



YASHWANTRAO CHAVAN SPECIALITY HOSPITAL

NOIDA EXT SEC- 1PH: 08800110086

DEPARTMENT PULMONOLOGY

: 196756

Age: MRS.SARINDRI DEVI

: 67Yrs, Female

Visit Date : 31/10/2023

Referred by : DR PUNEET GUPTA

Consulted by : DR PUNEET GUPTA

(EBUS) guided TRANSBRONCHIAL NEEDLE ASPIRATION

Diagnosis: bronchiectasis with mediastinal LAP

Physical exam was performed and an informed written consent was obtained from patient and/or relatives after explaining the risks and benefits and alternatives to which the patient appeared to understand and so stated.

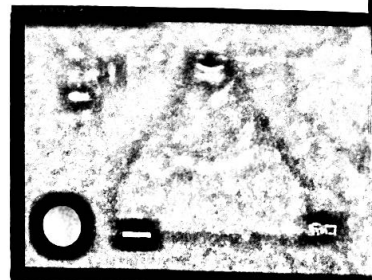
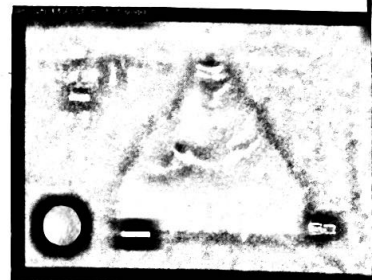
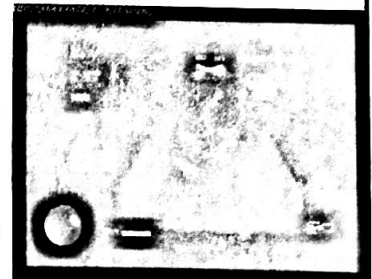
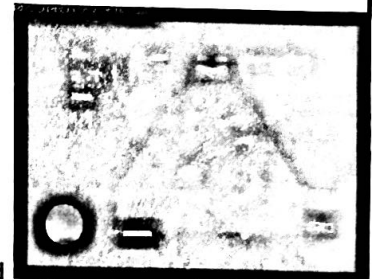
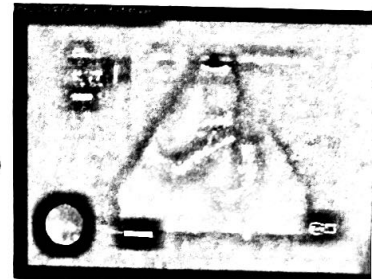
Continuous pulse oximetry, heart rate (HR), and continuous non invasive BP monitoring was done throughout the procedure.

Continuous oxygen was provided with a nasal cannula and IV medicine through an indwelling IV catheter by attending anaesthetist. 2% lignocaine spray and 1% lignocaine spray was used for topical nasal/oral, "spray-as-you-go" technique respectively while performing the

EBUS scope was passed through mouth under direct visualization and advanced through oropharynx till laryngeal inlet visualized. Vocal cords checked & crossed. Vascular structure of mediastinum mapped using B-mode imaging, colour and pulsed wave Doppler. Mediastinal nodes were evaluated in a manner as per the CT findings. Position of lymph node stations confirmed. Main bronchus with right & left branches, ascending aorta and SVC visualized. All the visualized vessels show normal calibre, wall thickness and anechoic lumen. No intraluminal material suggestive of thrombus noted. FNA was taken from Lymph node station after confirming with B mode Doppler. Patient tolerated procedure well.

Blood Loss:-Negligible

Complications:-None during procedure



DR PUNEET GUPTA

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