



Allies in Internal Medicine (AIM)
Mobile Veterinary IM Specialists
Bringing Insight Onsite
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(Small Animal)

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HOW TO PREPARE YOUR PATIENTS FOR BRONCHOSCOPY:

Please call and speak with Dr. Mirkovic before submitting a referral for a bronchoscopy and BAL

Bronchoscopy can be a high-risk anesthetic procedure in some animals with serious underlying chronic airway disease. In most cases Dr. Mirkovic will decline to perform a bronchoscopy without initial in-person consultation with the owner, but exceptions may be made for stable patients. For cases considered to be "high-anesthetic risk" Dr. Mirkovic will likely recommend the patient be referred to a full-service 24 hour referral hospital for bronchoscopy and BAL. In general we only accept canine patients >25 kg for bronchoscopy on-site. Smaller dogs and cats are referred to an internist at a full-service referral hospital. We require an experienced RVT or veterinarian to handle/monitor the general anesthesia for the procedure and also require two additional assistants for the procedure.

Please help us prepare your patients for a successful and safe bronchoscopy by:

1. Ensure the veterinarian with case responsibility has reviewed the **Bronchoscopy Informed Consent Form** and the risks of this procedure with your client and that they understand, have initialed and signed a physical copy of this form. This form is found on our website.
2. Ensuring that the patient is fasted (no food) for 12 hours prior to the consultation appointment with the internal medicine specialist. Water is allowed until 4 hours before the appointment time. Access to water should be withdrawn 4 hours before the appointment time. **Please review with owner.**
3. Please ensure that a full blood panel (general blood panel if <7 years or geriatric blood panel if >7 years old) and urinalysis have been performed on the patient within the 14 days that precede the appointment with the internal medicine specialist and that you have forwarded these results for review by the internal medicine specialist ahead of the procedure date.
4. If there is a history of any anesthetic or bleeding complications or known cardiac disease, liver or kidney disease please let us know the details.
5. If there is any concern for any bleeding tendencies please ensure that a coagulation panel, CBC and manual platelet count has been run through a reference lab within 7 days before the appointment with the specialist and that you have forwarded us these results.
6. Plan to place an IV catheter before we arrive but do not induce anesthesia as the set-up for bronchoscopy takes some time. We will send a list of supplies you need to have prepared in advance (0.9% NaCl, sterile ET tube, non-luer lock syringes (12 & 20 cc), sterile drape etc.).

INDICATIONS FOR BRONCHOSCOPY:

1. work-up of chronic coughing
2. evaluation of chronic parenchymal disease (alveolar, interstitial)
3. evaluation of suspected tracheobronchial collapse
4. documentation of suspected airway compression or bronchiectasis
5. confirmation of suspect foreign body or tumor or lung lobe torsion before surgery
6. attempted removal of an inhaled foreign body
7. evaluation for cause of hemoptysis in face of normal coagulation times and normal platelet number and function.

CONTRAINDICATIONS FOR BRONCHOSCOPY:

1. known bleeding tendency
2. severe hypoxemia
3. cardiac failure or unstable arrhythmias
4. pulmonary hypertension – concern for hypoxemia
5. uremia – increased risk for bleeding