Patient information and consent to paediatric flexible bronchoscopy and bronchoalveolar lavage

Key messages for patients or person with parental responsibility

- Please read your child’s admission letter carefully. It is important to follow the instructions we give you about not eating or drinking or we may have to postpone or cancel your operation.

- Please read this information carefully, you and your health professional will sign it to document your consent.

- It is important that you bring the consent form with you when you are admitted for surgery. You will have an opportunity to ask any questions from the surgeon or anaesthetist when you are admitted. You may sign the consent form either before you come or when you are admitted.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Laxatives and painkillers may be required after your hospital stay; please ensure you have appropriate supplies at home.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team. If you have diabetes please ask for specific individual advice to be given on your medication at your pre-operative assessment appointment.

- Please call the respiratory secretaries on telephone number 01223 216020 if you have any questions or concerns about this procedure or your appointment.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the procedure has started (as long as it is safe and practical to do so). If your child is having an anaesthetic you will have the opportunity to discuss this with the anaesthetist, unless the urgency of your treatment prevents this.

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your child’s life or prevent serious harm to your health. However, there may be procedures you do not wish us to carry out and these can be recorded on the consent form. We are unable to guarantee that a particular person will perform the procedure. However the person undertaking the procedure will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About fibreoptic bronchoscopy

Fibreoptic bronchoscopy involves passing a slim tube (between 2 and 5 mm across) down the airway. We are then able to view the airways to see any structural changes. The ‘scope includes a small channel that allows us to flush in saline (salty water) and then suck it back (a ‘lavage’). This fluid is sent to the laboratory for testing and allows us to look at cells in the lungs including any bacteria.

Intended benefits

Bronchoscopy is very useful for looking for structural problems in the lung, as well as getting specimens of fluid from the lung. In particular it can help to identify what bugs are growing in the lung, and this can help in the choice of antibiotics when treating infection.

Who will perform my procedure?

This procedure will be performed by one of the paediatric respiratory doctors. It is usually a consultant, but trainees (who have been on a proper course) may be allowed to undertake examinations under supervision.

Before your child’s procedure

Many patients will have the bronchoscopy discussed at a respiratory clinic, where we will be able to explain the reasons for undertaking the test. At this clinic, we will ask for details of your child’s medical history and carry out any necessary clinical examinations and investigations. Please ask us any questions about the procedure, and feel free at any time to discuss any concerns you might have.

We will ask if you take any tablets or use any other types of medication either prescribed by a doctor or bought over the counter in a pharmacy. Please bring all your medications and any packaging (if available) with you. Please tell the ward staff about all of the medicines you use. If you wish to take your medication yourself (self-medicate), please ask your nurse. Pharmacists visit the wards regularly and can help with any medicine queries.

This procedure involves the use of general anaesthesia. You will see an anaesthetist before your child’s procedure.

Most children who have this type of procedure will only need to stay in hospital for the day of the procedure, although in some cases we may discuss staying overnight. Your doctor will discuss the length of stay with you. You will need to arrive in the morning, having starved your child overnight.

During the bronchoscopy

Once the child has been anaesthetised, the doctor will pass the ‘scope and look at the lungs. The procedure itself usually only takes about 15-20 minutes, but your child will be with us for longer as he/she will then need to be woken and moved to recovery.
If blood samples are being taken, or an impedance probe (to assess reflux) being placed, then these will be done while your child is asleep.

**After the procedure**

Once the bronchoscopy is completed the patient will usually be transferred to the recovery ward where he/she will be looked after by specially trained nurses under the direction of your anaesthetist. The nurses will monitor your child closely until the effects of any general anaesthetic have adequately worn off and he/she is conscious. They will monitor your child’s heart rate, blood pressure and oxygen levels too. They may be given oxygen via a facemask.

**Eating and drinking.** After this procedure, your child should not have anything to eat or drink until advised - this is usually after about an hour.

**Getting about after the procedure.** We will help your child to become mobile as soon as possible after the procedure. This helps improve your child’s recovery and reduces the risk of complications. If your child has any mobility problems, we can arrange nursing or physiotherapy help.

**Leaving hospital.** Generally most people who have had this operation will be able to leave hospital after a couple of hours. However, the actual time that your child stays in hospital will depend on your child’s general health, how quickly your child is recovering from the procedure and your doctor's opinion.

**Resuming normal activities including work.** Usually your child can resume normal activities immediately. Your doctor will advise you on how quickly your child can resume normal and more vigorous activity.

**Special measures after the procedure:** We will give you further information about any special measures you need to take after the procedure. We will also give you information about things to watch out for that might be early signs of problems (eg infection).

**Check-ups and results:** Before you leave hospital, we will give you an appointment for an outpatient clinic or for the results of your surgery. At this time, we can check your progress and discuss any further treatment.
Significant, unavoidable or frequently occurring risks of this procedure

Risks associated with this procedure: Complications from fibreoptic bronchoscopy are rare. Fewer than 2% of children develop any problem. Those that do, mostly develop some coughing or short periods of oxygen desaturation (low oxygen levels) to around 90%. Up to 1 in 5 may develop a brief and mild fever after the procedure. This usually only requires treatment with paracetamol. Rare problems may include minor bleeding (~1 in 100). Fewer than 1 in 1000 develop a lung leak (pneumothorax) that may require treatment.

Alternative procedures that are available

Other imaging (eg CT scans) can gather information about the structure of the lungs but the detail is much less clear than on bronchoscopy. Similarly sputum specimens (such as those coughed up after using nebulisers) can be used to look for organisms, but are often difficult to obtain.

Information and support

Please ask us for information sheets on bronchoscopy or on impedance probes if wanted.

Anaesthesia

Anaesthesia means ‘loss of sensation’. There are three types of anaesthesia: general, regional and local. The type of anaesthesia chosen by your anaesthetist depends on the nature of your surgery as well as your health and fitness of your child. Sometimes different types of anaesthesia are combined.

Before your operation

Before your child’s operation you will meet an anaesthetist who will discuss with you the anaesthetic for that operation. He/she will need to know about:

- your child’s general health, including previous and current health problems
- whether you or anyone in your family has had problems with anaesthetics
- any medicines or drugs used
- whether your child has had any abnormal reactions to any drugs or have any other allergies
- teeth and whether any are loose.

Your anaesthetist may need to listen to your child’s heart and lungs, ask them to open their mouth and will review any test results.
Moving to the operating room or theatre
When you arrive in the theatre or anaesthetic room and before starting your anaesthesia, the medical team will perform a check of your child’s name, personal details and confirm the operation you are expecting.

Once that is complete, monitoring devices may be attached. These may include a blood pressure cuff, heart monitor (ECG) and a monitor to check oxygen levels (a pulse oximeter). An intravenous line (drip) may be inserted. If a regional anaesthetic is going to be used, this may be done at this stage. If you are to have a general anaesthetic, you may be asked to breathe oxygen through a face mask.

It is common practice nowadays to allow a parent into the anaesthetic room with a child; as the child goes unconscious, the parent will be asked to leave.

General anaesthesia
During general anaesthesia your child is put into a state of unconsciousness and your child will be unaware of anything during the time of their operation. Nearly all children undergoing bronchoscopy require general anaesthesia.

While your child is unconscious the anaesthetist remains with them at all times. He or she monitors their condition and administers the right amount of anaesthetic drugs to maintain them at the correct level of unconsciousness for the period of the procedure. The anaesthetist will be monitoring such factors as heart rate, blood pressure, heart rhythm, body temperature and breathing. He or she will also constantly watch your child’s need for fluid replacement.

Sedation
Sedation is the use of small amounts of anaesthetic or similar drugs to produce a ‘sleepy-like’ state. Sedation may be used as well as a local or regional anaesthetic. The anaesthesia prevents your child from feeling pain, the sedation will make your child drowsy. Sedation also makes your child physically and mentally relaxed during an investigation or procedure which may be unpleasant or painful (such as an endoscopy) but where your child’s co-operation is needed. Your child may remember a little about what happened but often will remember nothing. Sedation may be used by other professionals as well as anaesthetists.

What will my child feel like afterwards?
Most children feel fine after their procedure. Some people may feel dizzy, sick or have general aches and pains. Others may experience blurred vision, drowsiness, a sore throat, headache or breathing difficulties.
What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risks cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. The risk to your child will depend on whether there is any other illness, personal factors or surgery which is complicated, long or performed in an emergency.

**Very common (1 in 10 people) and common side effects (1 in 100 people)**
- Feeling sick and vomiting after surgery
- Sore throat
- Dizziness, blurred vision
- Headache
- Damage to lips or tongue (usually minor)
- Itching
- Aches, pains and backache
- Pain during injection of drugs
- Bruising and soreness
- Confusion or memory loss

**Uncommon side effects and complications (1 in 1000 people)**
- Chest infection
- Muscle pains
- Slow breathing (depressed respiration)
- Damage to teeth
- An existing medical condition getting worse
- Awareness (becoming conscious during your operation)

**Rare (1 in 10,000 people) and very rare (1 in 100,000 people) complications**
- Damage to the eyes
- Serious allergy to drugs
- Death
- Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

For more information about anaesthesia, please visit the Royal College of Anaesthetists’ website: [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
Information about important questions on the consent form

1  Creutzfeldt Jakob Disease (‘CJD’)
We must take special measures with hospital instruments if there is a possibility you have been at risk of CJD or variant CJD disease. We therefore ask all patients undergoing any surgical procedure if they have been told that they are at increased risk of either of these forms of CJD. This helps prevent the spread of CJD to the wider public. A positive answer will not stop your procedure taking place, but enables us to plan your operation to minimise any risk of transmission to other patients.

2  Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your child’s diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

3  Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

4  Use of Tissue
As a leading bio-medical research centre and teaching hospital, we may be able to use tissue not needed for your treatment or diagnosis to carry out research, for quality control or to train medical staff for the future. Any such research, or storage or disposal of tissue, will be carried out in accordance with ethical, legal and professional standards. In order to carry out such research we need your consent. Any research will only be carried out if it has received ethical approval from a Research Ethics Committee. You do not have to agree and if you prefer not to, this will not in any way affect the care and treatment we provide. The leaflet ‘Donating tissue or cells for research’ gives more detailed information. Please ask for a copy.

If you wish to withdraw your consent on the use of tissue (including blood) for research, please contact our Patient Advice and Liaison Service (PALS), on 01223 216756.
Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.
Fibre-optic bronchoscopy is undertaken to evaluate the structure of the airways (narrowing, blockages etc) and to get specimens from the lung for analysis, usually using lavage (washings).

Bronchoscopy is a very safe procedure. Minor trauma and bleeding may occur and a sore throat is not uncommon.

More serious problems, such as a leak of air from the lungs (pneumothorax) is very rare (less than 1/1000), as are heart rhythm disturbance (~1/1000) and sepsis (<1/1000).

A mild fever is quite common (~20%).
Paediatric Flexible Bronchoscopy / Bronch Alveolar Lavage and / or Insertion of Impedance Probe

**d)** any extra procedures that might become necessary during the procedure such as:

- [ ] Blood transfusion
- [ ] Other procedure (please state)

The following information leaflet has been provided:
Flexible Bronchoscopy/Bronch Alveolar Lavage

Version, reference and date: Version 3, CF484, November 2013

or [ ] I have offered the patient information about the procedure but this has been declined.

3 This procedure will involve:
- [ ] General and/or regional anaesthesia
- [ ] Local anaesthesia
- [ ] Sedation
- [ ] None

Signed (Health professional): ____________________________ Date: __/__/__

Name (PRINT): ____________________________ Time (24hr): __:__

Designation: ____________________________ Contact/bleep no: ____________________________

**C** Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure have been discussed with me and that my questions have been answered to my satisfaction and understanding.

**Important:** please read the patient information about this procedure and then put a tick in the relevant boxes for the following questions:

1 **Creutzfeldt Jakob disease (CJD)**
   Have you ever been notified that you are at risk of CJD or variant CJD for public health purposes? If yes, please inform your health professional.
   - [ ] Yes
   - [ ] No

2 **Photography, Audio or Visual Recording**
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment.
   - [ ] Yes
   - [ ] No
   
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting.
   - [ ] Yes
   - [ ] No

3 **Students in training**
   I agree to the involvement of medical and other students as part of their formal training.
   - [ ] Yes
   - [ ] No

Patient safety – at the heart of all we do
Consent Form

Paediatric Flexible Bronchoscopy / Bronch Alveolar Lavage

4 Use of Tissue
   a) I agree that tissue (including blood) not needed for my own diagnosis or treatment can be used and stored for ethically approved research which may include ethically approved genetic research. □ Yes □ No

   b) Where additional clinical information is needed for the purposes of ethically approved research, I agree that relevant sections of my medical record may be looked at by researchers or by relevant regulatory authorities. I give permission for these individuals to have access to my records. □ Yes □ No

I have listed below any procedures that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure and the above additional information. I agree to the procedure or treatment.

Signed (Patient):  Date:   
Name of patient (PRINT):  

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed:  Date:   
Relationship to patient:  

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness):  Date:   
Name of witness (PRINT):  
Address:  

Addenbrooke's Hospital  |  Rosie Hospital

CF484, Flexible Bronchoscopy/Bronch Alveolar Lavage, version 4, February 2017
Consent Form

Paediatric Flexible Bronchoscopy / Bronch Alveolar Lavage and / or Insertion of Impedance Probe

D Confirmation of consent

Confirmation of consent (where the treatment/procedure has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has no further questions and wishes the treatment/procedure to go ahead.

Signed (Health professional): ........................................ Date: ...D.D./M.M./Y.Y.Y.Y.
Name (PRINT): ................................................................. Job title: .................................................................

Please initial to confirm all sections have been completed:

E Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient can understand:

Signed (Interpreter): ........................................ Date: ...D.D./M.M./Y.Y.Y.Y.
Name (PRINT): .................................................................

Or, please note the language line reference ID number:

F Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ........................................ Date: ...D.D./M.M./Y.Y.Y.Y.
Signed (Health professional): ........................................ Date: ...D.D./M.M./Y.Y.Y.Y.
Name (PRINT): ................................................................. Job title: .................................................................