

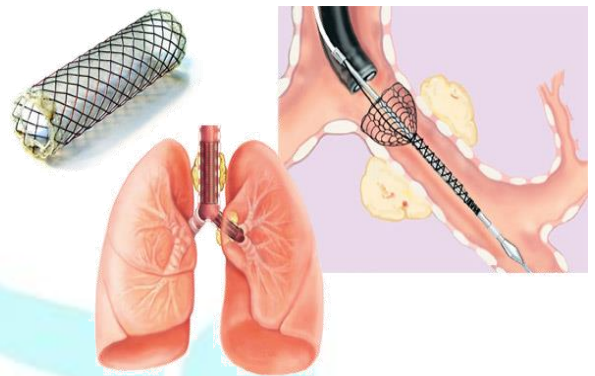


Operation Information

Tracheobronchial Stenting

Introduction

Many diseases or disease complications can cause the blockage of the airways. The lungs will be collapse and prevent the patient from inhaling enough air. Tracheobronchial stenting refers to the placing of a stent in a patient's airways to relieve airway obstruction. A stent is a metal or silicone hollow tube that is placed in either your trachea or bronchi to open the narrowed area.



Source:
<https://mqr.com.au/wp-content/uploads/2019/05/ds-img.jpg>

Outcomes

This procedure is minimally invasive and is most often used to relieve symptoms caused by blocking airways (due to cancerous tumours or any kind of benign airway stenosis). The aim is to make you breathing easier though it will not cure the disease causing the narrowing.

Procedures

1. This operation is performed under general anaesthesia.
2. The doctor will insert an endoscope into the trachea or bronchi.
3. Stent will be placed through the endoscope.

Possible Risks and Complications

1. Wound bleeding
2. Temporary breathlessness
3. Spasm of the airways
4. Pneumothorax (Presence of air in the chest cavity)
5. Stent migration/ fracture
6. In-stent stenosis/ erosion to surrounding structures

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation, such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
3. No food or drink six hours before operation.
4. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
5. Please empty your bladder before the operation.

Post-operative Preparations

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Your throat may experience a bit hoarse or sore. Proper pain relief treatment may be prescribed by the doctor.
3. If you have had a biopsy, you will probably cough up a few specks of blood.

Diet

A normal diet may be resumed as instructed after recovery from anaesthesia.

Advice on Discharge

1. Please comply with the medication regime as prescribed by your doctor.
2. Immediately consult your doctor or return to hospital for professional attention in the event of any signs of difficulty in breathing, chest pain, cough blood more than 2 days, or an amount greater a teaspoon, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
3. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification