

Pediatric Flexible Bronchoscopy

A bronchoscopy is performed with a special tube with a light in it, flexible bronchoscope, that lets the doctor see inside your child's breathing tubes, which lead to the lungs. This test may be done if your child has wheezing, chronic cough, lung infection or changes on a chest x-ray.

How is the bronchoscopy done?

Your child will be put to sleep before the test begins. During the test your child will be given medicine to numb his or her nose and throat. The bronchoscope tube bends to fit into your child's airway. Your doctor will put the tube into your child's nose and then is moved forward into the throat and bronchial tube of both lungs. Often a small amount of salt water is put into the lungs, then suctioned out and sent to the lab. We call this a lavage. Sometimes a tissue sample (biopsy) may be taken.

The bronchoscopy may be done in the pediatric endoscopy lab, pediatric intensive care unit, or the pediatric sedation suite. Your doctor will tell you where the test will be done. The test usually takes less than one hour. Your doctor will talk with you after the test to discuss the results.

Are there any complications?

This test is safe and carries little risk. Rarely, children may react to a drug that was given to them to help them sleep. We watch children closely for this and give oxygen if needed. Your child might be a little more congested or wheezy for a few hours after the test and may need oxygen during this time. If a lavage was done, your child may have a fever later in the evening. Your doctor will discuss the complications in more detail with you.

How to prepare for the test

- Do not feed your child for about six hours before the bronchoscopy. He or she may have clear liquids but must not drink anything four hours before the test.
- Bring your child's favorite toy or a blanket for their comfort.
- Write the names of the medications your child takes, how much you give and when you give them. Give this list to the nurse when you arrive.
- You may be given a special cream called EMLA to put on your child's arm. This cream numbs the arm where an IV may be started. If you were given the EMLA cream, put it on your child's arm about one hour before you arrive. Your nurse or doctor will tell you where to apply the cream.

After the test

Your child will be watched closely after the test until he or she is fully awake. Most children are fully awake within one to two hours after the test. At that point, your child will either stay in the hospital or go home, depending on whether other treatments or tests are planned.



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Going home

Your child may still be sleepy. It is fine to let him or her sleep. Your child can return to his or her routines the day after the test. You may feed your child as soon as he or she wakes up. At first give clear liquids and then slowly give formula or solid food.

On the evening after the bronchoscopy, your child may have a fever. It may get to 103°F or higher. Make sure you have acetaminophen (Tylenol) or ibuprofen on hand. Call your local pediatrician if the fever is not better the next day. Unless your child wakes up, you do not need to check for a temperature during the night.

The results of cultures and other tests should be back in about four to five days. A nurse will call you with the results and let you know if your child needs to be started on medicine. Please have the phone number for your pharmacy nearby so we can call in your prescription.

When to call your doctor

Call your doctor if you have any questions or concerns or if your child experiences:

- Trouble breathing
- Vomiting
- Coughing up bright red blood