European Respiratory Society Annual Congress 2012

Abstract Number: 877

Publication Number: P3579

Abstract Group: 1.4. Interventional Pulmonology

Keyword 1: Bronchoscopy Keyword 2: No keyword Keyword 3: No keyword

Title: Bronchoscopic practice in Japan

Dr. Fumihiro 2031 Asano asano-fm@ceres.ocn.ne.jp MD ¹, Dr. Motoi 2032 Aoe motoiaoe@ga2.so-net.ne.jp MD ¹, Dr. Yoshinobu 3557 Ohsaki yohsaki@asahikawa-med.ac.jp MD ¹, Dr. Yoshinori 3558 Okada yokada@idac.tohoku.ac.jp MD ¹, Dr. Shinji 3559 Sasada sasastaf@hotmail.co.jp MD ¹, Dr. Shigeki 3560 Sato ssato@med.nagoya-cu.ac.jp MD ¹, Dr. Eiichi 3561 Suzuki eiichi@med.niigata-u.ac.jp MD ¹, Dr. Hiroshi 3562 Senba semba@krmc.or.jp MD ¹, Dr. Shozo 3563 Fujino shozo@med.teikyo-u.ac.jp MD ¹ and Dr. Kazumitsu 3564 Ohmori oshimorikazu@gmail.com MD ¹. ¹ Safety Management Committee, Japan Society for Respiratory Endoscopy, Tokyo, Japan, 102-0073 .

Body: Background and Objective: To investigate the current state of mechanisms to ensure the safety of bronchoscopic practice, the Japan Society for Respiratory Endoscopy conducted a national survey. Methods: A questionnaire survey was conducted over the course of 1 year (2010). A questionnaire was mailed to 538 facilities authorized by the Society. Results: Responses were obtained from 511 facilities (95.0%). Rigid bronchoscopes were used in only 18.5% of the facilities, while mobile/thin bronchoscopes were used in ≥50%, and fluoroscopy systems were used in 99.8%. Biopsies were performed after discontinuation of therapy in patients receiving antiplatelet drugs and anticoagulants in 96.7% and 97.4% of the facilities, respectively. Atropine was administered for premedication in 67.5% of the facilities, a decrease from previous surveys. Intravenous sedation was given in 36.1% of the facilities. In 21.9% of these, the procedure was conducted in the outpatient clinic for ≥70% of patients. A bronchoscope was orally inserted in ≥70% of patients in 95.7% of the facilities. Intravenous access was maintained during the examination in 92.5% of the facilities, oxygen saturation was monitored during examinations in 99.0%, oxygen was administered in 97.6%, and resuscitation equipment was available in 96%. In 98.6% of the facilities, bronchoscopes were disinfected using an automatic washing machine, but glutaraldehyde was used in 42.2%. Conclusions: Japan-specific characteristics in bronchoscopic practice were identified. Whether procedures used in Japan meet international guidelines with respect to safety should be monitored continuously. In addition, a Japanese evidence-based consensus is needed.