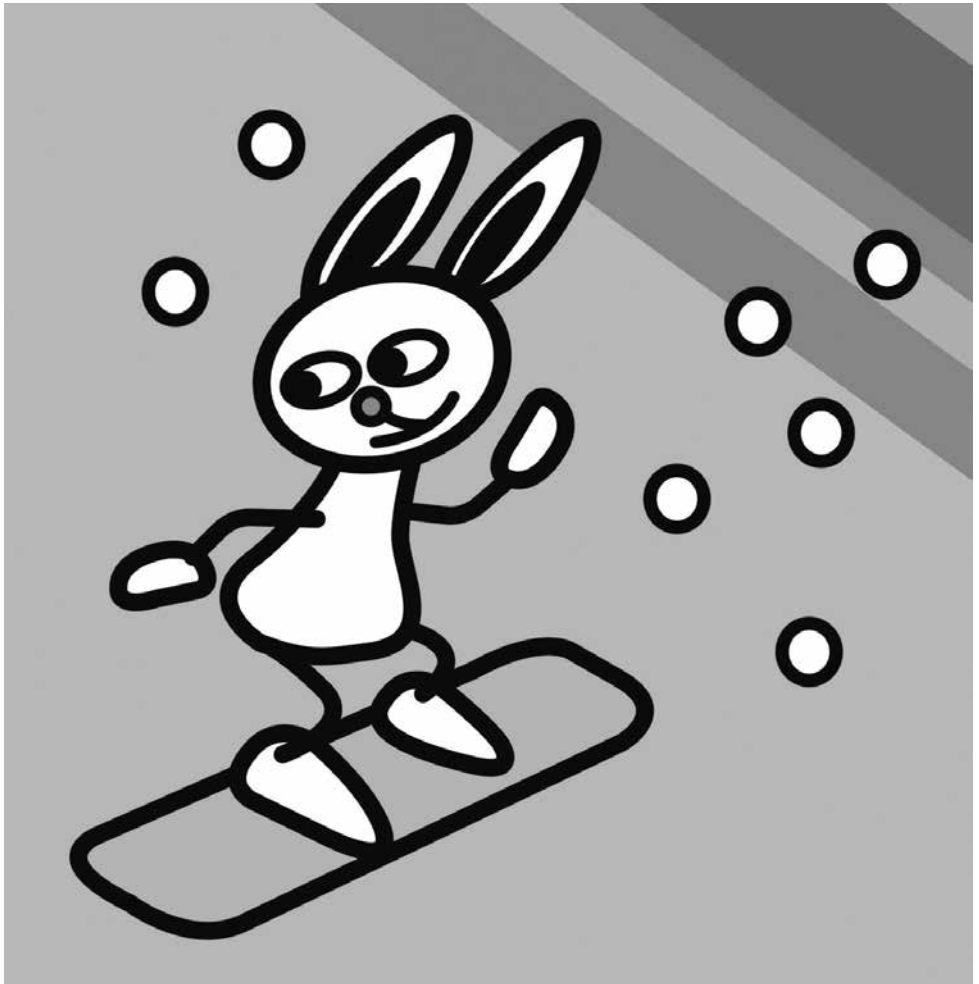


Oxford Centre for Respiratory Medicine

Microlaryngoscopy and Bronchoscopy (MLB)

Information for parents and carers



What is a microlaryngoscopy and bronchoscopy (MLB)?

An MLB is an investigation of the airway using a long, thin tube called an endoscope, with a light and tiny camera on the end. The camera will be able to look at your child's voice box (larynx) and the main passages into their lungs (bronchi).

The MLB will help the doctors find a cause for your child's breathing problems.

Your doctors may also ask for other tests to be carried out, to give a fuller picture of your child's condition.

What are the risks?

This is a simple and safe procedure. However, all procedures will carry some risks.

- There is a very small risk that the endoscope will cause inflammation (swelling) of your child's airway.
- There is a small risk of infection in the throat after the procedure.

The doctor will talk to you about these risks in more detail before the procedure.

For information about the anaesthetic risks, please see page 6.

What happens during the procedure?

An MLB is carried out under general anaesthetic. This means your child will be asleep throughout the procedure. An MLB is carried out either as a day case or your child will stay in hospital overnight after the MLB and go home the next day.

After the anaesthetic has been given and your child is asleep, we will spray their larynx with local anaesthetic and insert a breathing tube. This is to help your child breathe safely whilst the surgeon examines their airway, looking at the larynx and bronchi.

It can take some time for the procedure to be carried out, as the doctors will want to try and see as much of the airway as possible, to help them make their diagnosis. Your child may be away from the ward for up to an hour.

Consent

We will ask you for your written consent (agreement) for the procedure to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions, which should be included with your appointment letter.

Fasting is very important before a procedure under general anaesthetic. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are asleep and get into their lungs.

Pain assessment

Your child's nurse will use a pain assessment tool to help assess your child's pain score after the procedure. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before the procedure. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before the procedure. This is in line with our hospital policy.

We need to make sure it is safe to proceed with the procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child.

The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia¹.

Most children recover quickly and are soon back to normal after their procedure and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the procedure.

In the anaesthetic room

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally go to sleep very quickly. Some parents may find this upsetting.

Once your child is asleep you will be asked to leave quickly, so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the investigation. The anaesthetist will be with them at all times.

After the procedure

It is important that your child has nothing to drink or eat for one hour after the MLB. This is because their throat will have been sprayed with local anaesthetic and they could choke, as they won't be able to feel the food in their mouth. You will need to wait for this to wear off before it is safe for your child to eat and drink.

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

The minimum recovery time before your child can be discharged is 4 hours. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the procedure. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the procedure, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for him/her to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Getting back to normal

Your child will benefit from extra rest for a day or two after the procedure. They should remain off school or nursery for 2 days after they have returned home.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue to take paracetamol and ibuprofen for up to 5 days. After this, they should only need occasional doses. If they are still in pain after 5 days you should phone the Ward for advice.

If your child develops a productive cough (coughing up sputum) this may be a sign that they have a chest infection and should be seen by a doctor. They may need antibiotics to treat this.

Your nurse will tell you if your child needs a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within 1 month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home, or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward: **01865 234 148/9**
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward: **01865 231 254/5**

Melanie's Ward: **01865 234 054/55**

Tom's Ward: **01865 234 108/9**

Bellhouse Drayson: **01865 234 049**

Kamran's Ward: **01865 234 068/9**

Horton General Hospital Children's Ward: **01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: **0300 304 7777**

References

¹From the Royal College of Anaesthetists (2014) Fourth Edition
Your child's general anaesthetic. Information for parents and
guardians of children.

www.rcoa.ac.uk/patientinfo

*Please bring this leaflet with you on the day of
your child's admission.*

*We hope that this information is useful to you
and would welcome any comments about the
care or information you have received.*

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 **PALS@ouh.nhs.uk**

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