

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.