

PROCEDURE:, Bronchoscopy, right upper lobe biopsies and right upper lobe bronchial washing as well as precarinal transbronchial needle aspiration.,DETAILS OF THE

PROCEDURE: , The risks, alternatives, and benefits of the procedure were explained to the patient as well as conscious sedation and she agrees to proceed. The patient received topical lidocaine by nebulization. The flexible fiberoptic bronchoscope was introduced orally. The patient had normal teeth, normal tongue, normal jaw, and her vocal cords moved symmetrically and were without lesions. I proceeded to the right upper lobe where a mucous plug was noted in the subsegmental bronchus of the posterior segment of the right upper lobe. I proceeded under fluoroscopic guidance to guide the biopsy wire in this area and took four biopsies. Followup fluoroscopy was negative for pneumothorax. I wedged the bronchoscope in the subsegmental bronchus and achieved good hemostasis after three minutes.,I then proceeded to inspect the rest of the tracheobronchial tree, which was without lesions. I performed a bronchial washing after the biopsies in the right upper lobe. I then performed two transbronchial needle aspirations with a Wang needle biopsy in the precarinal area. All of these samples were sent for histology and cytology respectively. Estimated blood loss was approximately 5 cc. Good hemostasis was achieved. The patient received a total of 12.5 mg of Demerol and 3 mg of Versed and tolerated the procedure well. Her ASA score was 2.