

**Patient Name:** Feld , Rochelle**Gender:**

Female

**MRN:** 1186924**Age:**

63

**Procedure Date:** 9/17/2015**Proceduralist(s):** Georgie Eapen, Russell Miller, MD (Fellow)**Procedure Name:** Bronchoscopy**Indications:** Right upper lobe mass, Diagnostic**Medications:** General Anesthesia, 2% Lidocaine, tracheobronchial tree 10 mL

**Procedure Description:** 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. 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 patient tolerated the procedure well.

**Findings:** The laryngeal mask airway is in normal position. The vocal cords move normally with breathing. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions except as outlined below, and no secretions. Evidence of previous surgery was found in the left mainstem bronchus. The bronchial stump is well healed.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound. A systematic hilar and mediastinal lymph node survey was carried out revealing visible lymph nodes at the following stations.

**Lymph Nodes:** Lymph node sizing was performed via endobronchial ultrasound. Sampling was also performed using an Olympus EBUS-TBNA 22 gauge needle and sent for routine cytology.

- The 4R (lower paratracheal) node measured 1.9mm by EBUS and 2.4mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was not biopsied due to benign ultrasound characteristics and size criteria.

- The 7 (subcarinal) node measured 5.4mm by EBUS and 4.8mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was biopsied using a 22 gauge needle with a total of 5 passes. ROSE preliminary analysis indicates adequate tissue.

- The 10R (hilar) node measured 3.4mm by EBUS and 0.1mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was not biopsied due to benign ultrasound characteristics and size criteria.

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- The 11Rs node measured 7.3mm by EBUS and 5.4mm by CT. PET was negative. On ultrasound lymph node was hypoechoic, heterogenous, irregularly shaped with sharp margins. This lymph node was biopsied using a 22 gauge needle with a total of 5 passes. ROSE preliminary analysis indicates adequate tissue.

- The right upper lobe mass measured 19mm by EBUS and 22mm by CT. PET was positive. On ultrasound the mass was hypoechoic, heterogenous, irregularly shaped with sharp margins. This mass was biopsied using a 22 gauge needle with a total of 8 passes. ROSE preliminary analysis indicates malignancy.

All samples sent to cytopathology for review.

Fluoroscopically guided transbronchial brushings were obtained in the right upper lobe of the lung and sent for routine cytology. Two samples were obtained.

Transbronchial biopsies were performed in the RUL apical segment (B1) of the lung using forceps and sent for histopathology examination. The procedure was guided by fluoroscopy. Five biopsy passes were performed. Five biopsy samples were obtained.

**Complications:** No immediate complications**Estimated Blood Loss:** Less than 5 cc.**Post Procedure Diagnosis:** - The examination was normal.

- Evidence of previous surgery was found in the left mainstem bronchus.
- Transbronchial lung biopsies were performed.
- Lymph node sizing and sampling was performed.
- Fluoroscopically guided transbronchial brushings were obtained.

**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.

- Await cytology results.

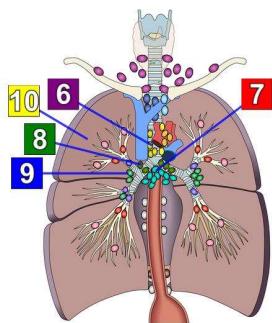
**Attending Participation:** I was present and participated during the entire procedure, including non-key portions.

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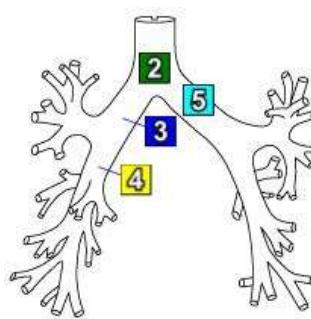
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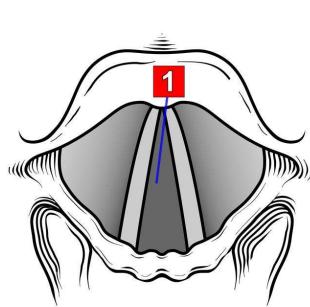
Add'l Images:



Lung Lymph Nodes Stations



Tracheobronchial Tree



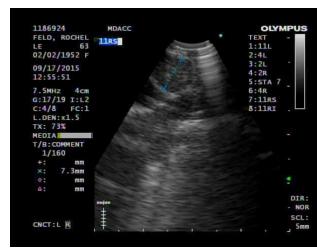
Laryngoscopic View



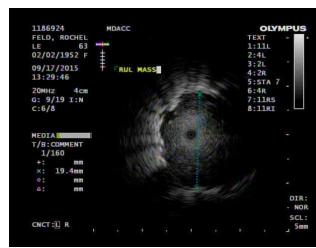
5 Left mainstem bronchus :  
Evidence of previous surgery



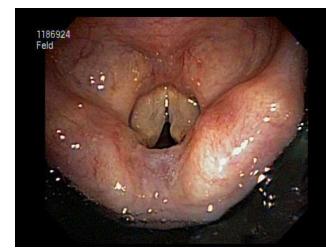
7 7 : Lymph Node Size/Sampling



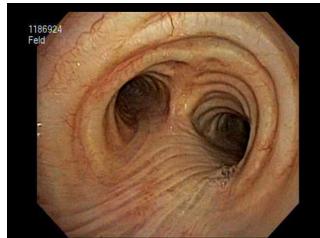
9 11R : Lymph Node Size/Sampling



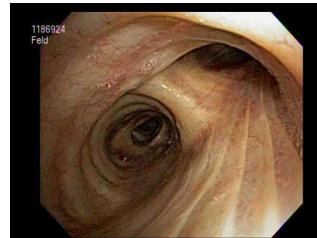
10 Right Superior Lobe :  
Transbronchial Biopsy



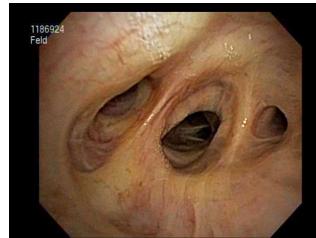
1 Glottis



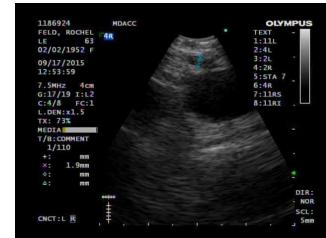
2 Trachea



3 Right mainstem bronchus



4 Bronchus intermedius



6 4R, Lower Paratracheal (right)



8 10R

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Georgie Eapen,  
9/17/2015 2:49:17 PM

This report has been signed electronically.

**Number of Addenda:** 0