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Leitlinie/ Algorithmen der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf Hals-Chirurgie

Leitlinie Tracheo-Bronchoskopie

Methodische Vorbemerkung

Die Erstfassung der Leitlinie Tracheo-Bronchoskopie wurde 1997 erstellt. Entsprechend den methodischen Empfehlungen zur Erarbeitung von Leitlinien für Diagnostik und Therapie der Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF) erfolgten Überarbeitung 2004 und 2009.
Diese Aktualisierung der Leitlinie erfolgte durch u.g. Autoren. Es wurde eine umfassende, computergestützte Literaturrecherche zum Themengebiet durchgeführt. Als Hauptinformationsquellen dienten dabei: Medline, Cochrane Library. Es wurde die internationale Literatur von 1960 bis 2014 erfasst. Als Suchwörter wurden "flexible Bronchoskopie", "starre Bronchoskopie", "flexible bronchoscopy", "rigid bronchoscopy", "Tracheobronchoskopie", „tracheobronchoscopy“, „guideline“ und „Leitlinie" eingesetzt.
Alle aktiven Beteiligten wurden um Stellungnahmen gebeten, die in diese Fassung eingearbeitet wurden, die Grundlage der Konsensuskonferenz vom 27.03.2015 in München war. Die Autoren der Leitlinie haben an der Konsensuskonferenz teilgenommen.
Die Leitlinie wurde dem Präsidium der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf Hals-Chirurgie zugeleitet, das diese am 06.07.2015 angenommen hat. Eine Aktualisierung der Leitlinie ist alle 5 Jahre geplant und liegt in Verantwortung der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf Hals-Chirurgie.

Die Aktualität der Leitlinie wird auch nach deren Veröffentlichung in 5-jährigen Abständen überprüft. Dazu notwendige Informationen werden auf der Homepage der Deutschen Gesellschaft für Hals-Nasen-Ohren-Heilkunde, Kopf Hals-Chirurgie bekannt gegeben.

Ziele der Leitlinie

Ziel dieser Leitlinie ist die Förderung einer qualitativ hochwertigen fachärztlichen Versorgung von Patientinnen und Patienten mit entzündlichen, verletzungsbedingten, angeborenen, degenerativen und tumorösen Erkrankungen im Bereich des Tracheobronchialbaumes. Da die Leitlinie Tracheo-Bronchoskopie ein diagnostisches und therapeutisches Verfahren erfasst, verfolgt sie andere Intentionen als Leitlinien zu bestimmten Krankheitsbildern. Sie soll ärztlichem, pflegerischen und technischem Personal in überschaubarer Form eine Hilfestellung zu möglichen Indikationen, Komplikationen, Kontraindikationen und organisatorisch-technischen Abläufen im Arbeitsfeld der Hals-Nasen-Ohren-Heilkunde und seiner Grenzgebiete sein. Sie dient als Hilfestellung für die indikationsbezogene Auswahl des Instrumentes, seine Reinigung und Desinfektion und geht auf Verfahren der Sedierung und Anästhesie ein.

Dies soll in besonderem Maße zur Reduktion der assoziierten krankheitsbedingten Morbidität, zu einem rationellen Einsatz diagnostischer und therapeutischer Verfahren sowie zur Reduktion der krankheitsbedingten sozioökonomischen Faktoren betragen. Angestrebt wird eine sinnvolle Diagnostik und Therapie auf dem derzeitigen Stand fachlicher Erkenntnisse. Eine lückenlose Darlegung aller speziellen Behandlungsmaßnahmen und Indikationen der Tracheo-Bronchoskopie liegt jedoch

außerhalb der Möglichkeiten dieser Leitlinie. Hierzu wird auf bestehende Leitlinien auch anderer Fachgebiete und die spezifische Literatur verwiesen. Die Leitlinie wurde konzipiert für die Anwendung im Rahmen der ambulanten und stationären fachärztlichen Versorgung und richtet sich daher im Speziellen an Fachärzte für Hals-Nasen-Ohren-Heilkunde bzw. deren nachgeordnete Ärzte in der Weiterbildung Die Leitlinie dient nicht als Ersatz für Lehrbuchinhalte. Sie ist nicht in der Lage, die Kenntnisse des erfahrenen Untersuchers zu ersetzen. Die umfangreiche Literaturliste soll dem Nutzer die Möglichkeit geben, spezielle Fragestellung ohne grossen Aufwand zu recherchieren.

Definition

Unter der Tracheo-Bronchoskopie versteht man die direkte Betrachtung der Luftröhre und des Bronchialbaumes durch ein Endoskop zu diagnostischen und therapeutischen Zwecken.

Ziele der Tracheo-Bronchoskopie

Die Tracheo-Bronchoskopie ist ein gering invasives Verfahren, welches in der Hals-Nasen-Ohren-Heilkunde sehr häufig durchgeführt wird. Sie hat die diagnostische Betrachtung und die diagnostische und therapeutische Behandlung von entzündlichen, infektiösen, traumatischen, degenerativen und tumorbedingten Erkrankungen des Tracheobronchialbaumes und der Lungen, sowie der Entfernung von Fremdkörpern, zum Ziel.

Instrumentarium

Die Tracheo-Bronchoskopie kann als starre oder als flexible Untersuchung durchgeführt werden. Die Auswahl des Instrumentes richtet sich nach dem Alter des Patienten, der vorliegenden Indikation aber auch nach der Ausstattung der durchführenden Institution und der Erfahrung des Untersuchers. *Flexible Instrumente stellen jedoch heute die erste Wahl dar und die Nutzung der virtuellen Chromoendoskopie ist sinnvoll.* Möglichkeiten einer Video- oder Fotodokumentation sollten vorhanden sein sein *und pathologische Befunde sollten in Bildform dokumentiert werden.*

Die Vor- und Nachteile starrer und flexibler Instrumente fasst die nachfolgende Tabelle zusammen.

	Vorteile	Nachteile
starre Instrumente	optimale Sicht	schwierige Technik
	Beatmung möglich	i.d.R. Narkose notwendig
	größere Biopsien	begrenzter Blick in Peripherie
	bessere Absaugmöglichkeit	eingeschränkt bei HWS-Erkrankungen
flexible Instrumente	i.d.R. Lokalanästhesie	kleine Biopsien
Flexible hochauflösende	leichter erlernbar	schlechtere Sicht bei Fiberglasgeräten
(HR-) Videoendoskopie	weiter Einblick i.d. Peripherie	problematisch bei Komplikationen
	optimale Kooperation bei	
	Monitorsicht	
	optimales Bild im gesamten Untersuchungsbereich	

Indikationen

Der Einsatz starrer und/oder flexibler Technik orientiert sich situationsabhängig an der Indikation und der Erfahrung des Untersuchers. Man unterscheidet zwischen diagnostischem und therapeutischem Eingriff. Häufige Indikationen sind mit Bewertung der Untersuchungstechniken in nachfolgender Tabelle dargestellt.

Indikation	**starr**	**flexibel**
massive Blutung	xxx	x
Kinderbronchoskopie	xxx	x
Fremdkörperentfernung	xx	x
Lasertherapie	xx	xx
Stenteinlage	xx	xx
Intubationsschwierigkeit	xx	xx
Abklärung broncho-pulm. Symptome	x	xxx
Probeentnahme/Staging	xx	xx
Lagekontrolle Tubus/Intensivmedizin	o	xxx
postoperative Kontrolle	o	xxx
funktionelle Beurteilung	o	xxx
Z.n. Laryngektomie	xx	xx
zentraler Tumor	xx	xx
peripherer Tumor	x	xxx
Beatmungsbronchoskopie	xxx	o
unklarer Röntgen-Thoraxbefund	o	xxx
Stenosenabklärung	x	xxx
Atelektase	x	xxx
Trachealverletzung	x	xx

(xxx:Methode der Wahl; xx: gleichwertige Methode;
x: Alternativmethode; o: keine Indikation)

Absolute und relative Kontraindikationen

Therapeutische Bronchoskopie: Bei akuter lebensbedrohlicher Situation keine, sonst siehe diagnostische Bronchoskopie

Diagnostische starre Bronchoskopie: schlechter AZ, respiratorische Insuffizienz, Blutungsneigung, schwere Begleiterkrankung

Diagnostische flexible Bronchoskopie: inadäquate Oxygenierung während der Untersuchung, schwere Koagulopathie, instabile Hämodynamik mit Arrhythmie

Voraussetzungen:

	starr	**flexibel**
klin. Untersuchung	obligat	obligat
i.v. Zugang	obligat	obligat
Monitoring (RR, EKG, O2)	obligat	obligat
O2-Gabe	obligat	obligat
Möglichkeit zur Reanimation	obligat	obligat
EKG (präoperativ)	fakultativ	fakultativ
Lungenfunktionsprüfung	fakultativ	fakultativ
Blutgasanalyse	fakultativ	fakultativ
Gerinnungsstatus	fakultativ	fakultativ
Blutbild	obligat	fakultativ
Röntgenthorax	fakultativ	fakultativ

Anästhesieverfahren

Oberflächenanästhesie:

Applikation: als Spray,
über den Bronchoskoparbeitskanal,
als translaryngealen Block (Punktion des Lig. conicum)

Lidocain kommt üblicherweise als Oberflächenanästhetikum zum Einsatz. Die Resorption durch das Bronchialsystem erfolgt sehr schnell. Bei eingeschränkter Lebersyntheseleistung ist die Metabolisierung verzögert. Überdosierung kann zu Krampfanfällen und Herzrhythmusstörungen führen. Zur Sicherheit des Patienten sollte immer nur die minimal notwendige Dosis appliziert werden.

Sedierung

	starr	**flexibel**
Oberflächenanästhesie (OA)	o	x
Oberflächenanästhesie + Analgosedierung	x	xxx
ITN/Jet	xxx	x
Larynxmaske	o	xxx

(xxx:Methode der Wahl; xx: gleichwertige Methode;
x: Alternativmethode; o: keine Indikation)

Die Sedierung zur Einleitung der Allgemeinanästhesie (ITN/JET-Ventilation/Larynxmaske) obliegt der Verantwortlichkeit der Anästhesie. Die Sedierung während Analgosedierung sollte bei kritischen Patienten ebenfalls in Zusammenarbeit mit der Anästhesie erfolgen. Ansonsten sind die Mitglieder der Leitlinienkomission der Meinung, dass sich die Sedierung bei der Tracheo-Bronchoskopie an den Vorgaben der S3-Leitlinie: Sedierung in der gastrointestinalen Endoskopie orientieren sollte.

Sowohl der diagnostische oder therapeutische Eingriff als auch die Sedierung sind eigenständige medizinische Verfahren. Es ist daher für jede Endoskopie unter Sedierung erforderlich, dass neben dem endoskopierenden Arzt und seiner Endoskopieassistenz eine weitere Person, die nicht in die Endoskopie involviert ist, diese Aufgabe zuverlässig wahrnimmt. Diese qualifizierte Person soll in der Überwachung von Patienten, die Sedativa, Hypnotika und/oder Analgetika erhalten, speziell und nachweislich geschult und erfahren sein. Wann immer der Patient ein erhöhtes Risiko aufweist oder ein langwieriger und aufwendiger Eingriff zu erwarten ist, soll ein zweiter, entsprechend qualifizierter Arzt zugegen sein, der ausschließlich die Durchführung und Überwachung der Sedierung sicherstellt. Das Monitoring während der Untersuchung muss dokumentiert werden.
Das Dokumentationsblatt soll eine zeitabhängige Dokumentation der Vitalparameter (Herzfrequenz und Blutdruck), der verwendeten Medikamente mit Namen und Dosierung, sowie der Gabe intravenöser Flüssigkeit enthalten und Angaben darüber machen, ob und in welcher Flussrate der Patient Sauerstoff erhalten hat. Idealerweise sollen periodisch auch der Sedierungsgrad und Schmerzangaben des Patienten dokumentiert werden.

Eine geeignete apparative Ausstattung für Reanimationsmaßnahmen sollte zur Verfügung stehen. Dies gilt insbesondere für die Anwendung des Narkotikums Propofol dessen Wirkung nicht antagonisiert werden kann. (52, 53, 54)

Endoskopische Technik

	starr	**flexibel**
transnasal	o	xxx
transoral	xxx	xx
durch Tubus/ Trachealkanüle	o	xxx
durch Tracheostoma	x	xxx
durch Larynxmaske	o	xxx

(xxx:Methode der Wahl; xx: gleichwertige Methode;
x: Alternativmethode; o: keine Indikation)

Komplikationen

Entstehen häufiger als Komplikationsfolge des Anästhesieverfahrens als durch die endoskopische Untersuchung selbst.

Mögliche Komplikationen der Bronchoskopie sind:

Hyopoxie, Herzrhythmusstörungen, Blutung, Trachea-Bronchusläsion/perforation, Pneumothorax, Hypotension , Broncho- und/oder Laryngospasmus, Larynxödem, Larynxverletzung

Die Möglichkeit einer Hypoxie nimmt mit der Dauer einer Untersuchung zu. Insbesondere Patienten mit einer ausgeprägten Hypoxie, und Patienten mit einer kardialen Vorerkrankung, neigen zur Entwicklung kardialer Arrhythmien und sollten deshalb auch in der postoperativen Phase besonders überwacht werden. Empfohlen werden die Überwachung der Sauerstoffsättigung, EKG und die Blutdruckmessung. Bei einem Abfall der Sauerstoffsättigung auf Werte unter 90 Prozent kann durch zusätzliche Gabe von Sauerstoff die Entwicklung einer Herzrhythmusstörung signifikant vermindert werden. Das Risiko einer reflektorischen Arrhythmie besteht auch bei der Passage der Stimmbandebene.

Kinderbronchoskopie

Die Anwendung der Tracheo-Bronchoskopie bei kleinen Kindern erfordert große Erfahrung, die nur durch die Durchführung vieler Endoskopien bei grossen Kindern oder Erwachsenen erworben werden kann.

Nachsorge des Patienten

- 1h Nahrungskarenz
- kardiorespiratorisches Monitoring bis Patient stabil und ausreichend wach
- Hinweis auf Verkehrs- und Geschäftsunfähigkeit (24h Fahruntüchtigkeit nach Prämedikation)
- auf Schmerzäußerungen achten

Strukturvoraussetzungen

apparative, personelle und organisatorische Ausstattung

			starr	**flexibel**
Personal	Arzt	Facharztstandard	x	x
		Anästhesist	x	o
	Assistenzpersonal	Instrumentier-Fkt.personal	x	x
		Anästhesie-Fkt.personal	x	o
Raum	Eingriffsraum		x	x
Apparative Ausstattung	diagn. Bronchoskopie		x	x
	therap. Bronchoskopie		x	x
Hygiene	mechanische Reinigung		x	x
	Lösungsdesinfektion		o	x
	Automatendesinfektion		o	(x)
	Sterilisation		x	(o)

(x: erforderlich; (x): wünschenswert; o: nicht erforderlich)

Bei Untersuchungen in Sedierung sollten mindestens zwei Personen als Assistenz vorhanden sein, um auf mögliche Komplikationen adäquat reagieren zu können.

Die Aufbereitung der Instrumente sollte sich an den Vorgaben des RKI orientieren. Für starre Endoskope erfolgt die Aufbereitung nach der RKI-Empfehlung: „Anforderungen an die Hygiene bei der Aufbereitung von Medizinprodukten“ [2001] und für flexible Endoskope erfolgt die Aufbereitung nach der RKI-Empfehlung: „Anforderungen an die Hygiene bei der Aufbereitung flexibler Endoskope und endoskopischen Zusatzinstrumentariums“ [2002]

Prozessvoraussetzungen

Frühzeitige Veranlassung der o. g. Untersuchungsvoraussetzungen. Dokumentation des präoperativen Befundes. Rechtzeitige und ausführliche und differentialtherapeutische schriftlich fixierte Aufklärung unter Abwägung räumlicher, personeller und apparativer Möglichkeiten. Erstellung eines Operationsberichtes. Sicherstellung der Nachbehandlung/Überwachung (v.a. bei ambulanten Eingriffen).

Ergebnisvoraussetzungen

Beteiligung an Qualitätssicherungsmaßnahmen.

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Verfahren zur Konsensbildung:

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