About Your Rigid Bronchoscopy

This information will help you get ready for your rigid bronchoscopy procedure at Memorial Sloan Kettering (MSK).

A bronchoscopy is a procedure that lets your doctor to look inside your lung airways using a bronchoscope (a tube with a camera). The bronchoscope is placed in your mouth or nose and moved down your throat and trachea (windpipe), into your airways.

During your rigid bronchoscopy, your doctor can:

- Control any bleeding you have.
- Reduce the size of a tumor.
- Place a stent (a hollow tube that keeps your airway open). If you need a stent, read the resource *Tracheal or Bronchial Stent Placement* ([www.mskcc.org/pe/tracheal_bronchial_stent](http://www.mskcc.org/pe/tracheal_bronchial_stent)).
- Remove things that shouldn’t be in your lungs such as food or pills.
- Take biopsies (tissue samples), if needed.

Make sure to tell your doctor before your procedure if you have any of the following:

- Head or neck problems, such as stiffness or dental issues
- Surgery or radiation on your head or neck
- Rheumatoid arthritis (a disorder that causes swollen and painful joints)
Before Your Procedure

Getting Ready for Your Procedure

You and your healthcare team will work together to get ready for your procedure.

Help us keep you safe during your procedure by telling us if any of the following statements apply to you, even if you aren’t sure.

- I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), enoxaparin (Lovenox®), dabigatran (Pradaxa®), apixaban (Eliquis®), and rivaroxaban (Xarelto®). There are others, so be sure your healthcare provider knows all the medications you’re taking.
- I take prescription medications (medications prescribed by a healthcare provider), including patches and creams.
- I take over-the-counter medications (medications I buy without a prescription), including patches and creams.
- I take dietary supplements, such as herbs, vitamins, minerals, or natural or home remedies.
- I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.
- I have sleep apnea.
- I have had a problem with anesthesia (medication to make you sleep during procedure) in the past.
- I am allergic to certain medication(s) or materials, including latex.
- I am not willing to receive a blood transfusion.
- I drink alcohol.
- I smoke.
- I use recreational drugs.
About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your procedure. It’s important to talk with your healthcare providers about how much alcohol you drink. This will help us plan your care.

- If you stop drinking alcohol suddenly, it can cause seizures, delirium, and death. If we know you’re at risk for these complications, we can prescribe medications to help keep them from happening.
- If you drink alcohol regularly, you may be at risk for other complications during and after your procedure. These include bleeding, infections, heart problems, and a longer hospital stay.

Here are things you can do before your procedure to keep from having problems:

- Be honest with your healthcare providers about how much alcohol you drink.
- Try to stop drinking alcohol once your procedure is planned. If you develop a headache, nausea (feeling like you’re going to throw up), increased anxiety, or can’t sleep after you stop drinking, tell your healthcare provider right away. These are early signs of alcohol withdrawal and can be treated.
- Tell your healthcare provider if you can’t stop drinking.
- Ask your healthcare provider questions about drinking and procedure. As always, all of your medical information will be kept confidential.

About Smoking

If you smoke, you can have breathing problems when you have procedure. Stopping even for a few days before procedure can help. If you smoke, your nurse will refer you to our Tobacco Treatment Program. You can also reach the program by calling 212-610-0507.

About Sleep Apnea

Sleep apnea is a common breathing disorder that causes you to stop breathing for short periods of time while sleeping. The most common type is obstructive sleep apnea (OSA). With OSA, your airway becomes completely blocked during sleep. OSA can cause serious problems during and after procedure.
Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (such as a CPAP machine) for sleep apnea, bring it with you the day of your procedure.

**Presurgical testing**

*If you are having your bronchoscopy in the operating room on the 6th floor, you will need to have a Presurgical Testing (PST) appointment within 30 days of your procedure.*

During your appointment, you will meet with a nurse practitioner (NP) who works closely with anesthesiology staff (doctors and specialized nurses who will give you anesthesia during your procedure). Your NP will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests needed to plan your care. Your NP may also recommend that you see other healthcare providers.

Your NP will talk with you about which medications you should take the morning of your procedure.

It’s very helpful to bring the following things to your PST appointment:

- A list of all the medications you’re taking, including prescription and over-the-counter medications, patches, and creams.
- Results of any tests done outside of MSK, such as a cardiac stress test, echocardiogram, or carotid doppler study.
- The name(s) and telephone number(s) of your doctor(s).

**Ask about your medications**

You may need to stop taking some of your medications before your procedure. Talk with your doctor about which medications are safe for you to stop taking. We have included some common examples below.

**Anticoagulants (blood thinners)**

If you take a blood thinner (medication that affects the way your blood clots), ask the doctor performing your procedure what to do. Their contact information is listed at the end of this resource. Whether they recommend you stop taking
the medication depends on the reason you’re taking it.

**Do not stop taking your blood thinner medication without talking with your doctor.**

<table>
<thead>
<tr>
<th>Examples of Blood Thinners</th>
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<tbody>
<tr>
<td>apixaban (Eliquis®)</td>
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<tr>
<td>dalteparin (Fragmin®)</td>
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<tr>
<td>meloxicam (Mobic®)</td>
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<tr>
<td>ticagrelor (Brilinta®)</td>
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<tr>
<td>aspirin</td>
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<tr>
<td>dipyridamole (Persantine®)</td>
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<tr>
<td>nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil®) or naproxen (Aleve®)</td>
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<tr>
<td>tinzaparin (Innohep®)</td>
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<tr>
<td>celecoxib (Celebrex®)</td>
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<tr>
<td>edoxaban (Savaysa®)</td>
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<tr>
<td>pentoxifylline (Trental®)</td>
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<tr>
<td>warfarin (Coumadin®)</td>
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<td>cilostazol (Pletal®)</td>
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<td>enoxaparin (Lovenox®)</td>
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<td>prasugrel (Effient®)</td>
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<td>clopidogrel (Plavix®)</td>
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<td>Fondaparinux (Arixtra®)</td>
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<td>rivaroxaban (Xarelto®)</td>
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<tr>
<td>dabigatran (Pradaxa®)</td>
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<tr>
<td>heparin (shot under your skin)</td>
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<tr>
<td>sulfasalazine (Azulfidine®, Sulfazine®)</td>
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If you take nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Advil®) or naproxen (Aleve®), you may need to stop taking them 2 days before your procedure.

Read the resource *Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)* ([www.mskcc.org/pe/common_meds](http://www.mskcc.org/pe/common_meds)). It has important information about medications you’ll need to avoid before your procedure and what medications you can take instead.

**Medications for diabetes**

If you take insulin or other medications for diabetes, ask the doctor who prescribes the medication what you should do the morning of your procedure. You may need to change the dose before your procedure.
Diuretics (water pills)
If you take any diuretics (medications that make you urinate more often), ask the doctor performing your procedure what to do. You may need to stop taking them the day of your procedure. Diuretics are sometimes called water pills. Some examples are furosemide (Lasix®) and hydrochlorothiazide.

Arrange for someone to take you home
You must have a responsible care partner take you home after your procedure. Make sure to plan this before the day of your procedure.

If you don’t have someone to take you home, call one of the agencies below. They will send someone to go home with you. There’s usually a charge for this service, and you will need to provide transportation.

Agencies in New York
Partners in Care: 888-735-8913
Caring People: 877-227-4649

Agencies in New Jersey
Caring People: 877-227-4649

The Day Before Your Procedure
Note the time of your procedure
A staff member from the Admitting Office will call you after 2:00 PM the day before your procedure. If you’re scheduled for a procedure on a Monday, you will be called on the Friday before.

The staff member will tell you what time you should arrive at the hospital for your procedure. They will also tell you where to go on the day of your procedure. If you don’t receive a call by 7:00 PM, please call 212-639-5014.

If you need to cancel your procedure for any reason, please call the doctor who scheduled it for you.
Instructions for eating and drinking before your procedure

- Do not eat anything after midnight the night before your procedure. This includes hard candy and gum.
- Between midnight and up until 2 hours before your scheduled arrival time, you may drink a total of 12 ounces of water (see figure).
- Starting 2 hours before your scheduled arrival time, do not eat or drink anything. This includes water.

The Day of Your Procedure

Things to remember

- Take the medications you were instructed to take the morning of your procedure with a few sips of water.
- Wear something comfortable and loose-fitting.
- If you wear contact lenses, wear your glasses instead. Wearing contact lenses during a procedure can damage your eyes.
- Don’t put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne.
- Remove any jewelry, including body piercings.
- Leave valuable items (such as credit cards, jewelry, and your checkbook) at home.
- Before you’re taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles.
**What to bring with you**

- A list of the medications you take at home, including patches and creams.
- Your rescue inhaler (such as albuterol for asthma), if you have one, or any other medications for breathing.
- Your cell phone and charger.
- Only the money you may want for small purchases (such as a newspaper).
- A case for your personal items (such as eyeglasses, hearing aid(s), dentures, prosthetic device(s), wig, and religious articles), if you have one.
- Your Health Care Proxy form and other advance directives if you have completed them.

**Where to park**

MSK’s parking garage is located on East 66th Street between York and First Avenues. If you have questions about prices, call 212-639-2338.

To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a pedestrian tunnel that you can walk through that connects the garage to the hospital.

There are also other garages located on East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

**Where to go**

Go to the Presurgical Center at 1275 York Avenue (between East 67th and East 68th Streets). This is the main building of MSK. Take the B elevator to the 6th floor.
Once you’re in the hospital

You will be asked to say and spell your name and birth date many times. This is for your safety. People with the same or a similar name may be having surgery on the same day.

You’ll be asked to change into a hospital gown, and remove dentures, prosthesis, and eyeglasses, if you have any.

Meet with your anesthesiologist

Your anesthesiologist will:

- Review your medical history with you.
- Ask you if you’ve had any problems with anesthesia in the past, including nausea or pain.
- Talk with you about your comfort and safety during your procedure.
- Talk with you about the kind of anesthesia you will have.
- Answer your questions about your anesthesia.

Your doctor will review the procedure with you, and your anesthesiologist will talk with you about your health history and place an intravenous (IV) catheter into a vein, usually in your hand or arm. Your nurse will check your heart rate, blood pressure, breathing, and temperature. Your healthcare team is available to answer any questions you have.

When it’s time for your procedure, you will be brought into the operating room and helped onto an exam table. You will be attached to equipment to monitor your heart rate, breathing, and blood pressure. You will also get oxygen through your nose.

You will receive anesthesia (medication to make you sleep) through your IV. Once you’re asleep, your doctor will insert the bronchoscope into your mouth. They will gently move it down the back of your throat and through the large and small airways leading into your lungs (see Figure 2).

Your doctor may use a laser, electrocautery (electricity), or cryotherapy to heat, burn, or freeze the tumor or areas of bleeding inside your airways. They may use fluoroscopy (live x-ray) during your procedure to guide them. Your doctor may
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The rigid bronchoscopy usually takes about 60 to 90 minutes.

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**After Your Procedure**

**In the Post-Anesthesia Care Unit (PACU)**

When you wake up after your procedure, you will be in the Post-Anesthesia Care Unit (PACU).

A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You may feel numbness in your throat. This is from medication used to make you more comfortable and reduce coughing, and it will go away shortly after you wake up. You may have a chest x-ray to make sure your lung was not punctured. This type of injury is rare.

Once you are fully awake, your nurse may give you a drink and a light snack, and remove your IV. Your doctor may talk with you and the person taking you home after your procedure. If you stopped taking any medications before your procedure, ask your doctor when you can start taking them again.
Your nurse will explain your discharge instructions to both you and the person taking you home before you leave. If your doctor placed a stent, you will receive instructions on how to take care of it.

At home

- You may have a sore throat for 1 or 2 days. Throat lozenges, ice chips, and eating soft foods can help. You should avoid spicy foods and smoking.
- You may cough up streaks of blood. This is expected. However, call your doctor’s office if you cough up more than 1 teaspoon of blood.
- You may resume your usual activities after your procedure.
- A nurse will contact you the next day to ask how you are doing.
- If tests were done during your rigid bronchoscopy, call your doctor’s office in a few days to get the results.
- If you need any additional equipment, such as nebulizer, it will be ordered through your doctor’s office.

Call Your Doctor or Nurse if You:

- Have a fever of 101° F (38.3° C) or higher
- Have difficulty breathing or shortness of breath
- Have chest pain or a feeling of pressure in your chest
- Cough up more than 1 teaspoon of blood
- Have severe pain, or pain for longer than 2 days

If you have any questions, contact a member of your healthcare team directly. If you’re a patient at MSK and you need to reach a provider after 5:00 PM, during the weekend, or on a holiday, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.