



Your HEALTH is our MISSION

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

Name: ZAIDA I DYKES **DOB:** 5/16/1964 **DOD#:** 1036352597

Page 1 / 2

Bronchoscopy Procedure Report

PATIENT NAME: ZAIDA I DYKES
DATE OF BIRTH: 5/16/1964
DOD NUMBER: 1036352597
DATE/TIME OF PROCEDURE: 12/12/2019 / 11:00:00 AM
ENDOSCOPIST: CDR Russell Miller, M.D,
FELLOW/RESIDENT: Partain Neil
ASSISTING PHYSICIANS: Gilbert Seda
TECHNICIAN:
ADDITIONAL TECHNICIAN(S):

PROCEDURE PERFORMED: EBUS-Dx, >2 stages

INDICATIONS FOR EXAMINATION: Mediastinal adenopathy

MEDICATIONS: General Anesthesia

INSTRUMENTS:

PROCEDURE TECHNIQUE:

EBUS via LMA

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 P190 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 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. Mediastinal lymph nodes were sampled by transbronchial needle aspiration with the Olympus EBUSTBNA 22 gauge needle beginning with the 4R Lymph node, followed by the 4L lymph node, followed by the 7 lymph node, followed by the 11Rs lymph node. Additionally 3 micro forcep biopsies were performed of the station 7 lymph node through the EBUS bronchoscope with ultrasound visualization. At least 5 biopsies were performed in each station. ROSE evaluation yielded benign lymphocytes. All samples were sent for routine cytology. Following completion of EBUS bronchoscopy, the P190 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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IMPRESSION: Mediastinal Adenopathy

Page 2 / 2

RECOMMENDATIONS

- Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies.
- The patient has remained stable and has been transferred in good condition to the post-surgical monitoring unit.
- Discharge home when criteria met
- Will await final pathology results

CPT CODE: 31653 bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling 3 or more structures.

Patient Name: ZAIDA I DYKES

MRN: 1036352597



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EBUS-Dx, >2 stages Procedure Report

2 / 2

