Lymphoma involving the mediastinum


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**LETTERS TO THE EDITOR**

Guidelines for care during bronchoscopy

Guidelines for care during bronchoscopy were agreed by the British Thoracic Society in January 1993. A retrospective audit of adherence to these guidelines in Scotland was performed for 23 hospitals by means of a written questionnaire and the results were presented at a recent meeting of the Scottish Thoracic Society.

Of the 33 respiratory consultants who replied to our survey, 31 routinely applied pulse oximetry during bronchoscopy. 31 wore gloves, but only eight wore a gown, four a mask, and three goggles during the procedure, despite recommendations that mask, gown, gloves, and close fitting eye protection should be worn in all cases. Resuscitation equipment was available in the bronchoscopy suite in 31 cases, and in all but one case a nurse or second doctor was present during the procedure. Twenty eight consultants reported that their bronchoscopy nurses adhered to the policy of the BTS Working Party on Infection Control. In 30 of the 33 replies ECG monitoring was available for patients with known cardiac problems, and in all cases antiseptics were available for potentially respiratory depressant drugs. In general, adherence to the BTS guidelines on care during bronchoscopy is satisfactory, but in view of non-compliance with the wearing of masks, gowns and goggles, these components need to be re-addressed.

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Chest physiotherapy in cystic fibrosis

I am concerned that the paper by Miller et al (February 1995;50:165-9) is not a valid comparison of autogenic drainage and the active cycle of breathing techniques (ACBT) as stated.

ACBT is a method of physiotherapy which includes thoracic expansion exercise, breathing control, and the forced expiration technique (FET). The FET is an important component combining forced expiration (huffing) and breathing control. Several huffs to low lung volume into the expiratory technique of breathing control are often needed before secretions are mobilised from the smaller peripheral airways to the larger airways. It is only when the secretions have reached the larger proximal airways that the huff from high lung volume is required. The forced expiration technique described in the paper of Miller et al is similar to that above, but there is very little reason to believe that any better method performed by the patients was “one huff from mid to low lung volume followed by another huff at a higher lung volume.” Whilst this difference may appear subtle, to a physiotherapist and patient it is a major difference in technique and does not correspond with the technique previously described in the literature.

The statement that the two treatment regimens used in this study were equally as good is not in dispute, but the claim that one of the regimens was ACBT is cause for concern. If my belief is correct, this study was not a true comparison between ACBT and autogenic drainage. The results are likely to mislead medical practitioners, physiotherapists, and patients and could appropriately influence the direction of future research. Further studies are required to provide a valid comparison between these two techniques.

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**AUTHORS' REPLY**

In the first draft of the paper the description of ACBT differed from the published version. The forced expiratory technique was described as “one huff from mid to low lung volume, followed by another huff at a higher lung volume” which were encouraged to cough and expectorate only if...
Guidelines for care during bronchoscopy.

E A Millar and P d'A Semple

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