

**CONSENT FORM FOR FLEXIBLE BRONCHOSCOPY
DEPARTMENT OF RESPIRATORY MEDICINE
QUEEN ELIZABETH HOSPITAL, KOTA KINABALU**

Website: www.jknsabah.gov.my/hospital/hqe/respiratori/

Dear patient,

Before the procedure, the doctor will discuss with you about why and how the procedure is done. He will also discuss with you the typical risks and complication that may be involved so that you can make an informed decision.

What Is a Flexible Bronchoscopy?

Flexible bronchoscopy is a visual examination of the breathing passages of the lungs (called "airways"). This test is done when it is important for your doctor to see inside the airways of your lungs or to get samples of mucus or tissue from the lungs. Bronchoscopy involves placing a thin tube-like instrument called a bronchoscope through the nose or mouth and down into the airways of the lungs. The tube has a mini-camera at its tip and is able to carry pictures back to a video screen or camera.

Why do I need a Bronchoscopy?

Common reasons why a bronchoscopy is needed include:

- Infections
- Lung spots
- Lung Collapse
- Bleeding
- Noisy breathing and airway narrowing

Are there any other alternatives to Bronchoscopy?

Other tests and procedures, such as X-rays, CT scans and suctioning techniques can give the doctor some information about the lungs but bronchoscopy provides the doctor with more information and allows the doctor to look at the inside of the lungs and obtain very specific samples and remove mucus if necessary. This is why your doctor may schedule bronchoscopy even after you have had X-rays or other tests.

Preparing for bronchoscopy

In a critically ill patient who has a breathing tube, feedings are stopped several hours before the procedure to assure that the stomach is empty. The patient may be given a small amount of medicine (*a sedative*) that causes sleepiness. If you are having a bronchoscopy as an outpatient or as a non-critically ill inpatient, you will be told not to eat after midnight the night before (or about 8 hours before) the procedure. You will also receive instructions about taking your regular medicines, smoking and removing any dentures before the procedure. Before beginning the procedure, you will inhale an aerosol spray of a medicine like Novocain, which numbs the nose and throat area and helps to prevent coughing and gagging during the procedure. A sedation may also be given.

What happens during a bronchoscopy?

If you are not a hospital inpatient or if you are a hospital patient who is awake during the procedure, your doctor will be able to explain step-by-step what is happening. You will probably be lying down with the head of the bed tilted up slightly. The bronchoscope is placed through the nose or mouth, then advanced slowly down the back of the throat through the vocal cords and into the airways. During this time your vocal cords and air passages will feel numb.

Your doctor will be able to see the inside of the lungs through the mini-camera at the bronchoscope's tip. You may feel like you cannot "catch your breath," but there is enough room to breathe and get enough oxygen. If you are already a patient in the ICU with a breathing tube, the procedure will be relatively quick, around 15 to 30 minutes. If you are an outpatient, the bronchoscopy could take anywhere from 30 minutes to an hour, depending on the reason for the procedure.

What are the risks of bronchoscopy?

Bronchoscopy is a safe procedure. Serious risks from bronchoscopy, such as an air leak or serious bleeding, are uncommon— less than 5%. The risks associated with the procedure are as follows:

- **Discomfort and Coughing** — While the bronchoscope is passed through your nose or throat into the lungs, it may cause some discomfort. It may also tickle your airways, causing a cough. You will be given medicine that is sprayed into the nose or throat (local anaesthetics). You may also be given a further sedative.

- **Reduced oxygen** — The level of oxygen in the blood may fall during the procedure for several reasons. The bronchoscope may block the flow of air into the airway, or small amounts of liquid used during the test may be left behind, causing the oxygen level to drop. This drop is usually mild, and the level usually returns to normal without treatment. If the oxygen level remains low, the doctor will give extra oxygen or stop the test to allow for recovery. Your oxygen level will be continuously monitored during the procedure through a sensor clip placed on your finger; this device is called a pulse oximeter.

- **Lung Leak or Collapse** — The airway may be injured by the bronchoscope, particularly if the lung is already very inflamed or diseased. If the lung is punctured, it may cause an air leak (*pneumothorax*) around the lungs, which can cause the lung to collapse. This complication is not common and is more likely if a biopsy is taken during bronchoscopy. If there is a large or ongoing air leak, it may need to be drained with a chest tube.

- **Bleeding** — Bleeding can occur after the doctor performs a biopsy or if the bronchoscope injures a tumor in the airways. Bleeding is more likely if the airway is already inflamed or damaged by disease. Usually bleeding is minor and stops without treatment. Sometimes a medication can be given through the bronchoscope to stop bleeding. Rarely, bleeding can lead to severe breathing problems or death.

What happens after the procedure?

Patients vary in their wake-up times. If you are in the intensive care unit on a ventilator (*respirator; breathing machine*), you probably won't be fully awakened following the procedure. You will, however, continue to receive medicines to keep you comfortable on the ventilator. If you are an outpatient or a non-critically ill inpatient and was given a sedation, you will need to stay in the recovery area for an hour or more before the sedative has worn off. If you were not given any sedation, you will also need to wait 30–60 minutes, or until the numbness wears off, before drinking any liquids. If you are an outpatient, it is recommended that you bring someone along to drive you home. It is unlikely that you will experience any problems after the test other than a mild sore throat, hoarseness, cough, or muscle aches. If you feel chest pain or increased shortness of breath or cough up more than a few tablespoons of blood once you leave the hospital, contact your doctor immediately. Your doctor can tell you how your airways look right away. Lab results take more time, usually 1–3 weeks or more depending on the specific test that is being done.

Do Bronchoscopies Ever Need To Be Repeated?

Occasionally, bronchoscopy is repeated if the initial procedure's findings such as the biopsy and washings were inconclusive or to monitor the progress of a lesion in the lung.

Questions Regarding The Interview

How necessary and urgent is the procedure?

Are there personal risks for the procedure that are not in the information sheet?

What The Doctor Should Know

1)Do you have any disease of blood/bleeding tendencies?

Yes		No	
-----	--	----	--

2)Are you taking any blood thinning medication?

Yes		No	
-----	--	----	--

3)Do you suffer from any allergies(asthma,hay fever), to latex,band aid?

Yes		No	
-----	--	----	--

4)Do you have any heart, lung or circulation disorder?

Yes		No	
-----	--	----	--

5)Do you have any acute or chronic infection(hepatitis/AIDS /Glaucoma)?

Yes		No	
-----	--	----	--

6)Any known metabolic diseases such as diabetes mellitus?

Yes		No	
-----	--	----	--

7)Women of child bearing age. Are you pregnant?

Yes		No	
-----	--	----	--

MEDICAL TEAM CHECK LIST

PRE BRONCHOSCOPY TESTS

1) Chest X-Ray PA/Lateral 2)PT.....sec 3)PTT.....sec

4)Platelet...../mm³

5)Hb.....g/dl 6)SaO₂.....%

7)ECG if age more than 40years or underlying heart disease

8)NBM for more than 8 hours

Procedure to be done by:_____

Patient sent for bronchoscopy at :.....(time)

POST BRONCHOSCOPY(to be filled after the bronchoscopy)

Procedure done by:_____

Patient returned from bronchoscopy at(time)

Post Bronchoscopy Chest X-Ray : yes / no-----if yes , time.....

Doctor’s comment on the interview

(Such as nature of procedure, specific risks, possible complications, possible consequences if patient refuses/postpones or proceeds with the treatment, reasons for refusal, whether patient has legal guardians)

Place,date,time:_____

Doctor’s signature:_____

Patient’s statement of consent

The above named procedure as well as any additional procedures or treatment that may become necessary has been fully explained to me by :

Dr._____

I was given the opportunity to ask any questions thought important regarding the nature and purpose of the proposed procedure, the risks involved and its possible complications as well as those of any additional or subsequent procedures or treatment that may become necessary and the associated risks.

I have no further questions and feel that the counseling offered was satisfactory. Therefore, after having had adequate time for consideration, I have consented to the proposed procedure or treatment. I also give my consent hereby to allow my doctor to perform any additional or subsequent procedure or treatment that may be necessary,even if unforeseen.I also consent to necessary blood transfusion if it is medically indicated.

Place,date,time:_____

Patient’s signature & I/C no:_____

Witness’s signature & I/C no:_____

If consent is refused

After counseling, the patient refuses to consent of the proposed procedure .He/she was informed of the possible consequences involved in this refusal.

Place,date,time:_____

Doctor’s signature:_____

Patient’s signature & I/C no:_____

Witness’s signature & I/C no:_____