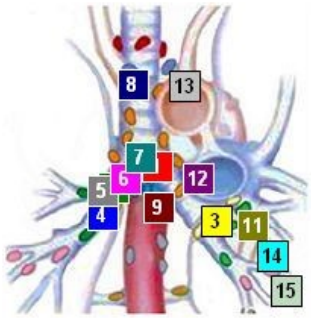
Bronchoscopy Procedure Report

PATIENT NAME: NICHOLAS COLANERI
DATE OF BIRTH: 1/22/1935
DOD NUMBER: 1031658604
DATE/TIME OF PROCEDURE: 11/21/2019 / 10:00:00 AM
ENDOSCOPIST: CDR Russell Miller, M.D,
FELLOW/RESIDENT:
ADDITIONAL FELLOW(S):
TECHNICIAN:
ADDITIONAL TECHNICIAN(S):



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

INDICATIONS FOR EXAMINATION:

MEDICATIONS: General anesthesia with LMA
INSTRUMENTS:

TECHNICAL DIFFICULTY: No
LIMITATIONS: , **TOLERANCE:** Good

PROCEDURE TECHNIQUE:

VISUALIZATION: Good

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 sub-segmental level. Bronchial mucosa and anatomy were normal; there are no endobronchial lesions, except for in the left lower lobe in which the proximal origin was mildly extrinsically compressed. 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 11Rs (6.7mm), 10R (5.7mm), 4R (9.1mm), 2R (7.1 mm), 7 (15.7mm), 4L (6.9mm), and 11L (21.1mm) lymph nodes. Sampling by transbronchial needle aspiration was performed beginning with the 11Rs Lymph node followed by 7, and 4R lymph nodes using an Olympus EBUSTBNA 22 gauge needle. The 4L lymph node followed by the 10R, 4R. ROSE showed malignant cells in the 4R station consistent with N3 disease. We then moved to the large 11L lymph node and took 8 additional passes for molecular studies. All samples

were sent for routine cytology and a dedicated pass from the 11L was sent for flow cytometry. 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: Left lower lobe lung mass with adenopathy

RECOMMENDATIONS
Post Procedure Recommendations:
- Transfer to post-procedure unit and home per protocol
- Will await final pathology results

CPT CODE: / ICD CODE:

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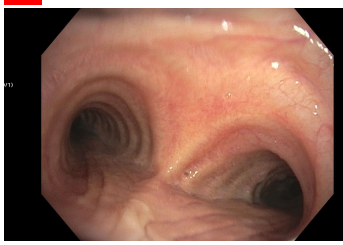

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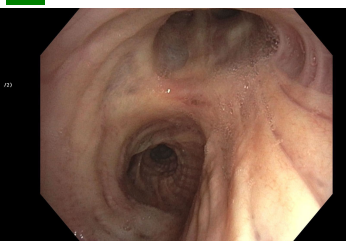

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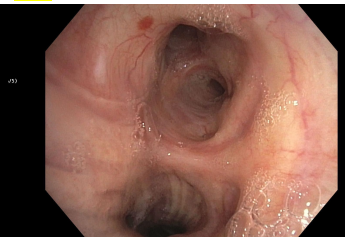
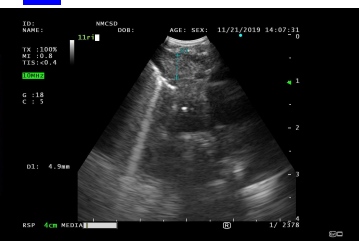
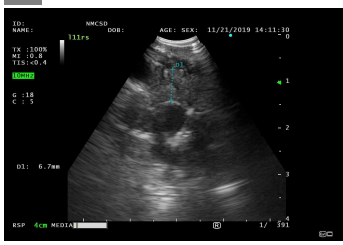
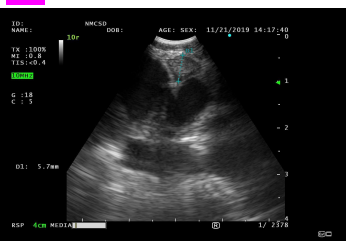
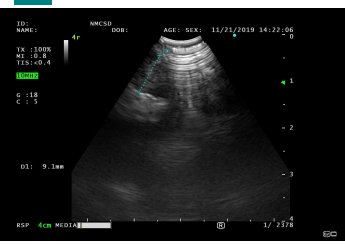


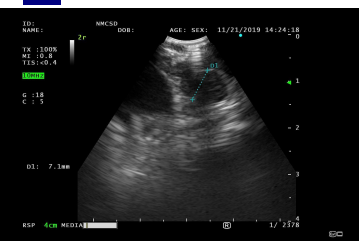
4 11R


Interlober

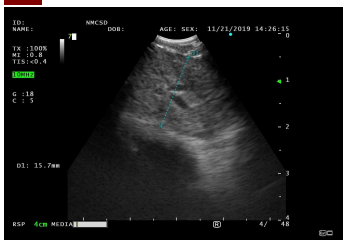
5 11R


6 10R


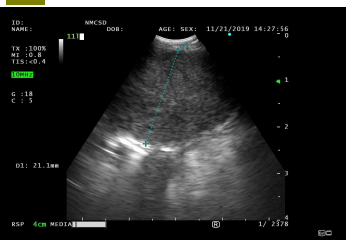
7 4R


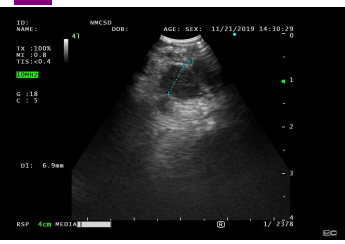
8 2R


Lower paratracheal (inc Azygos

9 7


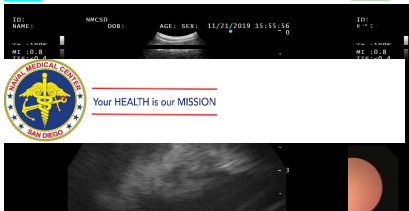
Lower paratracheal (inc Azygos

11 11L


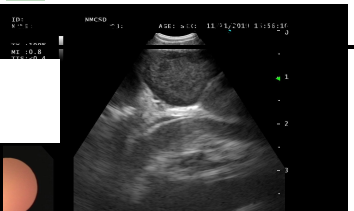
12 4L


13 2L


Subcarinal

14


Interlober

15


Lower paratracheal (inc Azygos

Upper paratracheal