

Flexible bronchoscopy is a procedure that uses a flexible scope with a light and a camera on the end of it to visualize the inside of the airways, starting with the main airway into the lungs (trachea) and moving down the progressively smaller branches of the airways that go to the right and left lung. A variety of tools can be passed through the scope to aid in the diagnosis of abnormalities within or adjacent to the airways such as pneumonia, infiltrates or inflammation in the lung of unknown cause, lung nodules or masses, and hemoptysis (coughing up blood). A special bronchoscope with an ultrasound on the end of it can be used to visualize enlarged lymph nodes in the middle of the chest and take biopsies of them. Bronchoscopy can also be used to remove mucous or foreign bodies from the airways. A bronchoscopy procedure is typically done with sedation or under general anesthesia, depending on the procedure to be performed and length of the procedure. Bronchoscopy is generally a very safe procedure. Some possible complications include bleeding and collapsed lung, but these are uncommon occurrences. Sometimes patients will experience fever or coughing up small amounts of blood (less than 2 tablespoons) in the 24 hours after a bronchoscopy. This is not unexpected and should not cause alarm. Usually patients can resume normal activities after sedation or anesthesia has worn off.