

Mediastinoscopy



What is mediastinoscopy?

A mediastinoscopy is a procedure used to examine the mediastinum. This is the space behind the breastbone (sternum) in the middle of the chest, between both lungs. This space contains:

- Lymph nodes
- The heart and its great vessels
- The windpipe (trachea)
- The tube that leads down to the stomach (esophagus)
- The thymus gland, a part of the immune system

This area can be examined with a tool called a mediastinoscope. This is a long, thin, flexible tube that has a light and a tiny camera. It lets a healthcare provider see the organs and structures of the mediastinum. The images can also be sent to a computer screen and recorded.

Why might I need mediastinoscopy?

The procedure is most often done to remove lymph nodes when a person has lung cancer. The nodes are examined to help see how far the cancer has spread. This can help determine the best treatment choices for lung cancer.

It can also be used to find problems such as:

- Cancer of the bronchi
- Cancer of other structures in the mediastinum
- Infection or inflammation
- Cancer that starts in the lymphatic system (lymphoma), including Hodgkin disease
- Inflammation in organs such as the liver, lungs, and spleen (sarcoidosis)
- A tumor of the thymus gland (thymoma)

Your healthcare provider may have other reasons to advise a mediastinoscopy.

What are the risks of mediastinoscopy?

All procedures have some risks. The risks of this procedure may include:

- Bleeding
- Pneumonia
- Infection at the surgical site
- Short-term (temporary) or lifelong (permanent) paralysis of the laryngeal nerve. This may cause hoarseness.
- Air in the space between the lung covering (pleural space) that causes the lung to collapse (pneumothorax)

- Air trapped under the skin (subcutaneous emphysema)
- In rare cases, a hole (perforation) in the esophagus, trachea, or large blood vessels of the heart

Your risks may vary depending on your general health and other factors. Ask your healthcare provider which risks apply most to you. Talk with them about any concerns you have.

In some cases, a person shouldn't have a mediastinoscopy. Reasons for this can include:

- A past mediastinoscopy, heart surgery, or other chest surgery
- Past neck or cervical spine surgery
- Any health conditions that would prevent correct neck positioning during the procedure
- Pregnancy
- Blockage in the large vein that carries blood from the upper body into the heart (superior vena cava obstruction)
- Severe heart disease

How do I get ready for mediastinoscopy?

Your healthcare provider will explain the procedure to you and ask you to sign a consent form. Ask them any questions you have before signing. Surgery may be done during the procedure, if needed. Your healthcare provider will tell you more.

Tell your healthcare provider if you:

- Are pregnant or think you may be pregnant
- Are allergic to contrast dye or iodine
- Are sensitive to or allergic to any medicines, latex, tape, or anesthetic medicines (local and general)
- Take any medicines, including prescriptions and over-the-counter medicines, vitamins, herbs, and other supplements
- Have had a bleeding disorder
- Take blood-thinning medicine (anticoagulant), aspirin, or other medicines that affect blood clotting

Make sure to:

- Stop taking certain medicines before the procedure, if advised by your healthcare provider
- Follow any directions you are given for not eating or drinking before the procedure
- Plan to have someone drive you home from the hospital
- Follow all other instructions your healthcare provider gives you

You may have blood tests or other tests or exams before the procedure. Your healthcare provider will tell you more.

What happens during mediastinoscopy?

The way the procedure is done and how long you are in the hospital will vary depending on your condition and your healthcare provider's methods. In most cases, the procedure will follow this process:

1. You may be asked to remove your clothes. If so, you will be given a hospital gown to wear. You may be asked to remove jewelry or other objects.

2. You will lie down on an operating table.
3. An IV (intravenous) line will be put into your arm or hand.
4. You will be given general anesthesia. This is medicine that prevents pain and lets you sleep through the procedure.
5. A breathing tube will be put into your throat and hooked up to a breathing machine (ventilator). Your heart rate, blood pressure, and breathing will be watched during the procedure.
6. Hair in the area of surgery may be trimmed. The skin in the area will be cleaned with an antiseptic solution.
7. The healthcare provider will make a small cut (incision) just above your breastbone (sternum).
- 8.
9. The mediastinoscope will be put through the passageway. Abnormal lymph nodes or other tissues may be biopsied or removed.
10. After the exam and any other procedures are done, the mediastinoscope will be removed.
11. If more surgery is needed, it may be done at this time.
12. The skin incision will be closed with stitches (sutures) or adhesive strips. A bandage or dressing will be put on the area.
13. The tissue samples will be sent to a lab.
14. The breathing tube may be taken out before you leave the operating room. Or it may be taken out later in the recovery room.

What happens after mediastinoscopy?

After the procedure, you will spend some time in a recovery room. You may be sleepy and confused when you wake up from general anesthesia or sedation. Your healthcare team will watch your vital signs, such as your heart rate and breathing. You may have a chest X-ray after the procedure. This is to check for bleeding or air in the pleural space.

Your incision will be checked for bleeding before you leave. Keep the incision area clean and dry. Your healthcare provider will give you bathing and wound care instructions. If stitches were used, they will be removed during a follow-up appointment. If adhesive strips were used, they should be kept dry. They will likely fall off in a few days.

You can take pain medicine as advised by your healthcare provider. Aspirin and certain other pain medicines may increase bleeding. Take only the medicines your healthcare provider advises.

At home, you can go back to your normal diet and activities if instructed by your healthcare provider. You may need to not do strenuous physical activity for a few days.

Call your healthcare provider if you have any of the below:

- Fever of 100.4°F (38°C) or higher, or as advised by your healthcare provider
- Chills
- Redness or swelling of the incision
- Blood or other fluid leaking from the incision
- Increased pain around the incision
- Coughing up blood
- Chest pain

- Any changes in voice
- Trouble breathing

Your healthcare provider may give you other instructions after the procedure.

Next steps

Before you agree to the test or the procedure, make sure you know:

- The name of the test or procedure
- The reason you are having the test or procedure
- What results to expect and what they mean
- The risks and benefits of the test or procedure
- What the possible side effects or complications are
- When and where you are to have the test or procedure
- Who will do the test or procedure and what that person's qualifications are
- What would happen if you did not have the test or procedure
- Any alternative tests or procedures to think about
- When and how you will get the results
- Who to call after the test or procedure if you have questions or problems
- How much you will have to pay for the test or procedure

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