



Your HEALTH is our MISSION

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

**Name:** DAVID A POINDEXTER **DOB:** 10/3/1940 **DOD#:** 1167156084

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## Bronchoscopy Procedure Report

**PATIENT NAME:** DAVID A POINDEXTER  
**DATE OF BIRTH:** 10/3/1940  
**DOD NUMBER:** 1167156084  
**DATE/TIME OF PROCEDURE:** 11/21/2019 / 08:00:00 AM  
**ENDOSCOPIST:** CDR Russell Miller, M.D,  
**FELLOW/RESIDENT:** Partain Neil  
**ADDITIONAL FELLOW(S):**  
**TECHNICIAN:** O'Neal Asia  
**ADDITIONAL TECHNICIAN(S):**

**PROCEDURE PERFORMED:** Bronch+EmN

**INDICATIONS FOR EXAMINATION:** Left upper lobe nodule

**MEDICATIONS:** General anesthesia with endotracheal tube

**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 endotracheal tube and advanced to the tracheobronchial tree. 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 apico-posterior branch of left upper lobe. Radial probe was used to attempt to confirm presence within the lesion. Although we were able to navigate directly to the lesion with navigation the radial probe view was suboptimal. Biopsy was performed initially with triple needle brush and TBNA needle. ROSE did not reveal evidence to support that we were within the lesion. Multiple attempts were made to manipulate the catheter and biopsies were then performed with a variety of instruments to include peripheral needle, and forceps, brush under fluoroscopic visualization. The specimens reviewed on-site remained suboptimal. Multiple forceps biopsies were performed within the location of the lesion and placed in cell-block. After which a mini-BAL was then performed through the super-D catheter. We then removed the therapeutic bronchoscope with super-D catheter and reinserted the diagnostic scope at which point 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





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**COMPLICATIONS:** None

**IMPRESSION:**

- S/P bronchoscopy with biopsy and lavage.
- Suboptimal navigational localization

**ESTIMATED BLOOD LOSS:** None

**COMPLICATIONS:** None

**IMPRESSION:** PRE-PROCEDURE DIAGNOSIS: LEFT UPPER LOBE PULMONARY NODULE

**RECOMMENDATIONS**

**RECOMMENDATIONS**

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

**CPT CODE:** / **ICD CODE:**

**Patient Name:** DAVID A POINDEXTER

**MRN:** 1167156084



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