

**Patient Name:** Franklin , Mary  
**MRN:** 0686384  
**Procedure Date:** 1/27/2016

**Gender:** Female  
**Age:** 70

**Proceduralist(s):** Georgie Eapen, Russell Miller, MD (Fellow), Erik Vakil, MD (Fellow)

**Procedure Name:** Bronchoscopy

**Indications:** Lung collapse, Left 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. 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 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 on the right side. Extrinsic compression was found in the left mainstem bronchus, with both the LUL and LLL bronchus greater than 90% occluded. We were able to navigate beyond the obstruction using gentle dilation and it became clear that the LUL bronchus was obliterated by tumor, but the basal segments of the LLL were noted to be extrinsically compressed but patent. Given her symptomatology, we elected to place a stent into the LLL in an effort to bridge her to the planned radiation therapy. The lesion was successfully traversed after the intervention. A 4 cm (length) 14 mm (diameter) Microvasive bronchial, self-expanding, covered stent was placed in the left mainstem bronchus extending distally into the LLL bronchus over a wire under direct vision. The post-stent lumen size was 60% of normal. The stent blocked the orifice of the LUL bronchus that was obliterated in any event. The final stent placement was in the desired location.

**Complications:** No immediate complications

**Estimated Blood Loss:** Less than 5 cc.

**Post Procedure Diagnosis:**

- Lung collapse
- Extrinsic compression was found in the left mainstem bronchus secondary to posterior mass effect.
- SEMS placed into the LMS with partial recanalization of the LMS.
- No specimens collected.

**Recommendation:**

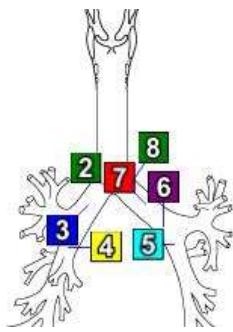
- Technically successful flexible bronchoscopy with endobronchial stent placement. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary findings have been discussed with the patient and follow-up with the requesting service has been recommended.
- Follow up in 6-8 weeks following XRT for possible stent removal..

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

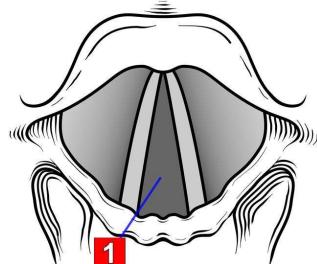
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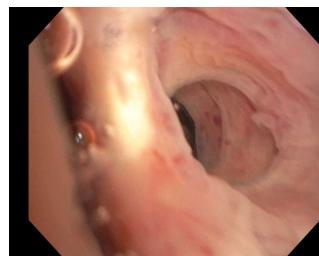
## Add'l Images:



Tracheobronchial Tree



Laryngoscopic View



5 Left lower lobe bronchus : Extrinsic Compression



6 Left mainstem bronchus : Extrinsic Compression, Stent placement



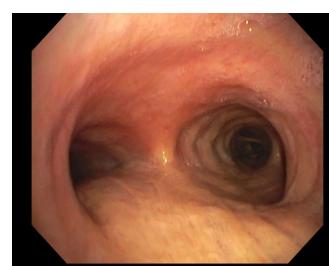
7 Left mainstem bronchus : Stent placement, Extrinsic Compression



8 Stent placement



1 Glottis



2 Carina



3 Right mainstem bronchus



4 Bronchus intermedius

Georgie Eapen,  
 1/27/2016 1:27:27 PM  
 This report has been signed electronically.  
 Number of Addenda: 0