



Your HEALTH is our MISSION

Naval Medical Center San Diego
34800 Bob Wilson Drive, San Diego, CA, 92134

Name: PATRICK F ACOSTA **DOB:** 12/17/1998 **DOD#:** 1281055964

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Bronchoscopy Procedure Report

PATIENT NAME: PATRICK F ACOSTA
DATE OF BIRTH: 12/17/1998
DOD NUMBER: 1281055964
DATE/TIME OF PROCEDURE: 11/14/2019 / 08:00:00 AM
ENDOSCOPIST: CDR Russell Miller, M.D,
FELLOW/RESIDENT:
ADDITIONAL FELLOW(S):
TECHNICIAN:
ADDITIONAL TECHNICIAN(S):

PROCEDURE PERFORMED: Bronch+EmN

INDICATIONS FOR EXAMINATION: Lung nodule

MEDICATIONS:

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 mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The laryngeal mask airway was in good position. The vocal cords were 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. 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 the lingual. After manipulation confirmation of placement once at the point of interest with radial ultrasound showed an eccentric view within the lesion. Biopsies were then performed with a variety of instruments to include peripheral needle, and forceps, under fluoroscopic visualization After adequate samples were obtained a mini-BAL was then performed through the super-D catheter with 20cc instillation and 10cc return. We then removed the therapeutic bronchoscope with super-D catheter and reinserted the diagnostic scope at which point standard BAL was performed in the lingula. 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

COMPLICATIONS: None





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IMPRESSION:

RECOMMENDATIONS

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

CPT CODE: / **ICD CODE:**

Patient Name: PATRICK F ACOSTA

MRN: 1281055964



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