



Your HEALTH is our MISSION

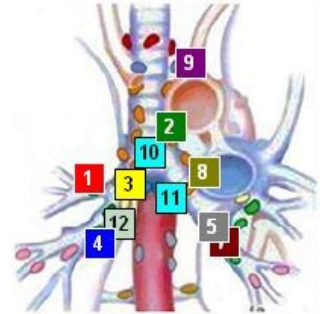
**Naval Medical Center San Diego**  
34800 Bob Wilson Drive, San Diego, CA, 92134

**Name:** MICHAEL J MYERS **DOB:** 9/30/1953 **DOD#:** 1044325396

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## EBUS Procedure Report

**PATIENT NAME:** MICHAEL J MYERS  
**DATE OF BIRTH:** 9/30/1953  
**DOD NUMBER:** 1044325396  
**DATE/TIME OF PROCEDURE:** 9/26/2019 / 08:00:00 AM  
**ENDOSCOPIST:** CDR Russell Miller, M.D.,  
**FELLOW/RESIDENT:**  
**ADDITIONAL FELLOW(S):**  
**TECHNICIAN:**  
**ADDITIONAL TECHNICIAN(S):**



**PROCEDURE PERFORMED:** Directional ultrasound with TBNA , Bronchoscopy, Flexible

### INDICATIONS FOR EXAMINATION:

**MEDICATIONS:** General anesthesia

**INSTRUMENTS:**

**TECHNICAL DIFFICULTY:** No

**LIMITATIONS:** None, **TOLERANCE:** Good

### PROCEDURE TECHNIQUE:

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 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.

**VISUALIZATION:** Good

**FINDINGS:** 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. All accesable mediastinal and hilar lymph nodes were visualized and measured. Sampling by transbronchial needle aspiration was performed with the Olympus EBUS TBNA 22 and 19 gauge needles in the 11Rs lymph nodes which was xxx with a total 5 biopsies. ROSE evaluation 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





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# Naval Medical Center San Diego

34800 Bob Wilson Drive, San Diego, CA, 92134

Name: **MICHAEL J MYERS** DOB: **9/30/1953** DOD#: **1044325396**

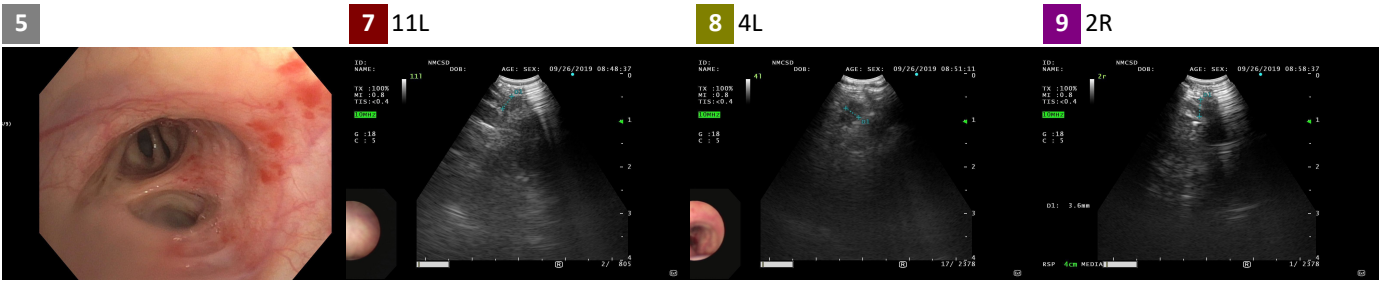
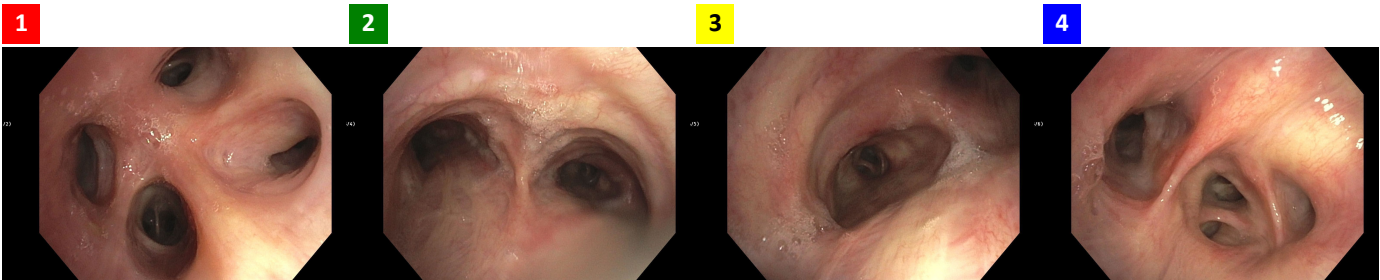
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**IMPRESSION:** Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies and bronchioalveolar lavage.

## RECOMMENDATIONS

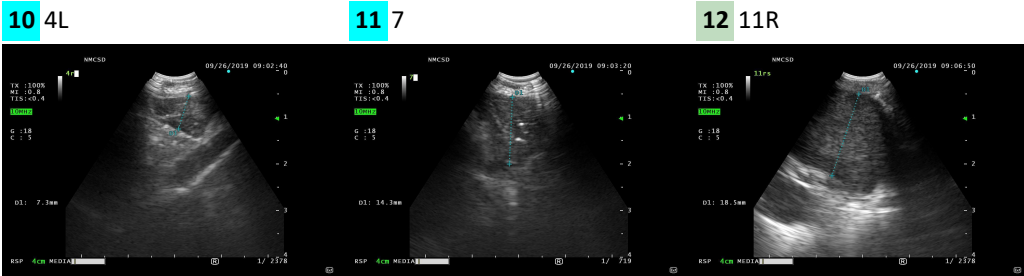
- Will await final pathology results

**CPT CODE:** 31652 bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling / **ICD CODE:**



Hilar nodes

Lower paratracheal (inc Azygos Highest mediastinal



Lower paratracheal (inc Azygos Subcarinal

Interlober

Patient Name: MICHAEL J MYERS

MRN: 1044325396



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EBUS-Stage Procedure Report

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