

Preparing for your Tracheobronchomalacia Evaluation

**Division of Pulmonary and Critical Care
Medicine**



MICHIGAN MEDICINE
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How will my Tracheobronchomalacia (TBM) be evaluated?

We offer a thorough evaluation to see if you might benefit from surgical treatment options for your severe TBM. You will have a series of visits and tests to determine if you have other conditions that often occur with TBM and need treatment. Our multidisciplinary team includes pulmonologists, otolaryngologists, thoracic surgeons, respiratory therapists, and nurses. We will do a comprehensive assessment performed by a team comprised of multiple specialties to ensure that we develop the best treatment plan for your condition. In addition to managing other contributing factors, your plan may include a bronchoscopy, tracheobronchial stent trial, laser tracheobronchoplasty, or surgical tracheobronchoplasty.

To better understand the severity of your TBM, your team might choose to perform a bronchoscopy. A bronchoscopy is a procedure where a scope with a camera at its end is inserted into the lungs and allows your doctor to examine the airways inside the lungs. During this procedure, your doctor may choose to place a temporary **airway stent**, also called a **tracheobronchial stent**. The stent keeps your airways open and stays in place for about 2 weeks. If this temporary stent improves TBM symptoms, it's a good indication that a procedure like surgical tracheobronchoplasty (performed by our cardio-thoracic surgeons) or laser tracheobronchoplasty may be an option for you.

Laser tracheobronchoplasty is a procedure that is performed via bronchoscopy in which a scope is inserted into the lungs. Your central airways are then treated with laser that is applied through the bronchoscope. Most patients undergoing this procedure will be admitted for 1-2 days after the procedure. Please note that laser tracheobronchoplasty is currently not an established treatment option for TBM. We are currently investigating it as a potential therapy that might help some of our TBM patients.

This guide is for patients who being evaluated for TBM. If you have additional questions, talk to your doctor or nurse for more information.

Your Interventional Pulmonary team includes your pulmonary doctor, pulmonary nurses, medical assistants, and schedulers. We will coordinate your care and communicate with you.

My procedure date: _____

My procedure location: _____

Call us right away if you have any change to your condition or if you are having new or worsening symptoms before your procedure.

- During business hours (Monday - Friday, 8 am to 5 pm): Call the Interventional Pulmonology Program at **(888) 287-1084**.
- After business hours, on weekends or holidays: Call the paging operator at **(734) 936-6267** and ask for the Interventional Pulmonology physician on call.

How should I prepare for the procedure?

Please read the instructions below carefully to prepare for your procedure. If you have any questions about these instructions, please contact us.

- During business hours (Monday - Friday, 8 am to 5 pm): Call the Interventional Pulmonology Program at **(888) 287-1084**.
- After business hours, on weekends or holidays: Call the paging operator at **(734) 936-6267** and ask for the Interventional Pulmonology physician on call.

Transportation to the procedure appointment

If you are having a bronchoscopy with or without a possible airway stent trial, you will need a driver **and** someone to stay with you at home overnight.

- A responsible adult (age 18 years or older) should come with you on the day of your procedure because you will be sedated.
- Your procedure will not begin until the adult who is with you is present, and your transportation has been confirmed. This person should plan to remain in the waiting room during your entire visit.
- You may not travel by taxi or bus unless you are accompanied by a responsible adult, and you may not walk home after the procedure.

If you are having laser tracheobronchoplasty you will be admitted for 1-2 nights after the procedure.

Blood Thinners

If you are taking any anticoagulant medications (blood thinners), your team will discuss this with you at your clinic visit. Your clinic team will tell you if your medication needs to be adjusted or stopped before your procedure.

Diabetes

For patients with diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage your blood sugar. Please contact the doctor who manages your diabetes treatment for your plan.

The day before your procedure

The **day before** the procedure:

- You may eat your normal diet the day before the procedure.

Starting at **midnight** on the day of the procedure:

- Do not eat or drink anything, except for your medications, after midnight the day of surgery. This means no coffee, hard candy, gum, food, water, or liquids of any kind.
- Take your necessary medications with enough water (small sips) to swallow them.

The day of your procedure

- Remove all jewelry, hair clips, and body piercings before coming to the hospital.
- Do not wear makeup, deodorant, lotion, or powder.
- Bring the following with you on the day of your procedure
 - List of all medications you are taking
 - List of allergies
 - Health insurance cards
 - Advance directives, if applicable
 - A case for your eyeglasses or contact lenses.
 - Do not bring jewelry or other valuables
 - Please note, small children will be more comfortable at home

Where will the procedure be performed?

Your procedure will be performed in our operating rooms. Your team will tell you which location to report to when they arrange the procedure with you.

Detailed driving instructions, parking information, and maps are available on our website at: <https://www.uofmhealth.org/patient-visitor-guide/patients>.

How long is the procedure?

The length of the bronchoscopy with possible airway stent insertion will generally be about 30-60 minutes. Plan to be at the hospital for 3-4 hours to allow time for pre-procedure preparation and post-procedure recovery. The length of the laser tracheobronchoplasty is about 60 minutes. You will be admitted to the hospital for 1-2 days after this procedure.

What can I expect during the procedure?

A doctor specially trained in interventional pulmonology procedures will perform the procedure.

1. In the reception area you will answer questions about your health history, current medicines and allergies.
2. You will review the procedure risks and sign a consent.
3. After you change into a hospital gown, a nurse will start an intravenous line (IV). The IV is needed to give you medication to make you more comfortable during the procedure. The procedure is performed in a room specially designed for pulmonology procedures.
4. The nurse and doctor will use special equipment to monitor your heartbeat and breathing.
5. If you had an airway stent placed, the nurse will give you your discharge instructions and answer your questions. If you had a laser tracheobronchoplasty, you will be admitted to the hospital for 1-2 days.

What are the benefits and risks?

There are potential complications associated with all medical procedures. We will explain these to you at the time you sign your consent for the procedure. Please note that laser tracheobronchoplasty is currently not an established treatment option for TBM. We are currently investigating it as a potential therapy that might help some of our TBM patients.

How will I care for myself after an airway stent placement?

We encourage you and your caregiver to carefully review the information below to prepare you for the procedure and your after care.

Medications

Follow your doctor's instructions for using your nebulizer and other medications that are prescribed for you after the procedure. Please call us if you have questions about your specific medication plan. You may be asked to take the following medications while you have an airway stent in place.

- Guaifenesin 1200 mg, orally twice a day
- Nebulized albuterol every 6 hours followed immediately by nebulized Mucomyst 10% (6ml) followed by the flutter valve (Aerobika) use for 5 min

Clearing secretions from your airway

You will need to purchase a device to help clear secretions from your airway. Use this device for 5 minutes immediately after you use your nebulizer. If your insurance does not pay for this device, you may buy it at online at Amazon.com. You can find instructions and videos at these websites:

- Aerobika® Oscillating Positive Expiratory Pressure (OPEP) Therapy system: <https://www.aerobika.us/product-info/>
- acapella® Positive Expiratory Pressure (PEP) Therapy: <https://www.smiths-medical.com/>

Return to normal activities

You can go back to doing your normal activities the day after your stent is placed.

It's safe to have magnetic resonance imaging (MRI) scans and go through airport or security stations while you have a stent.

How and when should I contact my doctor?

If you have questions or concerns, please call us. During business hours (Monday - Friday, 8 am to 5 pm): Call the Interventional Pulmonology Program at (888) 287-1084.

After business hours, on weekends or holidays: Call the paging operator at (734) 936-6267 and ask for the Interventional Pulmonology physician on call.

Your stent is held in place by pressure. When inflammation from your procedure lessens, there's a small chance that your stent will move. This may lead to sudden coughing or shortness of breath. Very rarely, you may cough up the stent. If this happens, call your us right away.

The inside of the stent may collect mucus that can block air flow. Depending on the type of stent, tissue may grow into the stent and make it narrow. Using your nebulizer can stop these things from happening.

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

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