

# Having a bronchoscopy to check your airway/lungs

Respiratory Medicine

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Information for Patients

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## Introduction

You have been advised to have a bronchoscopy. This booklet explains what will happen and help you to prepare for the test. **Please read this leaflet** and bring it with you on the day of your test.

If you have any concerns that you wish to discuss before your appointment, call the number on page 7. When you come to the ward, the team will make sure you are prepared for your procedure. At this time you can talk about any concerns or worries you may still have.

## What is a bronchoscopy?

A bronchoscopy is an examination of your breathing tubes. We insert a fine flexible tube called a bronchoscope into the airways by either your mouth or your nose. A camera at the end of the bronchoscope lets the doctor look directly into your voice box (larynx), windpipe (trachea), and breathing tubes (bronchi).

Your doctor may take samples through the bronchoscope. This can include:

- Washing out an area of your lung with sterile salt water (saline) and then sucking it out again.
- Inserting a small brush to take samples of the lining of the airways.
- Inserting forceps to take samples of tissue (biopsies) from the airway or lung.
- Inserting forceps to freeze then remove samples of tissue (cryobiopsies) from the airway or lung. This can involve putting in and removing the bronchoscope a few times to take the samples.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact [uhl-tr.informationforpatientsmailbox@nhs.net](mailto:uhl-tr.informationforpatientsmailbox@nhs.net)

## Why do I need this procedure?

A bronchoscopy lets the medical staff get a detailed look at the airways and the lungs. There are several reasons why you may need a bronchoscopy. This may be because:

- you are coughing up blood.
- you had an abnormal chest X-ray or CT scan.
- we want to look for:
  - cancer
  - infections like tuberculosis (TB)
  - inflammatory diseases that affect the lungs, like sarcoidosis

## Are there any risks?

Bronchoscopy is generally a safe procedure. Serious complications are rare.

- You may have a sore nose, sore throat, hoarse voice or cough after the procedure.
- You may have a high temperature for 24 to 48 hours (1 to 2 days) afterwards. You can take paracetamol for this.
- Rarely, some people may get a chest infection. You may have a cough, breathlessness, yellow/green phlegm and fever. If you have any of these problems, then please ring the Endoscopy number on page 7. You can also go to the clinical decisions unit in Glenfield Hospital or see your GP.
- You may bleed during the bronchoscopy. This is usually minor. It may cause you to have small amounts of blood coming from the nose or in your phlegm for a few days. It is uncommon to have a lot of bleeding that needs a blood transfusion or admission to hospital for more treatment.
- There is a small risk of a biopsy causing a small puncture in the lung, leading to an air leak around the lung (pneumothorax). This can happen in 1 in 1000 cases. This risk is higher (1 in 10 cases) if you have a special type of lung biopsy called a transbronchial biopsy. Your doctor will talk to you about the procedure. If an air leak does happen, you may need to stay in hospital for observation and possibly to remove the air using a small plastic tube (chest drain).

## How do I prepare for the procedure?

- If your test is in the **morning, do not eat or drink after 2am.**
- If your test is in the **afternoon, do not eat or drink after 8am.**
- You can have water up to 2 hours before the test.
- If you are on aspirin, you usually do not need to stop this for the procedure. Please ask if you are unsure.

- You **must tell** your hospital doctor or call the endoscopy unit if you are taking blood thinning medicines. You will need to stop them a few days before the procedure. Your doctor will be able to advise you about it. These include:
  - Clopidrogel
  - Ticagrelor
  - Enoxaparin
  - Dalteparin
  - Warfarin
  - Rivaroxaban
  - Apixaban
  - Dabigatran
  - Edoxaban
- Take your usual medicines with a small sip of water unless you are told otherwise.
- There is no need to bring nightwear. Just wear clothing that is comfortable and not too tight fitting.

**We will normally give you a sedative medication for the test.** You may feel sleepy from the medication after your procedure. It is not safe to travel or drive home alone. **You must have an adult that can take you home and stay with you for 12 hours after the test.**

## Preparing for a bronchoscopy with diabetes

**Do not eat or drink for 6 hours before the test.** This section will tell you how to manage your diabetes before the test. This is so you do not have a 'hypo' (low blood glucose) on the day of your test.

The symptoms of a 'hypo' can be feeling shaky, dizzy, sweaty or weak. If you have any of these symptoms and/or your blood sugar drops below 4mmol/L while waiting for your test, you can have a sugary drink such as Lucozade, orange juice, or 4 teaspoons of sugar dissolved in 250ml of water. You must let the endoscopy team know if you have had to do this when you arrive for your test.

**If you are on diabetes tablets or non-insulin injections:**

Medication	Day before	Day of procedure	Day after procedure
Acarbose	Take as usual	Do not take	Take as usual
Metformin	Take as usual	Do not take	Take as usual
Repaglinide Nateglinide	Take normal dose	Do not take morning or lunchtime dose	Take as usual
Gliclazide Glebencimide Glipizide Glimepride Gliquidone	Take usual dose in the morning  Take half usual dose in the evening	Do not take morning  Take as usual in the evening	Take as usual
Pioglitazone	Take as usual	Take as usual	Take as usual
Dapagliflozin Canagliflozin Empagliflozin	Stop 3 days before procedure	Do not take dose	Take as usual
Sitagliptin Saxagliptin Vildagliptin Alogliptin	Take as usual	Do not take in the morning  Take as normal in the evening.	Take as usual
GLP-1 injections and tablets			
Trulicity Exenatide (Byetta) Liraglutide Rybelsus Lixisenatide Semaglutide (Ozempic) Mounjaro	Take as usual	Take as usual	Take as usual

Once you are eating and drinking you can restart your tablets/injections as normal. If you are unsure or have any questions, please contact your usual diabetes care provider.

## If you take insulin

This section which will explain how to manage your insulin.

### Morning appointments

Name of insulin	Day before the test	On day of test	Day after test
<b>Biphasic mixed insulins/2 times a day</b>			
Novomix 30 Humulinm3 Humalog mix 25 Humalog mix 50 Insuman comb 25	Reduce evening dose by a half	a) Take half of your usual morning dose  b) take your usual dose in the evening	Take usual dose of insulin
<b>Basal/bolus insulin programme</b>			
<b>Bolus insulins</b> Actrapid Humulin S Insuman Rapid Novorapid Fiasp Humalog Apidra Lymjev	Normal dose of insulin before evening meal	a) Do not take your morning dose of insulin  b) take usual dose of lunchtime dose of eating and drinking  c) Take usual evening dose if eating and drinking	Take usual dose of insulin
<b>If insulin is taken in the morning</b>			
<b>Basal insulins</b> Lantus Levemir Insulatard Humulinl Insuman basal	Take usual dose of insulin	a) Take only half of your dose of insulin if taken insulin in the morning.	Take usual dose of insulin
<b>If taken in the evening</b>			
Abasaglar Toujeo Tresiba Semglee	Reduce your insulin by a half	Take usual dose of insulin	Take usual dose of insulin

## Afternoon appointments

Name of insulin	Day before the test	On day of the test	Day after test
<b>Biphasic mixed insulins/2 times a day</b>			
Novomix 30 Humulinm3 Humalog mix 25 Humalog mix 50 Insuman comb 25 Insuman comb 50	Reduce evening dose by a half	a) Take half your usual morning dose  b) Take your usual dose in the evening	Take usual dose of insulin
<b>Basal/bolus insulin regime</b>			
<b>Bolus insulins</b> Actrapid Humulin S Insuman Rapid Novorapid Fiasp Humalog Apidra Lymjev	Normal dose of insulin before evening meal	a) Take usual dose of insulin in the morning. b) Do not take lunchtime dose of insulin c) Take usual evening dose of insulin if eating and drinking	Take usual dose of insulin
<b>If insulin is taken in the morning</b>			
<b>Basal insulins</b> Lantus Levemir Insulatard Humulinl	Take usual dose of insulin	a) Reduce your insulin by a 1/3 (third) if taken in the morning	Take usual dose of insulin
<b>If taken in the evening</b>			
Insuman basal Abasaglar Toujeo Tresiba Semglee	Reduce your insulin by a half	Take usual dose of insulin	Take usual dose of insulin

Once you are eating and drinking after the test, you can take your next dose of insulin as usual.

If you are on any diabetes medications which have not been mentioned in this booklet or you are not sure what to do, then please contact your usual diabetes care provider for more advice.

## What happens during the procedure?

- Please go to the reception area of ward 25 (endoscopy unit). This is on the first floor of Glenfield Hospital.
- A nurse will ask you some questions about your medicines, allergies and any medical conditions you may have.
- A doctor will explain the procedure to you. You can ask any questions before you sign a digital consent form.
- We will put a small plastic tube (cannula) into a vein in your hand or arm. We will give you sedative medicine through this. This is to make you feel sleepy and relaxed. You can choose whether or not to have the sedative medicine. We advise you to have it in most cases.
- We will do this procedure under local anaesthetic. You will be sitting up or lying down.
- We will put a numbing spray to the back of your mouth and nose. This can make you cough. It can have a bitter taste. The back of the tongue and throat will feel numb afterwards.
- Nurses will attach a blood pressure cuff and a clip to your finger to measure your oxygen levels. You will get extra oxygen through a small plastic tube fitted under your nose. They may also put a small plastic mouthpiece into your mouth in between your teeth. If you have glasses or dentures, you will need to remove these for the test.
- Once you have had the sedative medicine, the bronchoscope will be passed either through your nose or mouth into the airways.
- We will give you more local anaesthetic through the tube to numb the airways. We may also give you more sedation as the procedure continues.
- The doctor will examine the airways and take samples as needed. A bronchoscopy will normally last for 30 minutes.

## What happens after the procedure?

The nurses will look after you in our recovery area for 2 hours. They will check your blood pressure and oxygen levels. You may have a chest X-ray. We may continue to give you oxygen for a short while. As your throat has been numbed, you may feel that you cannot swallow properly but this normally wears off after 2 hours.

If you are well after 2 hours you can go home. You can eat and drink 3 hours after the procedure has finished.

### For 24 hours after the procedure:

- **Do not drive**
- **Do not operate dangerous machinery**
- **Do not drink alcohol**
- **Do not sign legally binding documents**



## When will I know the results?

The results of your bronchoscopy and any samples taken will be sent to the doctor who referred you for the procedure. Please contact your hospital doctor's secretary or your GP if you do not get a follow up appointment.

## Feedback

We are keen to make your bronchoscopy as straightforward and comfortable as possible. Please let us know if you have any suggestions as to how we can improve your experience.

Please do not hesitate to contact us if you have any queries or concerns.

## Contact details

- **Endoscopy Unit: 0116 258 3130** (Monday to Friday, 9am to 5pm)
- **Bronchoscopy appointments: 0116 258 7777** (ext. 2259) (Monday to Thursday, 8.30am to 2pm)

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