

PROCEDURE: , Fiberoptic bronchoscopy.,PREOPERATIVE
DIAGNOSIS:, Right lung atelectasis.,POSTOPERATIVE
DIAGNOSIS:, Extensive mucus plugging in right main stem
bronchus.,PROCEDURE IN DETAIL:, Fiberoptic
bronchoscopy was carried out at the bedside in the medical
ICU after Versed 0.5 mg intravenously given in 2 aliquots. The
patient was breathing supplemental nasal and mask oxygen
throughout the procedure. Saturations and vital signs
remained stable throughout. A flexible fiberoptic
bronchoscope was passed through the right naris. The vocal
cords were visualized. Secretions in the larynx were as
aspirated. As before, he had a mucocoele at the right anterior
commissure that did not obstruct the glottic opening. The
ports were anesthetized and the trachea entered. There was
no cough reflex helping explain the propensity to aspiration
and mucus plugging. Tracheal secretions were aspirated. The
main carinae were sharp. However, there were thick, sticky,
grey secretions filling the right mainstem bronchus up to the
level of the carina. This was gradually lavaged clear. Saline
and Mucomyst solution were used to help dislodge remaining
plugs. The airways appeared slightly friable, but were patent
after the airways were suctioned. O2 saturations remained in
the mid-to-high 90s. The patient tolerated the procedure well.
Specimens were submitted for microbiologic examination.
Despite his frail status, he tolerated bronchoscopy quite well.