

Patient Name: Corder , Diana**Gender:** Female**MRN:** 1258600**Age:** 75**Procedure Date:** 3/2/2016**Proceduralist(s):** CARLOS JIMENEZ, MD, RUSSELL JASON MILLER, MD (Fellow), Justin Wong, MD (Fellow)**Requesting Physician:** AMY HASSAN, MD**Procedure Name:** Bronchoscopy**Indications:** Known lung cancer of the right lower lobe, Malignant airway disease, Evaluate for mediastinal staging**Medications:** General Anesthesia, 2% Lidocaine, tracheobronchial tree 9 mL, Controlled mechanical ventilation was used. See the Anesthesia note for documentation of the administered medications**Procedure Description:** Pre-Anesthesia Assessment:

- ASA Grade Assessment: III - A patient with severe systemic disease.

Procedure, risks, benefits, and alternatives were explained to the patient. All questions were answered and informed consent was documented as per institutional protocol. A history and physical were performed and updated in the preprocedure assessment record. Laboratory studies and radiographs were reviewed. A time-out was performed prior to the intervention. Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree. The Q180 slim video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The black bronchial tube 12.00-11.00 was introduced through the mouth and advanced to the tracheobronchial tree. The 0 degree 4.0mm rigid optic was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree. The T180 therapeutic video bronchoscope was introduced through the rigid bronchoscope (after telescope was removed) and advanced to the tracheobronchial tree.

Findings: Larynx: The larynx is normal.

Trachea/Carina Abnormalities: There was no evidence of significant pathology.

Left Lung Abnormalities: There was no evidence of significant pathology.

Right Lung Abnormalities: A nearly obstructing (greater than 90% obstructed) mass was found proximally in the apical segment of the right upper lobe (B1). The mass was endobronchial. The lesion was not traversed. A nearly obstructing (greater than 90% obstructed) mass was found proximally in the bronchus intermedius. The mass was large and endobronchial. The lesion was successfully traversed and distal airway was observed.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish the ultrasound examination.

Lymph Nodes: Lymph node sizing was performed via endobronchial ultrasound for non-small cell lung cancer. Sampling by transbronchial needle aspiration was also performed using an Olympus EBUS-TBNA needle in the left upper paratracheal region (level 2L), right lower paratracheal region (level 4R), subcarinal mediastinum (level 7) and left interlobar region (level 11L) and sent for histopathology examination.

- The 11L (interlobar) ROSE preliminary analysis indicates adequate tissue. Five samples with the needle were obtained.

- The 4L (lower paratracheal) Sampling was not done.

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- The 2L (upper paratracheal) ROSE preliminary analysis indicates non-diagnostic tissue. Five samples with the needle were obtained.
- The 2R (upper paratracheal) Sampling was not done.
- The 4R (lower paratracheal) ROSE preliminary analysis indicates adequate tissue. Five samples with the needle were obtained.
- The 7 (subcarinal) ROSE preliminary analysis indicates adequate tissue. Five samples with the needle were obtained.
- Stations 11Rs and 11Ri were not sampled since primary tumor was invading them.

Samples sent to Histopathology for review.

The right bronchus intermedius endobronchial tumor was excised mechanically with rigid bronchoscopy and rigid suction. Post removal of endobronchial mass, the right middle lobe bronchus was patent, but the left lower lobe bronchi was observed occluded at the subsegmental level due to malignant disease. A portion of the endobronchial tumor observed arising from the apical segment of the right upper lobe, occluding the lumen of the right upper lobe bronchus was also removed using biopsy forceps. The anterior and posterior segmental bronchi of the right upper lobe are patent, but the apical segmental bronchi remains completely occluded.

Complications: No immediate complications**Estimated Blood Loss:** Less than 5 cc.**Post Procedure Diagnosis:**

- Known lung cancer of the right lower lobe
- An endobronchial mass was found in the apical segment of the right upper lobe (B1). This lesion is malignant.
- An endobronchial mass was found in the bronchus intermedius. This lesion is malignant.
- Lymph node sizing and sampling was performed.
- The lesions on the bronchus intermedius and right upper lobe were excised.

Recommendation:

- Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service for the final pathological result has been recommended.

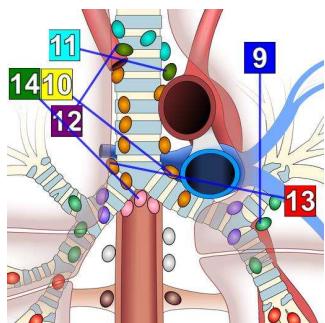
Attending Participation: I was present and participated during the entire procedure, including non-key portions.

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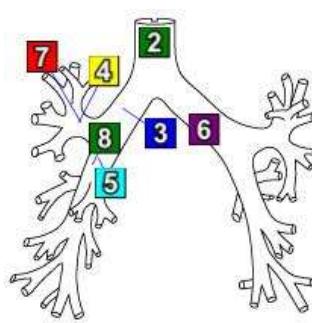
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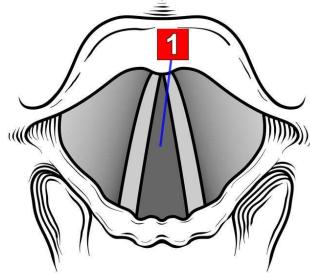
Add'l Images:



Mediastinal Lymph Node Stations



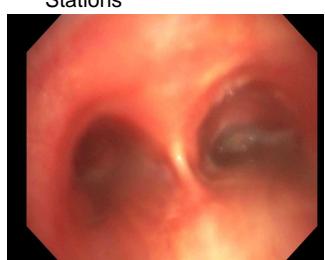
Tracheobronchial Tree



Laryngoscopic View



1 Glottis



2 Trachea



3 Right mainstem bronchus



4 Right upper lobe



5 Bronchus intermedius



6 Left mainstem bronchus



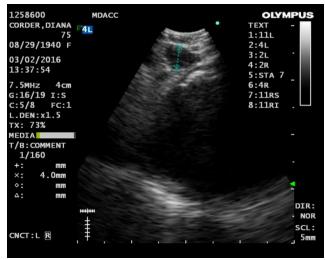
7 Right upper lobe



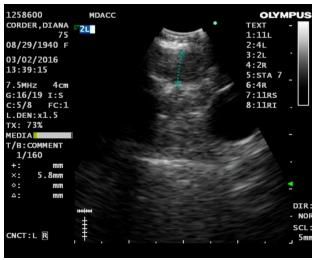
8 Bronchus intermedius



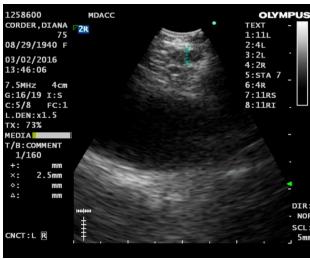
9 11L, Interlobar (left) ; CT 8.6 cm, PET (-)



10 4L, Lower Paratracheal (left) ; CT 6.8 mm, PET (-)



11 2L, Upper Paratracheal (left) ; CT not seen, PET (-)



12 2R, Upper Paratracheal (right)



13 4R, Lower Paratracheal (right)

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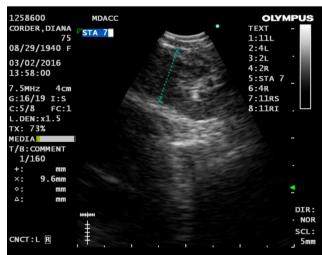
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14 7, Subcarinal

CARLOS JIMENEZ

CARLOS JIMENEZ, MD

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This report has been signed electronically.

Number of Addenda: 0