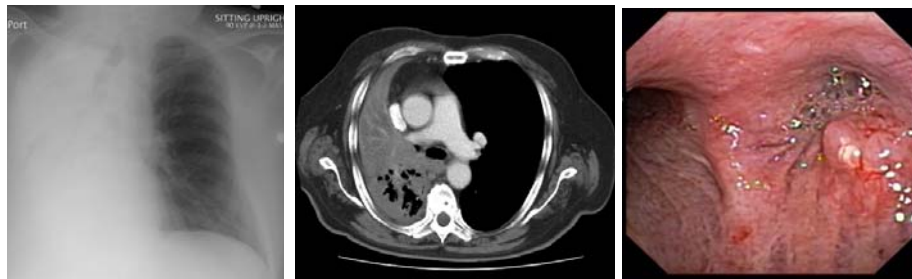


***Practical Approach to Interventional Bronchoscopy: Procedural Decision Making:
Scenario # 3: Flexible and Rigid bronchoscopy with Nd:YAG laser resection and
silicone stent insertion for complete right main bronchial obstruction***

Based on the information presented below, please describe your procedural decision making using *The Practical Approach to Interventional Bronchoscopy*. Do your best to complete each item of the Four Boxes. If the case scenario contains no information pertaining to an item, please address it as Not Available. Note that each case scenario may have greater emphasis on one or more items listed in the “Practical Approach”. You may chose to study one or more issues in greater depth, and should attempt to justify your opinions using peer reviewed literature and selected references.

CC is a 69 year old factory worker who has had a thirty pound weight loss over the past four months, and has increasing dyspnea on exertion and at rest. One month ago he was diagnosed with squamous cell carcinoma of the lung, and has now been noted to have complete right lung atelectasis radiographically. He has been transferred to your hospital with increasing shortness of breath and resting hypoxemia (Oxygen saturation can be maintained greater than 92% on 2 liters oxygen via nasal canula). He smokes one pack per day for forty years but quit recently. He is divorced and has two adult children with whom he lives. He has no advance directives and has not considered resuscitation measures. He wishes to undergo systemic treatment for his lung cancer and believes that he can be cured if his symptoms can be relieved.. The patient’s physical examination shows decreased breath sounds on the right. His neurologic examination is normal. Blood pressure and heart rate are normal. His past medical history is unremarkable.

The chest radiograph reveals opacification of the right hemithorax. The computed tomography scan shows right lung collapse, and flexible bronchoscopy reveals complete obstruction of the right main bronchus with extrinsic compression, bronchial wall infiltration, and an exophytic mass protruding from the posterior wall of the distal aspect of the trachea just at the entrance of the right main bronchus. Nd:YAG laser resection and possible stent insertion is planned.



After addressing items of the four boxes, briefly respond to the following questions:

1. What is *Power Density* and how does it effect procedural technique in this scenario?
2. What are the anatomic dangers to be considered in this case?
3. What kind of survival is expected in a case such as this if the procedure is successful in restoring airway patency?

<p align="center">Initial Evaluation</p> <ol style="list-style-type: none"> 1. Physical examination, complementary tests, and functional status assessment 2. Patient’s significant co-morbidities 3. patient’s support system (also includes family) 4. Patient preferences and expectations (also includes family) 	<p align="center">Procedural Strategies</p> <ol style="list-style-type: none"> 1. Indications, contraindications, and expected results 2. Operator and team experience and expertise 3. Risk-benefits analysis and therapeutic alternatives 4. Respect for persons (Informed Consent)
<p align="center">Procedural Techniques and results</p> <ol style="list-style-type: none"> 1. Anesthesia and other perioperative care 2. Techniques and instrumentation 3. Anatomic dangers and other risks 4. Results and procedure-related complications 	<p align="center">Long term Management Plan</p> <ol style="list-style-type: none"> 1. Outcome assessment 2. Follow-up tests, visits, and procedures 3. Referrals to medical, surgical, or palliative/end of life subspecialty care 4. Quality improvement and team evaluation of clinical encounter

INITIAL EVALUATION
PROCEDURAL STRATEGIES
PROCEDURAL TECHNIQUES AND RESULTS
LONG TERM MANAGEMENT PLAN