

Patient Name: Drake Davis , Debbie
MRN: 1175306
Procedure Date: 12/14/2015

Gender: Female
Age: 49

Proceduralist(s): Horiana B. Grosu, Pulmonologist, Russell Miller, MD (Fellow)

Procedure Name: Bronchoscopy

Indications: Nodule of lung, Lung fistula

Medications: 2% Lidocaine, tracheobronchial tree 10 mL, Conscious Sedation as documented per the nursing and medication record

Procedure Description: Pre-Anesthesia Assessment:

- ASA Grade Assessment: III - A patient with severe systemic disease.
- 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 T180 therapeutic video bronchoscope was introduced through the mouth, via laryngeal mask airway and advanced to the tracheobronchial tree. The patient tolerated the procedure well.

Findings: The nasopharynx/oropharynx appears normal. The larynx appears normal. The vocal cords move normally with phonation and breathing. The subglottic space is normal. The trachea is of normal caliber , trachea with white patches on posterior membrane. Endobronchial bx done for path and cultures. . The carina is sharp but inflamed, left main narrowed 40%. . The tracheobronchial tree was examined to at least the first subsegmental level. There are no endobronchial lesions. There was a fistula seen on the medial aspect of the right main stem, approx 1 cm in size draining pus.

Bronchoalveolar lavage was performed in the RUL posterior segment (B2) of the lung and sent for cell count and differential, routine cytology and microbiology analysis. 80 mL of fluid were instilled. 40 mL were returned. The return was purulent.

Using radial probe ultrasound the right upper lobe (posterior segment mass was visualized and under fluoroscopic guidance needle bx x 3 were done.

TBNA were performed in the posterior segment of the right upper lobe using needle biopsy and sent for histopathology examination. The procedure was guided by fluoroscopy. Three biopsy samples were obtained.

Hemostasis at all biopsy sites was achieved.

Complications: No immediate complications

Estimated Blood Loss: Less than 5 cc.

Post Procedure Diagnosis:

- The examination was normal.
- Bronchoalveolar lavage was performed.
- Transbronchial lung biopsies were performed.

Recommendation:

- Chest X-ray post-procedure.
- The patient will be observed post-procedure, until all discharge criteria are met.
- Await BAL and biopsy results.

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Attending Participation: I was present and participated during the entire procedure, including non-key portions.

Add'l Images:



1



2



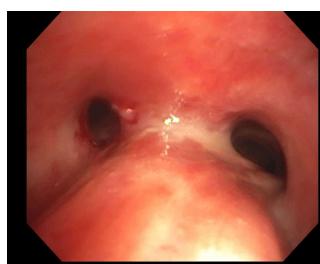
3 fistula



4



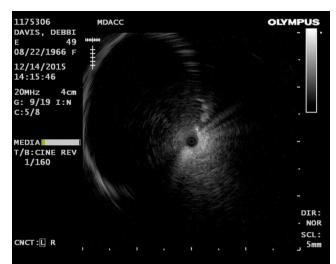
5



6



7 white patches on post wall of trachea



8 RUL mass

Horiana B. Grosu, Pulmonologist

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This report has been signed electronically.

Number of Addenda: 0