

Patient Name: Kaufmann , Debra
MRN: 1173031
Procedure Date: 8/17/2015

Gender: Female
Age: 61

Proceduralist(s): Georgie Eapen, Russell Miller, MD (Fellow), Lakshmi Mudambi, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Hilar mass

Medications: General Anesthesia, 2% Lidocaine, tracheobronchial tree 8 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. The UC180F convex probe EBUS 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 normal 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 except for extrinsic compression in the LUL posterior segment, and no secretions.

The scope was withdrawn and replaced with the EBUS Bronchoscope to accomplish ultrasound.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. Sampling was also performed using an Olympus EBUS-TBNA 22 gauge needle and sent for routine cytology.

- The LUL mass measured 24.2mm by EBUS and 24mm by CT. PET was not available. On ultrasound the mass was hypoechoic, heterogenous, irregularly shaped with sharp margins. There were several vessels surrounding the mass and obstructing the needle trajectory. A small window of safe needle trajectory was seen and this mass was biopsied using a 22 gauge needle with a total of 1 pass. ROSE preliminary analysis indicates atypical cells, but there was brisk bleeding following the first needle pass and as such further passes under ultrasound were not carried out. An esophageal approach was attempted but we could not clearly visualize the mass. The EBUS scope was withdrawn and a therapeutic scope was inserted and a conventional TBNA was attempted in the area of compression at the LUL posterior segment, but the return was bloody and no additional passes were done.

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All samples sent to cytopathology for review

Complications: No immediate complications

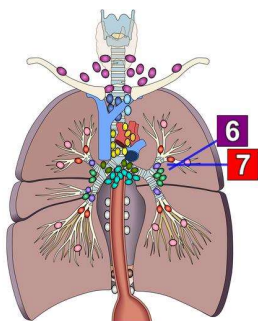
Estimated Blood Loss: Less than 5 cc.

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

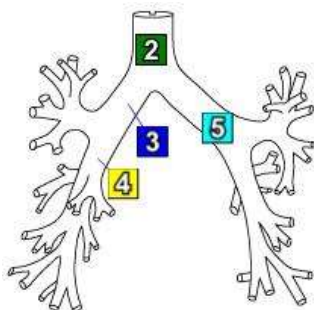
Recommendation: - Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies. The patient has remained stable and has been transferred in good condition to the post bronchoscopy recovery area, where patient will be observed until discharge criteria is met. Preliminary 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.

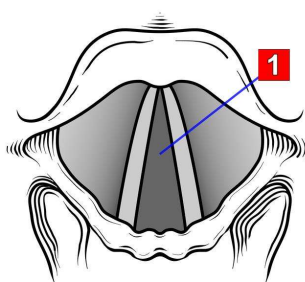
Add'l Images:



Lung Lymph Nodes Stations



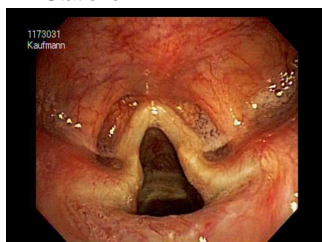
Tracheobronchial Tree



Laryngoscopic View



6 Left Superior Lobe : Mass Size/Sampling



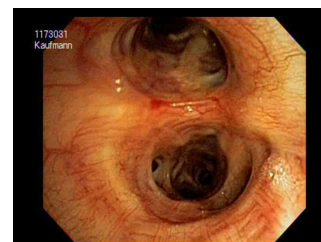
1 Glottis



2 Trachea



3 Right mainstem bronchus



4 Bronchus intermedius



5 Left mainstem bronchus



7 Left Superior Lobe

THE UNIVERSITY OF TEXAS
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Georgie Eapen,
8/17/2015 12:42:30 PM

This report has been signed electronically.

Number of Addenda: 0