



Service Priorities and Programmes
Electronic Presentations

Convention ID: 406

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Audit on flexible bronchoscopy in Tseung Kwan O Hospital

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Keywords:

bronchoscopy

complication

diagnostic accuracy

sedation

Introduction

Bronchoscopy is one of the important diagnostic, and sometimes therapeutic, procedures in respiratory medicine. An audit was carried out among the procedures performed between the period September 2012 to February 2013 inclusively in our department with particular interest on its diagnostic yield and complication rate. The various practice of sedation was also studied.

Objectives

to study the diagnostic accuracy of malignancy and complications of bronchoscopy, and use of sedation in bronchoscopy in Tseung Kwan O Hospital

Methodology

This is a retrospective review over a 1-year period, from September 2012 to February 2013 inclusively. All patient data within the time period were retrieved from the record of Combined Endoscopy Unit of TKOH. The following patients were included: 1. Patients have bronchoscopy done by respiratory team in TKOH 2. Age ≥ 18 years old Their respective medical records were studied in details. Clinical data including sex, date of birth, date of bronchoscopy were documented. Co-morbidities including heart diseases, renal diseases and liver diseases, history of malignancies were also recorded. Uses of pre-procedural medication for sedation were documented. Finding during the procedure were recorded. Complications including bleeding, fever, infection, pneumothorax were recorded. Need for bronchial biopsy and transbronchial biopsy under Xray guidance were collected. In cases of lung malignancies, either primary or metastatic, number of biopsies samples and their respective diagnostic yield will be obtained in the study. Successful yield of malignant cells in case of malignancy would be regarded as positive results.

Result

Results: Eighty-four procedures were performed during the study period. No mortality or major complication was reported. Twenty-one patients (25%) had moderate bleeding requiring topical adrenaline and/or ice-cold saline. Use of aspirin was not

associated with increased risk of bleeding. Five patients (6.0%) had desaturation during the procedure and required termination, and two patients (2.4%) had pneumothorax. There was no procedure-related fever or infection reported. Ten out of twelve patients (83.3%) with endobronchial lesion had positive bronchoscopic yield, while eighteen out of twenty-nine patients (62.1%) diagnosed to have carcinoma had positive yield of tumor cells from bronchoscopy. Individual variation existed in use of sedation and commonly used agents included opioid (intramuscular pethidine and intravenous fentanyl) and benzodiazepine (intravenous dormicum). Conclusion: Bronchoscopy is a relatively safe procedure for diagnostic use, with quite high diagnostic yield. The variety in the use of conscious sedation signifies the urge for standardized sedation protocol.