**What is a bronchoscopy?**

A bronchoscopy is a test done to explore the inside of the body’s airways used for breathing. A doctor places a small flexible tube, no bigger than the width of a drinking straw, into the upper airway (nose or mouth). The bronchoscope has a light and camera on the end that is used to see the inside of our airways. This may include the back of the nose and throat, voice box, windpipe, and the smaller air tubes within the lungs called bronchi.

Direct viewing of these structures can help identify problems such as airway blockages, inflammation, infection, and abnormal airway positioning.

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**How do we prepare for the test?**

At Seattle Children’s, bronchoscopies are done in an operating room (OR) with sedation, so your child can sleep through the test. When sedation is used, there are strict rules to follow on eating and taking medicines right before the test.
| **Await a phone call from us** | One or two days before the bronchoscopy, you will receive a phone call with very important information including:  
• When your child can last eat solid food and drink milk  
• When your child can last drink clear liquids like clear apple juice (without pulp), 7UP or water  
• When to arrive for check-in at level 6 Ocean zone registration  
• A reminder that you may bring along a comfort item, such as a favorite small stuffed animal or blanket, for your child to hold during the test |
| **Check to see about giving regular medicines** | Ask your doctor if your child should take their regular medicines before the procedure. If they take medicine by mouth, ask if your child may take it with a small sip of water and how close to the procedure time it can be taken.  
If your child uses an inhaler, it’s OK to use it before the test as they usually would.  
Be sure to mention the name of the medicine and the time it was given when asked about medicines by the nurses or doctors before the bronchoscopy. |

**What happens during the bronchoscopy?**

| **Anesthesia is given and vital sign monitors are placed** | Once in the OR, your child is given a small amount of anesthesia gas through a mask to help them sleep. Once asleep, an IV (intravenous) line is placed into a vein in your child’s arm to help them stay asleep for the procedure. Your child’s heart rate, blood pressure, temperature and blood oxygen level are monitored throughout the entire test. |
| **Bronchoscope is placed** | The bronchoscope is most often placed through the mouth. First, a special tube is placed that ends in either the larynx or trachea to help keep the back of the throat open. Anesthesia gas and the bronchoscope tube are passed down this tube.  
Numbing medicine is sprayed on the airway and vocal cords to keep your child comfortable during the test. If the bronchoscopy is going through your child’s nose, the numbing medicine will be sprayed into the nose as well. |
| **A lavage may be done** | In some cases, the doctor might also do a bronchoalveolar lavage (BAL). This is when a small amount of sterile saline is sprayed into the airways through the channel in the bronchoscope, and then suctioned back into a sterile container. The saline will contain cells from the airways of your child’s lungs. The fluid and cells can be looked at under a microscope to diagnose infections or other lung problems. |
| **Pictures of the airways are taken** | The images from the camera on the bronchoscope are shown on a video screen and the bronchoscopy is recorded for the doctor to look at later. The bronchoscope can also take still pictures inside the airways that you and your child can look at and discuss with the doctor later. |
How long does the test last?
The bronchoscopy itself only takes about 20 minutes. Your child will be in the OR for up to 90 minutes with prep time before and after and depending on what tests are being done. Plan to be at the hospital from 4 to 6 hours total with recovery time.

What happens after the test?
After the bronchoscopy, your child will be moved to the post-anesthesia care unit (PACU). You will be called so you can be there when your child wakes up. They might be wearing an oxygen mask to help recover from the anesthesia. Children are often sleepy when first waking up and may feel that their throat is still numb. Once your child is fully awake and their throat is no longer numb, they are given a popsicle or a clear liquid to drink.

In order for your child to be able to go home, they must be fully awake and able to drink liquids without difficulty. The time in the PACU recovery is about 1 to 3 hours, depending on how quickly your child recovers from the anesthesia. Your child may go back to normal activities, eating and drinking as soon as they are comfortable with them when you get home.

What are the risks of a bronchoscopy?
The risks from a bronchoscopy are low but can include:

• Bleeding from the tissues of the nose or airways from scraping by the bronchoscope. This bleeding is usually very slight and almost always stops by itself.

• A low-grade fever can occur 4 to 8 hours afterward, more commonly if your child had a bronchoalveolar lavage (BAL) with the bronchoscopy. The fever can be treated with an over-the-counter medicine, like Tylenol, if recommended by your healthcare provider. Check with your healthcare provider first before giving any type of medicine to your child. If your child develops a fever that is higher than 102.5, please call the nurse line in the Pulmonary division at 206-987-2174, option 4.

• Bacteria can sometimes be carried on the bronchoscope as it passes through the upper airway to the lungs. Very rarely this causes an infection that is treated with antibiotics.