The Fogarty balloon technique for the control of endobronchial bleeding

SIR,—Rigid bronchoscopic biopsy of suspected endobronchial tumours is indicated in many patients for assessment and diagnosis. This is usually a safe procedure but sometimes fleshy, vascular tumours and inflammatory lesions may cause bleeding, which has to be controlled by local pressure with an adrenaline-soaked swab. Occasionally bleeding is excessive and difficult to control and may be life threatening. Rarely emergency thoracotomy is necessary. Under these circumstances we have used a Fogarty’s embolectomy catheter for providing local pressure to control bleeding. Use of the Fogarty’s catheter has been well described in extraction of foreign bodies from the tracheobronchial tree1,2 but its use in endobronchial haemostasis has not been documented. Over the past two years we have used this technique successfully in cases where endobronchial bleeding after biopsy was difficult to control by conventional methods.

If bleeding is excessive a size 4 arterial Fogarty catheter is introduced via the bronchoscope and positioned in the bleeding bronchus, preferably at the site of bleeding, and the catheter balloon is inflated. The balloon is left inflated for 10 minutes while careful watch is kept on the amount of blood loss, which is usually minimal. The balloon is then deflated and the catheter withdrawn and the bleeding site is reassessed. The procedure may be repeated if necessary. The possible haemorrhagic consolidation of the distal lung has not yet been encountered. Timely use of this technique can avoid excessive blood loss and gives time for deciding whether emergency thoracotomy is really indicated.

VR KSHETTRY

HFM BASSETT

Department of Cardiothoracic Surgery
Royal Manchester Infirmary
Manchester M13 9WL


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V R Kshettry and H F Bassett

Thorax 1983 38: 640
doi: 10.1136/thx.38.8.640

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