You are scheduled for your fibrobronchoscopy examination

On __________________________________________

At __________________________________________

Please come to Thoracic Endoscopy Service and take your doctors prescription with you

DON'T FORGET: after your examination you must turn the cash counter and pay the “ticket”!
WHAT IS A FIBROBRONCHOSCOPY?
The visualisation of the main tubes of the lungs, by means of a flexible lighted instrument.

HOW IS A FIBROBRONCHOSCOPY PERFORMED?
We first prepare the patient and give him a local anaesthesia, then we introduce the instrument into the trachea and the bronchi through the vocal cords and windpipe (nose).

IS FIBROBRONCHOSCOPY SAFE?
All procedures carry some risk but fibrobronchoscopy is normally not painful and safe. Complication rate is very low.

HOW DOES THE PATIENT FEEL AFTER A FIBROBRONCHOSCOPY?
Fibrobronchoscopy is normally not painful. The local anaesthesia (you remain conscious and aware) of the first respiratory tract causes a feeling of a “swollen throat” and you will feel like having difficulties in swallowing. You should also account for some coughing but a light anaesthetic will provide due relief.

HOW LONG DOES IT TAKE TO GET THROUGH?
Preparation and examination take about one hour without leaving the room.
AND AFTER THE EXAMINATION?
Patients need to stay under medical observation for one hour. If no complication arises within one hour, patients are able to drive their own car back home. Fasting (no eating, no drinking) is required for two hours after the examination.

AND BEFORE THE EXAMINATION?
Fasting 6 hours ahead of the fibrobronchoscopy is required. During these 6 hours patients may not drink or eat for the next two hours. It is strongly recommended to refrain from smoking for a few days before the examination.

HOW ABOUT TAKING OTHER MEDICINES BEFORE AND AFTER YOUR EXAMINATION?
Normally you do not need to stop taking drugs if you are on other therapies. However, we will inform you when you come for your examination if you need to discontinue eventual concurrent pharmacological therapies.

HOW LONG WILL IT TAKE TO KNOW THE RESULTS?
You can come personally to the fibrobronchoscopy service in a few days or you may request us to send the results to your doctor.
SPECIAL NOTICE FOR YOUR DOCTOR
As few patients only feel slight discomfort, fibrobronchoscopic examinations can be now extended also to patients “at risk”. However you should always account for fibrobronchoscopy side effects and keep your patient under accurate ongoing monitoring.
Doctors must notify the endoscopist about the following patients pathological conditions, if applicable:
✓ Bronchospasm due to asthma or BPCO
✓ Respiratory failure
✓ Actual or progressive disorders of the cardiac rhythm
✓ Ischeamical cardiopathy, valvular heart disease,
✓ Coagulation troubles due to other pathologies or blood thinning therapies

Transbronchial biopsy and transthoracic needle aspiration, thoracoscopy and bronchoscopy with rigid instruments may be strictly carried out on hospitalized patients due to the nature and complications of these techniques. Additionally, such cases require preliminary evaluation by the endoscopist who must give their approval of doctors diagnosis and prescriptions ahead of performing the examinations.

MADATORY PRELIMINARY CHECK-UPS AND EXAMINATIONS:
Thorax Rx, ECG, complete haemachrome, blood analysis for T.P.

PATIENT CONSENT TO INSTRUMENTAL DIAGNOSTIC INVESTIGATIONS
(and related surgery procedures)
By signing this form I (name of the patient) ___________________ declare that I have been extensively informed by Dr.____________________ and I am fully aware of:
1) Type, nature, and purpose of this examination (and related surgery).
2) Reason for performing this examination and eventual related surgery and the effects and consequences of my eventual refuse to perform them.
3) Immediate and future complications of this examination and eventual anatomic and functional lesions resulting from this examination.
4) Risk and side effect of sedation and/or local anaesthesia
Having clearly understood the above points 1, 2, 3, 4 and the response to my eventual more questions:
☐ I AGREE TO PERFORM THE EXAMINATION OF:
_____________________________________________________________________________________
and accept to undergo eventual therapeutic measures as they might be required during the examination
☐ I REFUSE TO PERFORM THIS EXAMINATION and declare that I am fully aware of the consequences of such refusal

_____________  __________________     __________________
DATE             PATIENT SIGNATURE      DOCTORS SIGNATURE
For ☐ PATIENTS UNDER 18       ☐ HANDYCAPPED
Signature of legal tutor
Mr. ____________________  Family relationship