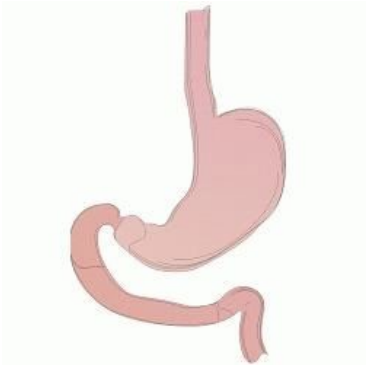
Name: WILLIAM C DUKE **DOB:** 1/7/1943 **DOD#:** 1135413840

Bronchoscopy Procedure Report



PATIENT NAME: WILLIAM C DUKE
DATE OF BIRTH: 1/7/1943
DOD NUMBER: 1135413840
DATE/TIME OF PROCEDURE: 10/24/2019 / 10:30:00 AM
ENDOSCOPIST: M.D. Charles Volk, M.D,
FELLOW/RESIDENT: Biberston Jeffery
ADDITIONAL FELLOW(S):
TECHNICIAN: Redman Adam
ADDITIONAL TECHNICIAN(S):

PROCEDURE PERFORMED: **EBUS-Dx, <3 stages**

INDICATIONS FOR EXAMINATION:

MEDICATIONS:
INSTRUMENTS:

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

PROCEDURE TECHNIQUE:

VISUALIZATION: Good

FINDINGS: **Medications: General Anesthesia,**
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. There was extensive thick purulent secretions throught the airway which were suctioned. The trachea was of normal caliber. The carina was sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial anatomy was normal. Bronchia mucosa was friable and bled easily with minimal trauma. In the lateral segment of RLL there appeared to be evidence of sub-mucosal disease. There are no other endobronchial lesions. 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. Station 7 lymph node was measured at 1.3cm. Sampling by transbronchial needle aspiration was performed with the Boston Scientific Acquire needles alternative between 22G and 25G. ROSE evaluation showed abundant lymphocytes. All samples were sent for routine cytology and flow cytometry. Following completion of EBUS bronchoscopy, the Q190 video bronchoscope was then re-inserted and forceps biopsies were performed in the lateral segment of the right lower lobe. After suctioning blood and

secretions there was no evidence of active bleeding and the bronchoscope was subsequently removed.

Complications: No immediate complications
Estimated Blood Loss: 5cc

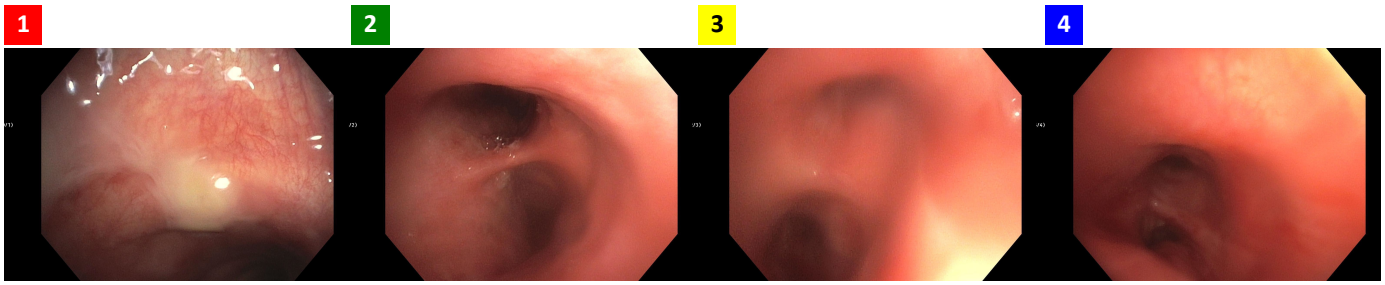
Post Procedure Diagnosis:
- Technically successful flexible bronchoscopy with endobronchial ultrasound-guided biopsies and endobronchial forceps biopsy

ESTIMATED BLOOD LOSS: None
COMPLICATIONS: None

IMPRESSION: Adenopahty

RECOMMENDATIONS
- The patient has remained stable and has been transferred in good condition to the post-surgical monitoring unit.
- Will await final pathology results

CPT CODE: 31652 bronchoscopy with endobronchial ultrasound (EBUS) TBNA, sampling 1 or 2 structures. / **ICD CODE:**



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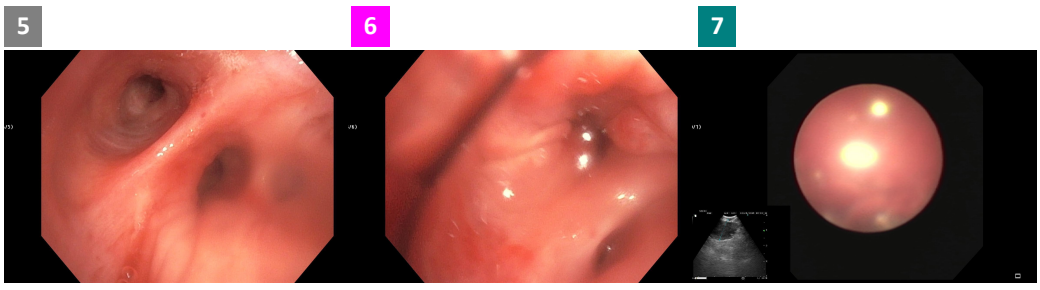

Segmental Subcarinal