

Oxford Centre for Respiratory Medicine

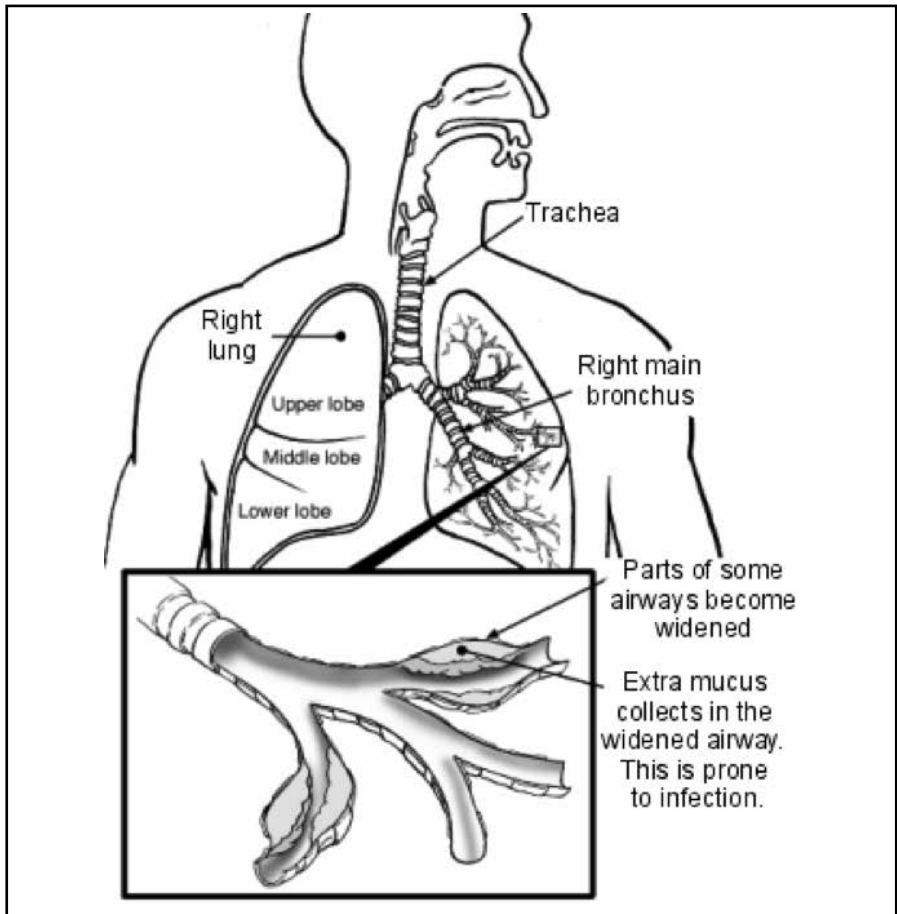
Bronchiectasis

Information for patients



What is bronchiectasis?

The term bronchiectasis simply means damaged bronchial tubes (airways). Healthy airways allow the air that you breathe in to reach your lungs. Sometimes they become damaged in places, with enlargement and irregularity of the normally smooth tubes and filled with extra mucus. Bacteria or 'bugs' can get lodged in these areas of damage and can cause a persistent infection that the body cannot clear on its own. This is what causes the symptoms of bronchiectasis.



How did I get this condition?

There are a number of different causes of bronchiectasis. In many people the damages results from serious chest infections, often many years previously. Pneumonia, tuberculosis, whooping cough and severe measles can all result in bronchiectasis. If the airway becomes blocked after accidentally inhaling material into the lungs this can also cause permanent damage.

Other conditions that can lead to bronchiectasis include severe asthma, certain forms of arthritis (such as rheumatoid arthritis) and bowel disease (such as ulcerative colitis).

Sometimes the microscopic hair like structures that help clear infection from the lungs (cilia), which line the airways, do not function normally – leading to bronchiectasis.

Very occasionally, an inherited disorder called cystic fibrosis, that usually shows itself in childhood, will become apparent in adult life by causing bronchiectasis.

However, in many cases of bronchiectasis a clear cause cannot be found.

What are the symptoms?

For most people with bronchiectasis the main symptom is coughing up sputum or mucus from the lungs. You may be able to tell if your sputum is infected by its colour. Assessing this is an important part of learning how to manage your condition. The colour may range from white/clear to any number of shades of yellow, green or brown.

Sometimes the sputum is foul-smelling. This may mean that you have an infection and need antibiotics.

The amount of sputum you might cough up will vary, but tends to increase if you have a severe infection. You may feel particularly tired and washed out at these times and you may see some blood in the sputum. **This is the time to contact your doctor or nurse.**

Some people may only get minor and infrequent worsening of symptoms and infection; for others this may happen more frequently or be more troublesome.

What tests are likely to be done?

The most accurate way of diagnosing bronchiectasis is by arranging for you to have a CT scan. This can also provide information on the extent of the bronchiectasis. Once we have confirmed your diagnosis we may only need to do a few further tests, unless your symptoms get worse.

We may need you to have some blood tests and regular breathing tests to measure how well your lungs are working (lung function test). We will also need to take sputum samples to see what bacteria are present and whether they need to be treated.

How is bronchiectasis treated?

There are two key elements to the treatment of bronchiectasis:

1. clearance of sputum from the lungs
2. antibiotics.

An individual physiotherapy program will be developed for you by your respiratory physiotherapist. You can use this daily and more frequently during infections, to help you to clear your airways.

An antibiotic treatment may be recommended by your doctor following the results of the sputum and lung function tests. We normally prescribe oral antibiotics (that you take by mouth). It is likely the hospital will recommend you have a 'stand-by' course of these at home, so that you can start taking them as soon as you have any symptoms of infection. Sometimes we might need to use intravenous antibiotics (given into a vein) or nebulised antibiotics (that you breathe in from a nebuliser machine through a mouthpiece).

People with bronchiectasis are at greater risk of chest infections, so it is important to keep as fit and as physically active as possible. Regular exercise helps to keep your chest free of infection by helping to clear the sputum.

Your Bronchiectasis Team will work together with you and with your self-management plan, to spot infections early and give you the most appropriate treatment.

What will my life be like, living with bronchiectasis?

Although bronchiectasis cannot be cured, almost all people with bronchiectasis live long and productive lives. Regular treatment with chest physiotherapy, exercise programmes and other therapies mean that symptoms can be reduced and chest infections can be prevented.

With such treatment your symptoms can remain stable for many years, particularly if we've managed to start you on the correct treatment before any great damage has been done to your lungs. Prompt antibiotic treatment of any infections also reduces the risk of further lung or airway damage.

If you have just been diagnosed with bronchiectasis you should be reviewed by a respiratory specialist. You will also be supported by the Bronchiectasis Respiratory Multidisciplinary Team who will discuss your on-going care and treatment

For the majority of people, long-term follow-up by a respiratory specialist is not required and you will return to the care of your GP. Understanding your condition, having prompt access to antibiotics and specialist advice when it's needed, is most important for keeping you well.

Returning home

If you have any further questions about bronchiectasis after you return home, please speak to your GP or doctor.

Further information

NHS Choices

www.nhs.uk/conditions/Bronchiectasis

British Lung Foundation

<http://www.blf.org.uk/Page/Bronchiectasis>

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALSJR@ouh.nhs.uk**

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