Queensland Government

# Bronchoscopy- Examination of the Tubes in the Lungs

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

## A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No

If *Yes*, is a qualified Interpreter present? ☐ Yes ☐ No

A Cultural Support Person is required? ☐ Yes ☐ No

If *Yes*, is a Cultural Support Person present? ☐ Yes ☐ No

## B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

.....

This condition requires the following procedure *(Doctor to document - include site and/or side where relevant to the procedure)*

.....

.....

The following will be performed:

The doctor uses a soft, thin, bendable tube (bronchoscope) to look at the voice box and air tubes in the lung. This is to find the cause of lung problems you may have. Small samples of tissue and cells may be removed and sent for tests.

☐ **Endo-bronchial biopsy**: A small sample is taken from the inside lining of the air tubes.

☐ **Bronchial brushings**: The doctor passes a small brush over the inside lining of the air tubes.

☐ **Bronchial washings**: A small amount of fluid is put into the air tubes and sucked back through the bronchoscope into a specimen jar.

Doctor to tick which other samples may be taken:

☐ **Trans-bronchial lung biopsy**:

A sample of lung tissue is taken from the outer parts of the lung.

☐ **Trans-bronchial needle aspiration**:

A needle is passed through the wall of the air tube to take samples from outside the wall.

☐ **Broncho-alveolar lavage**:

Fluid (about 1 cupful) is put into a single small air tube in the lung then sucked back up into a specimen jar. This collects cells from the air sacs of the lung.

## C. Risks of a bronchoscopy- examination of the tubes in the lungs

There are risks and complications with this procedure. They include but are not limited to the following.

Specific risks:

- Death is extremely rare - about 1 in 2,500 patients
- Low oxygen levels (Hypoxemia): During the test your oxygen levels are measured and you may be given oxygen.
- Collapsed lung (Pneumothorax): A small hole in the surface of the lung can happen after a trans-bronchial lung biopsy for up to 1 in 20 people. Air then leaks from the lung, causing the lung to collapse. The lung may come back up itself, but for 1 in 2 people who get a collapsed lung, a tube has to be put through the skin, into the chest. This removes the air from around the lung and may need a longer hospital stay. Rarely this can happen up to 24 hours after trans-bronchial biopsy or bronchial brushings.
- Heart problems: Bronchoscopy may put a brief minor strain on the heart. This can cause abnormal beating of the heart. It rarely causes fluid to collect in the lungs, a heart attack, or the heart may stop beating.
- Bleeding: This can happen after biopsies. Normally it is only minor and settles quickly. If the bronchoscope is passed through the nose then bleeding from the nose may occur. Severe bleeding is rare and is more common in trans-bronchial biopsies. Bleeding is more common if you have been taking Warfarin, aspirin or drugs for arthritis or back pain. Ask your doctor if and when you should stop taking such drugs .
- Reactions to sedation or local anaesthetic: can include vomiting and rare allergic reactions.
- Narrowing of vocal cords (Laryngospasm):This is usually short lived and rarely a problem.
- Asthma like reactions: The air tubes can be narrowed due to irritation by the procedure. This is usually treated with asthma drugs.
- Fever: This may happen after broncho-alveolar lavage and is treated with paracetamol (Panadol). Rarely, you may get an infection.

## D. Significant risks and procedure options

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

.....

.....

## E. Risks of not having this procedure

*(Doctor to document in space provided. Continue in Medical Record if necessary.)*

.....

.....

## F. Anaesthetic

This procedure may require an anaesthetic. *(Doctor to document type of anaesthetic discussed)*

.....

DO NOT WRITE IN THIS BINDING MARGIN

PROCEDURAL CONSENT FORM

v4.00 - 03/2011
SW9437



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## G. Patient consent

I acknowledge that the doctor has explained;

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- the anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- other relevant procedure/treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor or my Acute Resuscitation Plan.
- a doctor other than the Consultant may conduct the procedure. I understand this could be a doctor undergoing further training.

**I have been given the following Patient Information Sheet/s:**

☐ **About Your Anaesthetic**

☐ **Bronchoscopy- Examination of the Tubes in the Lungs**

- I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.

On the basis of the above statements,

### I request to have the procedure

Name of Patient: .....

Signature: .....

Date: .....

### Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

☐ Yes ► Location of the original or certified copy of the AHD: .....

☐ No ► Name of Substitute Decision Maker/s: .....

Signature: .....

Relationship to patient: .....

Date: ..... PH No: .....

Source of decision making authority (tick one):

- ☐ Tribunal-appointed Guardian
- ☐ Attorney/s for health matters under Enduring Power of Attorney or AHD
- ☐ Statutory Health Attorney
- ☐ If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

## H. Doctor/delegate statement

I have explained to the patient all the above points under the Patient Consent section (G) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: .....

Designation: .....

Signature: .....

Date: .....

## I. Interpreter's statement

I have given a sight translation in

.....

*(state the patient's language here)* of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: .....

Signature: .....

Date: .....

DO NOT WRITE IN THIS BINDING MARGIN

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# Consent Information - Patient Copy
# Bronchoscopy- Examination of the Tubes in the Lungs

## 1. What is a bronchoscopy- examination of the tubes in the lungs?

The doctor uses a soft, thin, bendable tube (bronchoscope) to look at the voice box and air tubes in the lung. This is to find the cause of lung problems you may have. Small samples of tissue and cells may be removed and sent for tests.

The doctor uses a soft, thin, bendable tube (bronchoscope) to look at the voice box and air tubes in the lung.

Some of the following samples are frequently taken and sent for testing in the laboratory. It can take a few days for the results to come back.

## 2. How is the bronchoscopy done?

Your nose and throat may be sprayed with local anaesthetic to make them numb. A sedative drug may be injected into your vein to relax you. Sometimes you will not remember having the bronchoscopy because of the sedative.

The bronchoscope will be passed through the mouth or nose down through the voice box into the air tubes in the lungs. More local anaesthetic is used to numb the air tubes. The bronchoscope does not stop your normal breathing.

You may cough but this normally stops once the local anaesthetic takes effect. The procedure usually takes between 10 and 30 minutes.

You must not eat or drink anything for at least six hours before the procedure. You should discuss the taking of your usual medications with your doctor. Remember to bring your X-rays or CT scans with you as your doctor may need these.

## 3. How are samples taken?

If samples are taken, they are sent to Pathology for tests. It may take a few days before we get a result. These are some of the samples that can be taken:

Endo-bronchial biopsy: A small sample is taken from the inside lining of the air tubes.

Bronchial brushings: The doctor passes a small brush on the inside lining of the air tubes.

Bronchial washings: A small amount of fluid is put into the air tubes and sucked back through the bronchoscope into a specimen jar.

Broncho-alveolar lavage: Fluid (about 1 cupful) is put into a single small air tube and sucked back up into a specimen jar. This collects cells from the air sacs of the lung.

Trans-bronchial needle aspiration: A needle is passed through the wall of the air tube to take samples from outside the wall.

Trans-bronchial lung biopsy: A sample of lung tissue is taken from the outer parts of the lung.

## 4. My anaesthetic

This procedure will require an anaesthetic.

See **About Your Anaesthetic information sheet** for information about the anaesthetic and the risks involved. If you have any concerns, discuss these with your doctor.

*If you have not been given an information sheet, please ask for one.*

## 5. What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Specific risks:

- Death is extremely rare - about 1 in 2,500 patients
- Low oxygen levels (Hypoxemia): During the test your oxygen levels are measured and you may be given oxygen.
- Collapsed lung (Pneumothorax): A small hole in the surface of the lung can happen after a trans-bronchial lung biopsy for up to 1 in 20 people. Air then leaks from the lung, causing the lung to collapse. The lung may come back up itself, but for 1 in 2 people who get a collapsed lung, a tube has to be put through the skin, into the chest. This removes the air from around the lung and may need a longer hospital stay. Rarely this can happen up to 24 hours after trans-bronchial biopsy or bronchial brushings.
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- Narrowing of vocal cords (Laryngospasm): This is usually short lived and rarely a problem.
- Asthma like reactions: The air tubes can be narrowed due to irritation by the procedure. This is usually treated with asthma drugs.
- Fever: This may happen after broncho-alveolar lavage and is treated with paracetamol (Panadol). Rarely, you may get an infection.

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## 6. What happens after the procedure?

You will need to recover from the procedure in the hospital for 2-4 hours, and may have a chest x-ray to make sure your lung has not collapsed if you have had a trans-bronchial lung biopsy or bronchial brushings. If you have been given drugs for sedation or a general anaesthetic, for your safety you.

- Should be taken home by a responsible adult.
- Must not drive a car or motorcycle (this is against the law), operate machinery until the following day or for as long as your doctor or anaesthetist advises.
- Must not drink alcohol for 24 hours after the procedure.
- Should not make any important decisions or sign any contracts within 24 hours of the test (the drugs used can affect your judgement).

If you are elderly or frail, you may need a responsible adult to care for you that day/night. Ask your doctor if this applies to you.

In the 12 hours following the test, you may:

- cough up small amounts of blood.
- have a fever.
- feel sick.
- have a sore throat and hoarse voice.

## 7. Contact your doctor or hospital if you have:

- Fever that does not go away.
- Vomiting.
- More than a tablespoon of blood when you cough.

## 8. Contact your doctor or hospital immediately if you have:

- Shortness of breath.
- Chest pain.
- Coughed up more than a quarter of a cupful of blood.
- Passed out, or fainted.

**Notes to talk to my doctor about:**

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