



Your HEALTH is our MISSION

Naval Medical Center San Diego
34800 Bob Wilson Drive,
San Diego, CA, 92134



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Name : Delia B Godsey
DOD # : 1009070040
DOB : 6/22/1958
Gender: F

Bronch+PRRBx Report

PATIENT NAME: Delia B Godsey
DATE OF BIRTH: 6/22/1958
DOD NUMBER: 1009070040
DATE/TIME OF PROCEDURE: 5/21/2019 / 08:30:00 AM
ENDOSCOPIST: CDR Russell Miller, M.D.,
FELLOW/RESIDENT:

INDICATIONS FOR EXAMINATION:

ADDITIONAL INFORMATION ON INDICATION(S):

PROCEDURE PERFORMED: Flexible Bronchoscopy - with debulking

ASA CLASSIFICATION:

INSTRUMENTS:

TECHNICAL DIFFICULTY: No

LIMITATIONS: None, TOLERANCE: Good

PROCEDURE TECHNIQUE:

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 pre-procedure assessment record. Laboratory studies and radiographs were reviewed. A time-out was performed prior to the intervention.

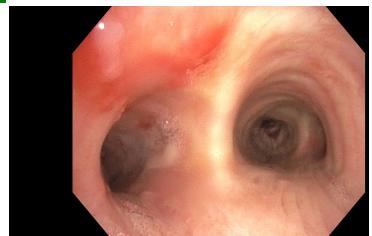
Following intravenous medications as per the record and topical anesthesia to the upper airway and tracheobronchial tree, the Q190 video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The laryngeal mask airway was in good position.

VISUALIZATION: Good

MEDICATIONS: General anesthesia

FINDINGS: The vocal cords appeared normal. The subglottic space was normal. The trachea was of normal caliber. The carina was sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Right sided airways were normal with normal bronchial mucosa and anatomy and no endobronchial lesions, and no secretions. The left mainstem was widely patent with a whitish/plaques of granulation tissue in the distal left mainstem. The left upper lobe stump was intact. The proximal orifice of the left lower lobe was approximately 50% open with Whitish thick necrotic tissue obstructing the remainder of airway a circumferential distribution. This was easily removed with forceps. Subsequently the proximal airways approximately 90% open. The basilar substance were also partially obstructed with necrotic tissue which is also removed. The left lower lobe medial basal segment and the superior segment were both completely obstructed with proximal necrotic debris which was also removed with forceps and suction. Cryotherapy was attempted to remove more distal necrotic debris but was unsuccessful due to the size of the program airways. We're then able to advance the bronchoscope into the small airways and remove debris with flexible forceps. At the end of the procedure the left mainstem and proximal left

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9 pre-intervention



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lower lobe orifice were at least 85% open and the subsegmental airways were at least 50% open to release a second subsegmental level. At this point the bronchoscope was removed and the procedure was completed.

ENDOSCOPIC DIAGNOSIS: Technically successful flexible bronchoscopy with debulking of necrotic debris

ALLERGIES:

EXTENT OF EXAM:

ESTIMATED BLOOD LOSS: 3

COMPLICATIONS: None

DIAGNOSIS

Technically successful flexible bronchoscopy with debulking of necrotic debris

RECOMMENDATIONS

- transfer to post-procedure unit.
- follow up with Pulmonary Clinic at NMCSD in 2-3 weeks.

COMMENTS:

CPT CODE: / ICD CODE:

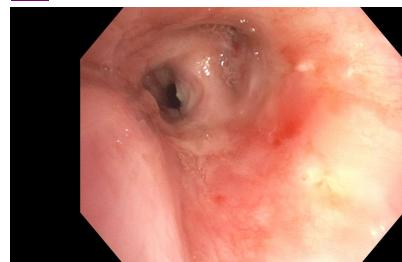
10 pre-intervention



11 pre-intervention



12 post-intervention



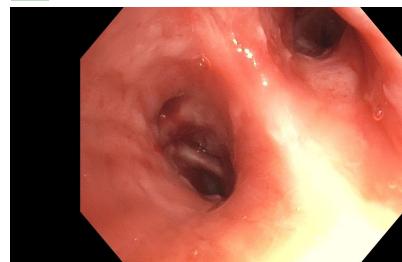
13 post-intervention



14 post-intervention



15 post-intervention



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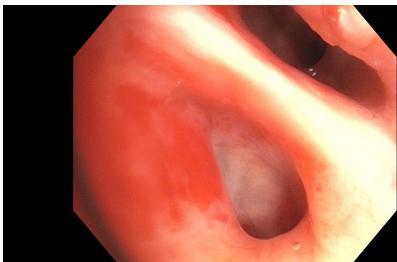
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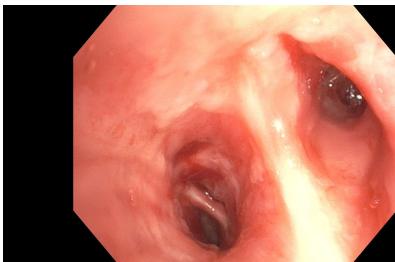
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16 post-intervention



17 post-intervention



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