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**Title:** Rigid bronchoscopy in adult population using total intravenous anaesthesia (TIVA) with spontaneous ventilation in Sabah, East Malaysia

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**Body:** BACKGROUND: We aim to document our experience in the use of diagnostic/therapeutic rigid bronchoscopy using Total Intravenous Anaesthesia(TIVA) with spontaneous ventilation without use of muscle paralyzing agents or inhalational anaesthesia in a tertiary center in Sabah, North Borneo, East Malaysia. METHODS: A retrospective study in all (n=90)patients that underwent elective diagnostic/interventional rigid bronchoscopy in our centre from 1st January 2012 -1st December 2012.RESULTS: Main indications for procedure were cough& abnormal CT findings(38.9%), smear negative tuberculosis( 17.8%) and incidental abnormal CT findings(15.6%). The mean induction dose given Fentanyl(50mcg) & Propofol(0-50 mcg) & maintenance by TCI(target controlled infusion) Propofol. Mean intraoperative duration=30.2 minutes & mean recovery room time= 37.9 minutes. Intraoperative complications were 46%(majority were reversible mild-moderate bleeding and transient hypoxia). 7% had postoperative complications. Biopsy yield was satisfactory= 67 % showing either granuloma, malignancy, abscess, atypical cells, interstitial pneumonitis and others.ANALYSIS done comparing patients ASA score, age and total bolus/maintenance of Fentanyl/Propofol in relation to intraoperative and postoperative complications, intraoperative time and recovery room time duration did not reach statistical significance.CONCLUSION:Rigid bronchoscopy using TIVA with spontaneous ventilation is safe, has a short intraoperative and post operative recovery time with acceptable complication rates. More studies are needed to compare TIVA against conventional inhalational anaesthesia in rigid bronchoscopy.