

Preparing for your Bronchial Thermoplasty

**Division of Pulmonary and Critical Care
Medicine**



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

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What is bronchial thermoplasty treatment?

Bronchial Thermoplasty (BT) is a non-drug treatment for severe asthma in adults whose asthma is not well controlled with current asthma medications. The treatment consists of 3 procedures that use a special catheter deployed through a bronchoscope to mildly heat your airway walls, to reduce some of the extra muscle present in your airways. This may prevent the closing of your airways due to asthma triggers and help you breathe better.

The treatment is performed in 3 separate procedures spaced 3 weeks apart, to treat the different parts of your lungs. The purpose of separating the treatments is to reduce the time of the procedure and risk of severe asthma episode.

This guide is for patients who are going to have bronchial thermoplasty procedure. It answers some of the most commonly asked questions. If you have additional questions, talk to your doctor or nurse. More information is available at www.btforasthma.com.

Your Interventional Pulmonary team includes your pulmonary doctor, pulmonary nurses, medical assistants, and schedulers. We will coordinate your care and communicate with you.

My procedure date: _____

My procedure location: _____

Call us right away if you have any change to your condition or if you are experiencing new or worsening symptoms before your procedure.

- During business hours (Monday - Friday, 8 am to 5 pm): Call the Interventional Pulmonology Program at **(888) 287-1084**.
- After business hours, on weekends or holidays: Call the paging operator at **(734) 936-6267** and ask for the Interventional Pulmonology doctor on call.

How should I prepare for the procedure?

Please read the instructions below carefully to prepare for your procedure. If you have any questions about these instructions, please contact us.

- During business hours (Monday - Friday, 8 am to 5 pm): Call the Interventional Pulmonology Program at **(888) 287-1084**.
- After business hours, on weekends or holidays: Call the paging operator at **(734) 936-6267** and ask for the Interventional Pulmonology doctor on call.

Blood Thinners

If you are taking any blood thinners (anticoagulant medications), your team will discuss this with you at your clinic visit. Your clinic team will tell you if your medication needs to be adjusted or stopped before your procedure.

Diabetes

If you have diabetes, any procedure that causes you to miss a meal or change your usual meal plan will require special planning to safely manage your blood sugar. Please contact the doctor who manages your diabetes treatment to discuss your plan.

Before your procedure

1 week before your procedure

- Begin filling out your Peak Flow Meter worksheet (a blank sheet is included at the end of this packet). One week of readings is required before you can have the procedure. **Bring this with you on the day of your procedure and review it with the doctor.**
- Pick up your steroid medication from the pharmacy.
- Make sure you have your nebulizer and albuterol at home to use after the procedure.

3 days before your procedure

- Begin taking your prescription steroid (prednisone) as directed by your doctor.

The **day before** the procedure:

- You may eat your normal diet the day before the procedure.
- Let your doctor or nurse know if you have any of the following. You may need to delay your procedure.
 - An active respiratory infection
 - An asthma attack in the past 14 days
 - An increased dose of the oral steroids for asthma in the past 14 days

Starting at **midnight** on the day of the procedure:

- Do not eat or drink anything, except for your medications, after midnight the day of surgery. This means no coffee, hard candy, gum, food, water, or liquids of any kind.
- Take your necessary medications with enough water (small sips) to swallow them.

The day of your procedure

- **Do not** take your steroid (prednisone) the morning of your procedure.
- Remove all jewelry, hair clips, and body piercings before coming to the hospital.
- Do not wear makeup, deodorant, lotion, or powder.
- Bring the following with you on the day of your procedure
 - **Your Peak Flow Log**
 - **Your CPAP machine and its settings**
 - List of all medications you are taking
 - List of allergies
 - Health insurance cards
 - Advance directives, if applicable
 - A case for your eyeglasses or contact lenses.
 - Do not bring jewelry or other valuables
 - Please note, small children will be more comfortable at home

Where will the procedure be performed?

Your procedure will be performed in our University Hospital Medical Procedures Unit (MPU) or Operating Rooms located at 1500 E. Medical Center Drive, Ann Arbor MI 49109. Your team will tell you which location to report to when they arrange the procedure with you. Detailed driving instructions, parking information, and maps are available on our website at:

<https://www.uofmhealth.org/patient-visitor-guide/patients>.

How long is the procedure?

The length of the procedure will generally be about 1 hour. You will be admitted to the hospital following your procedure.

What can I expect during the procedure and in recovery?

A doctor specially trained in interventional pulmonology procedures will perform the procedure.

1. In the reception area you will answer questions about your health history, current medicines and allergies.
2. You will review the procedure risks and sign a consent. Your doctor will review your Peak Flow log.
3. After you change into a hospital gown, a nurse will start an intravenous line (IV). The IV is needed to give you medication to make you more comfortable during the procedure. The procedure is performed in a room specially designed for pulmonology procedures.
4. The nurse and doctor will use special equipment to monitor your heartbeat and breathing.
5. You will have breathing treatments and PFTs in the unit before your procedure.
6. Your procedure will be performed by your doctor.
7. A nurse will monitor you in the recovery unit for about an hour after the procedure. You will have breathing treatments and PFTs.
8. You will be admitted to the hospital overnight for observation.

What are the risks?

Complications are rare. However, there are potential complications associated with all medical procedures. We will explain the risks to you at the time you sign your consent for the procedure.

How will I care for myself after the procedure?

We encourage you and your caregiver to carefully review the information below to prepare you for the procedure and your after care.

Do not make any major legal or financial decision the day of your procedure.

Nurse follow up

You will receive 3 calls from our pulmonology nurse:

- 24 hours after your procedure
- 48 hours after your procedure
- 7 days after your procedure

The nurse will ask about your recovery and respiratory symptoms. Please note the number will appear as (734) 232-0000 on your phone.

Medications

You doctor will tell you what medications to take after your procedure. This may include a prescription steroid (prednisone) and albuterol. Always ask your doctor before starting or stopping any medications.

How and when should I contact my doctor?

During business hours (Monday - Friday, 8 am to 5 pm): Call the Interventional Pulmonology Program at **(888) 287-1084**.

After business hours, on weekends or holidays: Call the paging operator at **(734) 936-6267** and ask for the Interventional Pulmonology doctor on call.

Within the first week, you may have breathlessness, wheeze, cough, chest discomfort, night awakenings, and cough with mucus. These symptoms are common after a treatment and usually get better within one week. Call us if you have:

- Worsening of asthma symptoms
- Asthma symptoms that are not controlled by your relief medications
- Upper and lower respiratory tract infections
- Coughing up blood
- Cough

- Acute sinusitis
- Anxiety
- Headaches
- Throat pain or irritation
- Chest pain
- Changes or difficulty in your breathing
- A temperature of 100.4 °F (38 °C) or higher
- Chills

Disclaimer: This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.

Authors: Muhammad Sajawal Ali MD, MS
Alison Chege MSN, BSN, RN, OCN

Reviewers: Jose De Cardenas MD, Director of Interventional Pulmonology Program
Plain Language Editor: Ruti Volk, MSI, AHIP

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Peak Flow Tracking Chart

Peak flow monitoring is part of the ongoing process of managing your asthma. Tracking your peak flow helps you become aware of the changes in symptoms, triggers, and even in the way your body responds to medication. Keeping these records can help you work with your doctor to keep your asthma action plan working effectively.

Date																									
Medication Usage																									
Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
700																									
600																									
500																									
400																									
300																									
200																									
100																									

Name _____

Ideal peak flow number:

Know the early warning signs of a sudden asthma attack:

- Shortness of breath
- Tightness in your chest
- Difficulty breathing
- Wheezing
- Coughing
- Drop in peak flow number

Special Instructions

Use this space to write down any special information or instructions you receive from your doctor.
