



Preparing for Your Endobronchial Valve Placement

This guide is for patients who are going to have a procedure to place endobronchial valves for bronchoscopic lung volume reduction (a minimally invasive procedure to treat severe emphysema). It answers some of the most commonly asked questions.

- If you have more questions, talk with your doctor or nurse.
- You can find more information online at USPatients.Pulmonx.com and SpirationValve.com.

Your procedure date: _____

Your procedure location: _____

What are endobronchial valves?

Endobronchial valves are tiny devices that we can place in your airways to help you breathe more easily. These valves block off diseased parts of your lung and allow healthier areas of your lung to expand, function better, and lift pressure off your diaphragm. During the placement procedure, we will implant one or more of these tiny valves in your airways.

What is the contact information for my Interventional Pulmonology team?

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

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

- During business hours (Monday through Friday between 8:00 AM - 5:00 PM): Call the Interventional Pulmonology Program at (888) 287-1084.
- After business hours, or on weekends or holidays: Call the paging operator at (734) 936-6267 and ask for the Interventional Pulmonology doctor on call.

How should I plan for the endobronchial valve placement procedure?

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

You must have a driver and responsible adult with you at the procedure.

- You must have a driver on the day of your procedure. You may not travel by taxi or bus unless you have a responsible adult with you, and you may not walk home after the procedure. We will not start your procedure until we have confirmed your travel plans.
- A responsible adult (18 years or older) must come with you on the day of your procedure. We will not start your procedure until your responsible adult is present. This person should plan to stay in the hospital during your procedure. They will be able to go home after the procedure is complete and you have been admitted for your hospital stay.
- You will need also need someone to stay with you for 45 days after your procedure.

Plan for any needed changes to your medications or meal plans.

- If you are taking any blood thinners (anticoagulant medications), your pulmonary team will discuss this with you at your clinic visit.

Your clinic team will tell you if your medication needs to be changed or stopped before your procedure.

- Common blood thinners include apixaban (Eliquis®), rivaroxaban (Xarelto®), warfarin (Coumadin®), clopidogrel (Plavix®), ticagrelor (Brilinta®), and enoxaparin (Lovenox®).
 - 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 and let them know that you will be required to fast (not eat or drink anything) for 8-16 hours.
- Please leave children, jewelry, cosmetics, and personal items at home.**
- Do not wear makeup, deodorant, lotion, powder, hairspray, perfumes, or aftershave on the day of your procedure.
 - Remove all jewelry, hair clips, and body piercings before coming to the hospital.
- Prepare the things you'll need to bring with you to your procedure.**
- Wear comfortable clothing that you can easily put on and take off to your procedure appointment.
 - Bring the following with you on the day of your procedure:
 - A list of all the medications you are taking
 - A list of your allergies
 - Your health insurance cards
 - Advance directives, if applicable
 - You should bring a case for your eyeglasses or contact lenses with you to the hospital, so you can take them off before your procedure.
 - If you have a CPAP/BiPAP machine that is portable, bring it with you to your appointment.

- Bring a bag of things you'll need for your hospital stay. This may include toiletries, phone chargers, pajamas, non-skid slippers, and a button-up shirt that you can wear home when you leave the hospital.

What are my instructions for preparing for my endobronchial valve placement procedure?

The timeline table below will help you figure out the days of the week for your prep. First, figure out what day of the week your appointment is. Then highlight or circle the correct row to see your other prep days.

- If you reschedule your appointment, you must redo the timeline table to match your new date.

Timeline table:

My appointment is on:	7 days before is:	4 days before is:	3 days before is:	1 day before is:
Monday	Monday	Thursday	Friday	Sunday
Tuesday	Tuesday	Friday	Saturday	Monday
Wednesday	Wednesday	Saturday	Sunday	Tuesday
Thursday	Thursday	Sunday	Monday	Wednesday
Friday	Friday	Monday	Tuesday	Thursday
Saturday	Saturday	Tuesday	Wednesday	Friday

Start your prep instructions as soon as you wake up on each day. Follow the instructions below carefully to ensure a successful procedure.

7 days before your procedure	Day: _____ (Fill in the day according to the timeline table)
-------------------------------------	--

- Stop taking phentermine (Adipex-P[®], Lomaira[™], Fastin[®], Phentercot[®]) and phentermine and topiramate (Qsymia[®]). These are weight loss medications.
- If you inject semaglutide (Ozempic[®], Wegovy[®], Rybelsus[®]), liraglutide (Saxenda[®]), dulaglutide (Trulicity[®]) or tirzepatide (Mounjaro[®]) once a week, do not inject it the week before your procedure.

4 days (96 hours) before your procedure	Day: _____ (Fill in the day according to the timeline table)
--	--

- 96 hours before your procedure, stop taking the following diabetic/weight loss medications: ertugliflozin (Steglatro[®]), ertugliflozin and metformin (Segluromet[™]), and ertugliflozin and sitagliptin (Steglujan[®]).

3 days (72 hours) before your procedure	Day: _____ (Fill in the day according to the timeline table)
--	--

- 72 hours before your procedure, stop taking the following diabetic/weight loss medications: empagliflozin (Jardiance[®]), dapagliflozin (Farxiga[®]), canagliflozin (Invokana[®]), dapagliflozin and saxagliptin (Qtern[®]), dapagliflozin and metformin (Xigduo[®] XR), canagliflozin and metformin (Invokamet[®], Invokamet[®] XR), empagliflozin and metformin (Synjardy[®], Synjardy[®] XR), and empagliflozin and linagliptin (Glyxambi[®]).

1 day before your procedure	Day: _____ (Fill in the day according to the timeline table)
------------------------------------	--

- Before 11:00 AM on the day before your procedure, you will need to call the pre-op nurse line. You will leave your name, date of birth, and a phone number where you can be reached that day so the pre-op nurses can contact you to review your prep instructions and tell you your arrival time at the hospital for the next day.
 - University Hospital pre-op nurse line: (866) 936-8800
 - Frankel Cardiovascular Center pre-op nurse line: (866) 983-9090
- Your doctor may instruct you to shower with an antibacterial soap.

The day of your procedure	Day: _____ (Fill in the day according to the timeline table)
----------------------------------	--

- Starting at 12:00 AM (midnight) the night before your procedure, don't eat or drink anything other than sips of water. No gum, candy, smoking, or chewing tobacco.
- In the morning, shower using an antibacterial soap (such as Dial, Safeguard, or Lever 2000). After the shower, do not put anything on your hair or skin, including lotions, deodorants or antiperspirants, makeup, powders, hairspray, perfumes or aftershave.
- If you take semaglutide (Ozempic®, Wegovy®, Rybelsus®), liraglutide (Saxenda®), dulaglutide (Trulicity®), or tirzepatide (Mounjaro®) every day, do not take it on the day of your procedure.
- Unless your pre-op nurse gave you different instructions, you may take all your other necessary medications with a small amount of water up to 4 hours before your appointment time.
- 2 hours before your arrival to the hospital for your procedure, stop drinking all liquids, including water.

Where will I have the procedure?

- Your procedure will be in one of our University Hospital or Frankel Cardiovascular Center operating rooms, located at 1500 East Medical Center Drive, Ann Arbor, MI 48109. Your team will tell you which location to go to when they set up the procedure appointment with you.
- Detailed driving instructions, parking information, and maps are available on our website at: UofMHealth.org/maps-directions

How long is the procedure?

The procedure itself will generally be about 60 minutes. After the procedure, you will be admitted to the hospital, and you will stay for at least 3-5 days.

What are the benefits and risks of an endobronchial valve placement?

- Some benefits you may experience after this procedure include increased lung function, better ability to exercise and do more daily life activities, and better quality of life.
- All medical procedures have a risk for complications (medical problems). We will explain these risks to you at the time you sign your consent form for the procedure.

What will happen once I arrive for my procedure?

- In the pre-op area, you will answer questions about your health history, current medications, and allergies.
- You will review the procedure risks and sign a consent form.
- After you change into a hospital gown, a nurse will start an intravenous line (IV). We use this IV to give you medication to make you more comfortable during the procedure.
- Our team (including anesthesiologists, nurses, and doctors) will use equipment that will help monitor (check) your heartbeat and breathing

during the procedure. A doctor who is specially trained in Interventional Pulmonology procedures will perform the procedure.

What can I expect after the procedure, during my hospital stay?

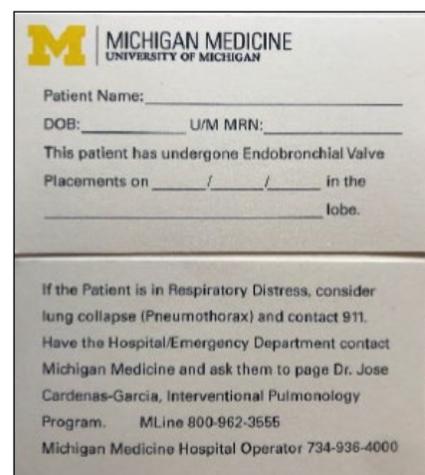
- You will be admitted to the hospital's inpatient unit for 3-5 days. During this time, your doctor and inpatient team will monitor you closely. You will get frequent chest x-rays.
- The day after your procedure, you will start working with a physical therapist.
- You will be discharged to go home when your doctor feels you are ready.
- We will give you instructions on how to care for yourself at home. We will also give you a medical identification card and medical alert bracelet that you should keep with you and wear at all times.

How will I care for myself after the procedure?

We encourage you and your caregiver to carefully review the following care instructions for after your procedure.

Carrying your medical identification card and medical alert bracelet

- We will give you a wallet-sized medical identification card that says you have one or more valve implants in your lung. It will also have the contact information of your doctor. Please keep this card with you at all times and show it to anyone who gives you medical care, including any emergency room (ER) staff. Please show your card to anyone who plans to give you an MRI scan.
- We will also give you a medical alert bracelet that shows you have a high risk of pneumothorax (a collapsed lung). Wear this at all times.





Living with a caregiver

You need to live with someone who can care for you, and who lives within 30 minutes of a hospital, for 45 days after your procedure.

Medications

You will continue to use the medications that your doctor has prescribed for your severe emphysema.

Follow-up appointments and monitoring

- You will receive a daily phone call (except on weekends and holidays) from your Interventional Pulmonology nurse or clinical specialist for the first 10 days after you go home. This phone call will appear to be from (734) 232-0000.
- You will have several follow-up appointments in the Interventional Pulmonology Clinic. These visits will include a chest X-ray, hall walk test, and pulmonary function tests (PFTs). We will call you to schedule these appointments for:
 - 10-14 days after your discharge from the hospital
 - 6 weeks after your procedure
 - 1 year after the procedure
- We will refer you to a pulmonary rehabilitation program, which you will start about 4 weeks after your discharge from the hospital.

When should I contact my doctor or emergency services?

It is very important to pay attention to your symptoms within the first 2 weeks after your procedure.

Call 911, or go to the nearest emergency room (ER), if you have:

- Sudden chest pain
- A “popping” feeling in your chest
- Any other life-threatening emergency symptoms

Call us at (888) 287-1084 (during business hours) or at (734) 936-6267 (after hours, or on weekends or holidays) if you have:

- New or worse shortness of breath
- Cough
- A fast heart rate
- Sudden dizziness
- Changes or difficulty in your breathing
- A temperature of 100.4 °F (38 °C) or higher
- Chills
- Any other concerning symptoms

Disclaimer: This document contains information and/or instructional materials developed by University of Michigan (U-M) Health for the typical patient with your condition. It may include links to online content that was not created by U-M Health and for which U-M Health 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, Max Wayne, MD, Alison Chege, MSN BSN RN OCN,
Jeanne Bolton, BSN RN

Reviewer: Jose De Cardenas, MD

Edited by: Brittany Batell, MPH MSW CHES®

Patient Education by [U-M Health](#) is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Public License](#). Last revised 11/2024