

Patient Name: Hinojosa , Delfino
MRN: 1074654
Procedure Date: 6/1/2016

Gender: Male
Age: 50

Proceduralist(s): GEORGIE EAPEN, MD, RUSSELL JASON MILLER, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Lung mass

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 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 BF-H190 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 patient tolerated the procedure well.

Findings: The laryngeal mask airway is in good 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, and no secretions on the left side. A stricture was found in the right bronchus intermedius involving the RLL bronchus. The narrowing appears fibrotic. The airway lumen is nearly occluded. The lesion was not traversed.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound.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 for non-small cell lung cancer. Sampling by transbronchial needle aspiration was also performed using an Olympus EBUS-TBNA 22 gauge needle in the left pulmonary artery mass and sent for routine cytology.

- The left pulmonary artery mass measured 10.1mm by EBUS and 11mm by CT. PET was positive. On ultrasound the mass was hypoechoic, heterogenous, irregularly shaped with sharp margins and formed part of the wall of the pulmonary artery. There was flow noted in the LPA and also in the RPA to a lesser extent. This mass was biopsied using a 22 gauge needle with a total of passes. ROSE preliminary analysis indicates non diagnostic tissue. Three samples with the needle were obtained.

All samples sent to cytopathology for review

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis: - Lymph node sizing and sampling was performed.

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.

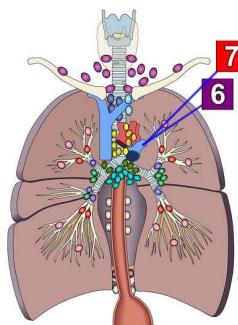
Attending Participation: I was present and participated during the entire procedure, including non-key portions.

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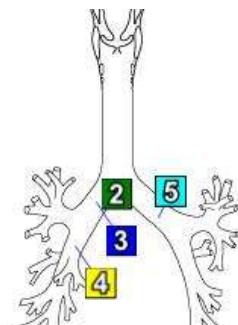
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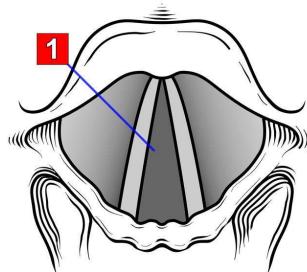
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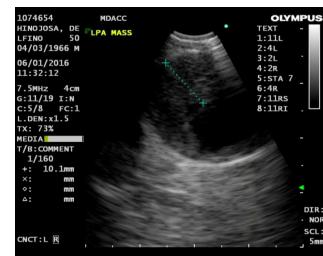
Lung Lymph Nodes Stations



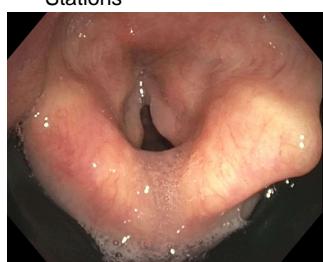
Tracheobronchial Tree



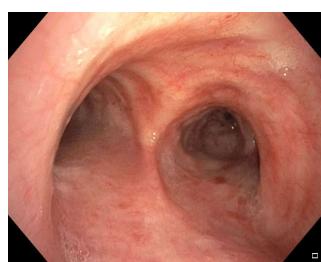
Laryngoscopic View



6 Left Pulmonary Artery : Sampling



1 Glottis



2 Carina



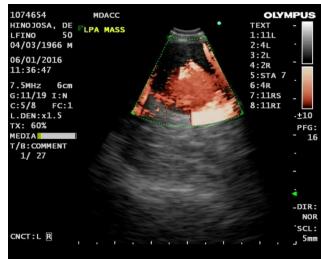
3 Right mainstem bronchus



4 Bronchus intermedium



5 Left mainstem bronchus



7 Main Pulmonary Artery

Report

GEORGIE EAPEN, MD
 6/1/2016 7:36:30 PM

This report has been signed electronically.

Number of Addenda: 0