessary for your child, it will be discussed with you at the time of giving consent. CT scanning children is done everyday at Starship, and is a safe procedure, with no distress or pain. Very rarely a child can have an allergic reaction to the contrast (in approximately 1 child in 400,000 – less than one child every 50 years).

Can I find out more about my child having a bronchoscopy?

The Respiratory Department has produced a video called "In Hayden's Shoes" which shows what happens when your child attends for a bronchoscopy. When the appointment is sent to you, you should also receive a copy of this DVD.

After the procedure

The doctor will see you and your child, and discuss the results of the bronchoscopy and the CT (if one was performed). Laboratory results for the phlegm or mucus and a radiologist (x-ray doctor) report of the scan may take 1-2 weeks to be completed. The Consultant will dictate letters for your GP, your local paediatrician, and yourself, detailing the findings on the bronchoscopy, and any changes to treatment, or further tests required as a result of these findings.

When can we go home?

If your child was admitted to the Day Stay Ward, they will usually go home about 3-4 hours after the procedure, once they have recovered from the anaesthetic.

If your child was admitted to Ward 26B, or another ward, it may be the doctors will want your child to stay overnight for further observation or assessment. This is usually the case in very young children, children who have had to come to Auckland from far away, or who have significant lung problems.

This sheet is to provide information on flexible bronchoscopy, and is not intended to replace discussion of bronchoscopy with your child's Respiratory Physician. Please feel free to ask the team about anything in relation to your child's bronchoscopy.