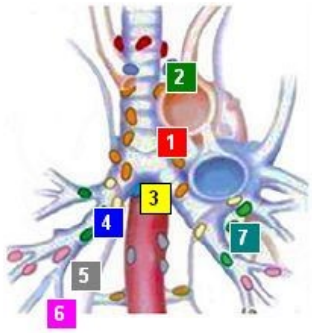
Name: YVONNE D AMPOSTA **DOB:** 2/4/1959 **DOD#:** 1539468304

Bronchoscopy Procedure Report

PATIENT NAME: YVONNE D AMPOSTA
DATE OF BIRTH: 2/4/1959
DOD NUMBER: 1539468304
DATE/TIME OF PROCEDURE: 12/12/2019 / 08:00:00 AM
ENDOSCOPIST: CDR Russell Miller, M.D,
FELLOW/RESIDENT: Partain Neil
ASSISTING PHYSICIANS: Gilbert Seda MD
TECHNICIAN: O'Neal Asia
ADDITIONAL TECHNICIAN(S):



PROCEDURE PERFORMED: **EBUS-Dx, >2 stages**

INDICATIONS FOR EXAMINATION: **Lung mass**

MEDICATIONS: General Anesthesia
INSTRUMENTS:

PROCEDURE TECHNIQUE:
EBUS bronchoscopy with TBNA via LMA

FINDINGS: **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. 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. Bronchial mucosa and anatomy were normal; there are no endobronchial lesions, and no secretions. The video bronchoscope was then removed and the UC180F convex probe EBUS bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. A systematic hilar and mediastinal lymph node survey was carried out. Sampling criteria (5mm short axis diameter) were met in station 7, 11Rs, 11Ri lymph nodes. Sampling by transbronchial needle aspiration was performed with the Olympus EBUSTBNA 22 gauge needle beginning with the station 7 Lymph node, followed by the 11Rs lymph node and then 11Ri a total of 5 biopsies were performed in each station. ROSE evaluation yielded benign lymphocytes. The EBUS scope ws then advanced into the right lower lobe where the primary mass could be visualized with ultrasound. Further TBNA samples were obtained from the mass and followed by forceps biopsies through the EBUS scope under direct ultrasound visulaization. ROSE was consistent with malignancy. All samples were sent for routine cytology. Following completion of EBUS bronchoscopy, the Q190 video bronchoscope was then re-inserted and after suctioning blood and secretions there was no evidence of active bleeding and the bronchoscope was subsequently removed.

ESTIMATED BLOOD LOSS: None
COMPLICATIONS: None

IMPRESSION: Lung mass

RECOMMENDATIONS

- Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies.
- The patient has remained stable and has been transferred in good condition to the post-surgical monitoring unit.
- Discharge home when criteria met
- Will await final pathology results

CPT CODE: 31653 bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling 3 or more structures.

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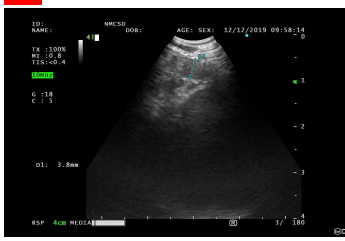

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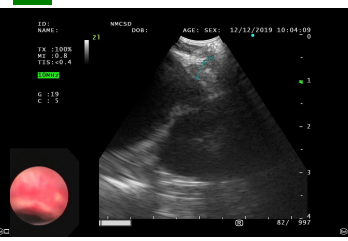

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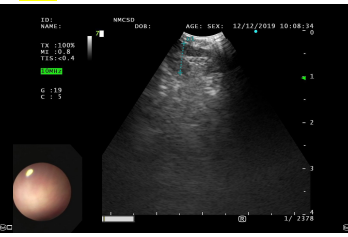

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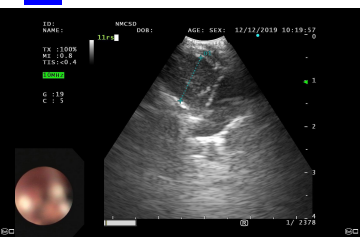

4L | 2L | Subcarinal | 11Ri

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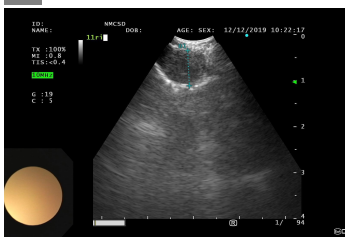

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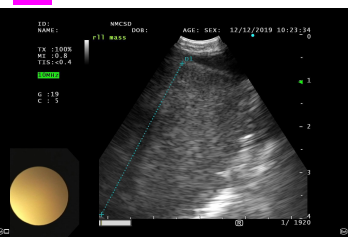

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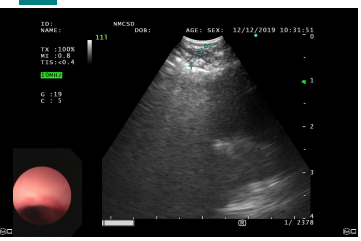

11Ri | Right lowe lobe mass | Interlober