



Your HEALTH is our MISSION

Naval Medical Center San Diego

34800 Bob Wilson Drive, San Diego, CA, 92134

Name: DAVID A POINDEXTER DOB: 10/3/1940 DOD#: 1167156084

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Bronchoscopy Procedure Report

PATIENT NAME: DAVID A POINDEXTER
DATE OF BIRTH: 10/3/1940
DOD NUMBER: 1167156084
DATE/TIME OF PROCEDURE: 11/21/2019 / 08:00:00 AM
ENDOSCOPIST: CDR Russell Miller, M.D.
FELLOW/RESIDENT: Partain Neil
ADDITIONAL FELLOW(S):
TECHNICIAN: O'Neal Asia
ADDITIONAL TECHNICIAN(S):

PROCEDURE PERFORMED: Bronch+EmN

INDICATIONS FOR EXAMINATION: Left upper lobe nodule

MEDICATIONS: General anesthesia with endotracheal tube
INSTRUMENTS:

TECHNICAL DIFFICULTY: No

LIMITATIONS: , TOLERANCE: Good

PROCEDURE TECHNIQUE:

VISUALIZATION: Good

FINDINGS: 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 endotracheal tube and advanced to the tracheobronchial tree. The trachea was of normal caliber. The carina was sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy were normal; there are no endobronchial lesions. We then removed the diagnostic Q190 bronchoscope and the super-dimension navigational catheter was inserted through the T190 therapeutic bronchoscope and advanced into the airway. Using navigational map we attempted to advance the 180 degree edge catheter into the proximity of the lesion within apico-posterior branch of left upper lobe. Radial probe was used to attempt to confirm presence within the lesion. Although we were able to navigate directly to the lesion with navigation the radial probe view was suboptimal. Biopsy was performed initially with triple needle brush and TBNA needle. ROSE did not reveal evidence to support that we were within the lesion. Multiple attempts were made to manipulate the catheter and biopsies were then performed with a variety of instruments to include peripheral needle, and forceps, brush under fluoroscopic visualization. The specimens reviewed on-site remained suboptimal. Multiple forceps biopsies were performed within the location of the lesion and placed in cell-block. After which a mini-BAL was then performed through the super-D catheter. We then removed the therapeutic bronchoscope with super-D catheter and reinserted the diagnostic scope at which point repeat airway inspection was then performed and once we were satisfied that no bleeding occurred, the bronchoscope was removed and the procedure completed.

ESTIMATED BLOOD LOSS: None



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COMPLICATIONS: None

IMPRESSION:

- S/P bronchoscopy with biopsy and lavage.
- Suboptimal navigational localization

ESTIMATED BLOOD LOSS: None

COMPLICATIONS: None

IMPRESSION: PRE-PROCEDURE DIAGNOSIS: LEFT UPPER LOBE PULMONARY NODULE

RECOMMENDATIONS

RECOMMENDATIONS

- Transfer to post-procedural unit
- Post-procedure CXR
- D/C home once criteria met
- Await pathology

CPT CODE: / ICD CODE:

Patient Name: DAVID A POINDEXTER

MRN: 1167156084



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