BONNES PRATIQUES EN ENDOSCOPIE SOUPLE (DIAGNOSTIC)

L'endoscopie bronchique souple est une procédure diagnostique importante qui peut être réalisée en sécurité chez des patients ambulatoires. Dans une grande étude multicentrique prospective de 2009 portant sur plus de 20 986 procédures, le taux de complications sévères était de 1,1% et la mortalité de 0,02 (1).Les principaux évènements rapportés sont des troubles du rythme cardiaque, hémorragies minimes ou sévères, bronchospasmes/laryngospasmes, toux, dyspnée, désaturations, défaillance cardio-respiratoires, pneumothorax, œdèmes pulmonaires. Dans des études prospectives plus petites, le taux de complications est plus élevé avec 7% pour Hehn *et al* (4,3% respiratoires, 2,8% de non-respiratoire) et plus de 30% pour Bechara *et al* (dont 8%de sévères) (2,3) .Cet examen diagnostique ne semble pas plus à risque chez les personnes agées de plus de 65 ans, voire de plus de 85 ans (4). De nombreux facteurs peuvent influencer le risque de complications, et inclus ceux inhérents au patient et ceux inhérent à la procédure elle-même (sédation, type de prélèvement réalisé …). L'utilisation d'une check-list avant la procédure permet d'identifier de possibles risques de complication (annexe 1).
Pour aider les pneumologues dans leur pratique, plusieurs sociétés savantes ont édité des recommandations de bonnes pratiques pour l'endoscopie bronchique souple diagnostique (5–8).

1. L'hypoxie

Il est habituel de constater une baisse significative de la saturation lors d'une endoscopie bronchique, qui peut débuter au moment de l'anesthésie, se majorer au moment du passage des cordes vocales et qui est plus importante en position assise, lors de l'utilisation d'aspiration, lors des prélèvements ou en cas de prémédication avec des benzodiazépines (9–13).L'hypoxie est le plus souvent transitoire et sera significative si elle se prolonge plus d'une minute. Elle est plus fréquente en cas de baisse du peakflow (inférieur à 60% de la théorique) ou du VEMS inférieur à 1litre et en cas de présence d'une hypoxie avant le geste (13).
Habituellement l'hypoxie est corrigée par l'apport d'oxygène par voie nasale ou pharyngée au débit de 2 à 4 litres par minute (11,14).

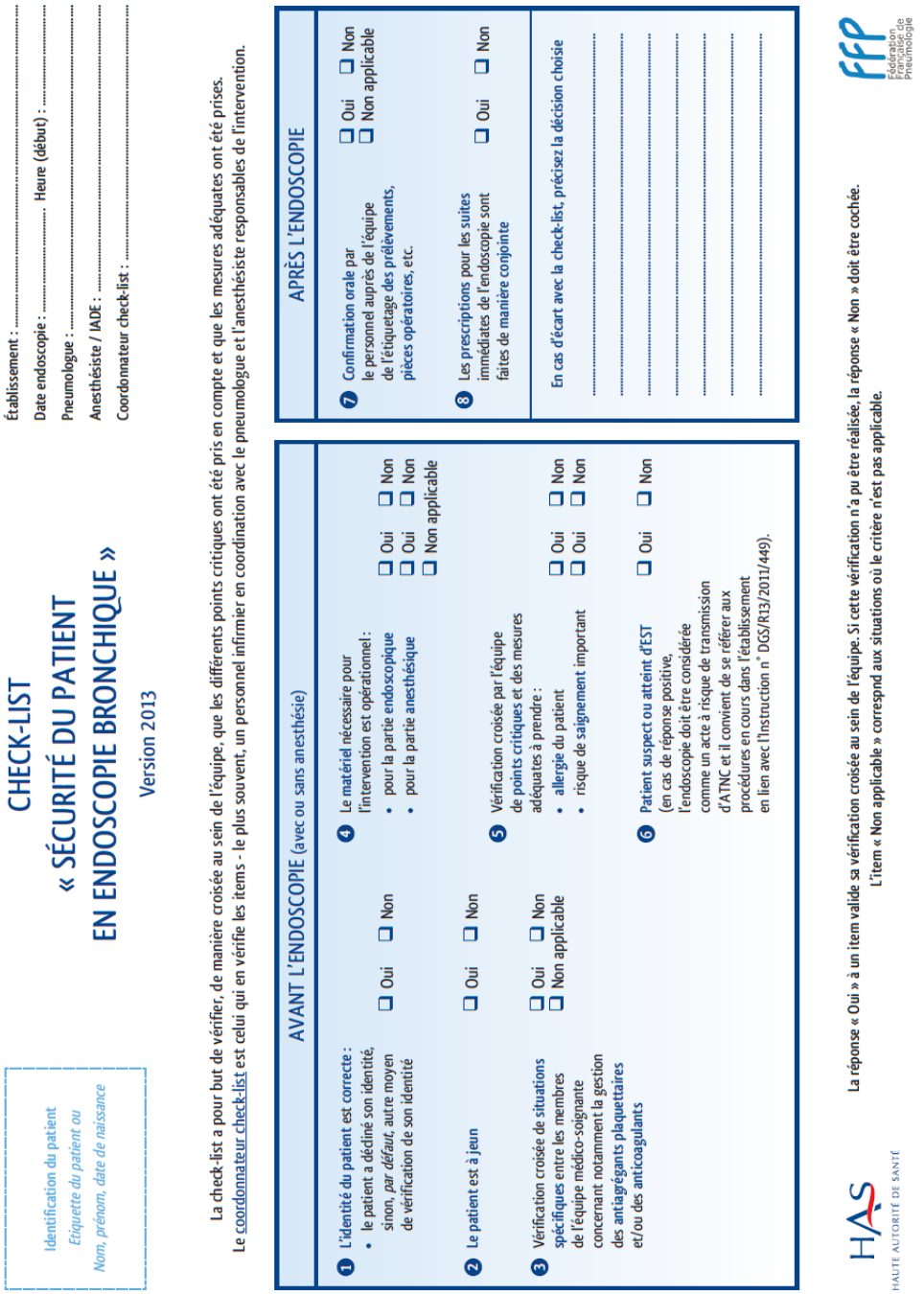
Recommandations

- Pendant une endoscopie bronchique le patient doit être surveillé en continu au saturomètre.
- Une supplémentation en oxygène doit être administrée en cas de désaturation de moins de 4% ou sat < 90% de plus de 1 minute pour réduire les risques de complications dus à l'hypoxie.
- Ces complications sont corrélées à la saturation initiale, la fonction respiratoire, les comorbidités, la sédation, et le type de prélèvement.

2. Les risques cardiaques

L'hypoxie survenant lors d'une endoscopie bronchique est classiquement à l'origine d'une augmentation de fréquence cardiaque (environ 40% de la fréquence de base), de la pression sanguine (environ 30% de la base), et de l'index cardiaque. Cependant, les troubles du rythme sévères pendant une endoscopie sont rares et semblent liés à une ischémie myocardique lors d'hypertension (15,16).
Les tachycardies sinusales sont fréquentes ,pendant l'endoscopie (14).Les arythmies atriales surviennent à n'importe quel moment de la procédure alors que les arythmies ventriculaires sont plus fréquentes au moment du passage de cordes vocales et lors d'hypoxie (17).
L'augmentation de la pression systolique et de la fréquence cardiaque pendant l'endoscopie est associée à une modification ECG dans 15% des cas (segment ST, bloc de branche) et corrélé à l'âge élevé et au nombre de paquet-années plus qu'à l'hypoxie ou à la fonction respiratoire (16). Un infarctus du myocarde récent de moins

ANNEXE 1 : EXEMPLE DE CHECK-LIST



CHECK-LIST
« SÉCURITÉ DU PATIENT EN ENDOSCOPIE BRONCHIQUE »
Version 2013

Identification du patient
Etiquette du patient ou
Nom, prénom, date de naissance

Établissement : .....
Date endoscopie : ..... Heure (début) : .....
Pneumologue : .....
Anesthésiste / IADE : .....
Coordonnateur check-list : .....

La check-list a pour but de vérifier, de manière croisée au sein de l'équipe, que les différents points critiques ont été pris en compte et que les mesures adéquates ont été prises.
Le coordonnateur check-list est celui qui en vérifie les items - le plus souvent, un personnel infirmier en coordination avec le pneumologue et l'anesthésiste responsables de l'intervention.

AVANT L'ENDOSCOPIE (avec ou sans anesthésie)

1. **L'identité du patient est correcte :**
   - le patient a décliné son identité, sinon, *par défaut*, autre moyen de vérification de son identité — ☐ Oui ☐ Non
2. **Le patient est à jeun** — ☐ Oui ☐ Non
3. **Vérification croisée de situations spécifiques entre les membres de l'équipe médico-soignante concernant notamment la gestion des antiagrégants plaquettaires et/ou des anticoagulants** — ☐ Oui ☐ Non ☐ Non applicable
4. **Le matériel nécessaire pour l'intervention est opérationnel :**
   - pour la partie endoscopique — ☐ Oui ☐ Non
   - pour la partie anesthésique — ☐ Oui ☐ Non ☐ Non applicable
5. **Vérification croisée par l'équipe de points critiques et des mesures adéquates à prendre :**
   - allergie du patient — ☐ Oui ☐ Non
   - risque de saignement important — ☐ Oui ☐ Non
6. **Patient suspect ou atteint d'EST** (en cas de réponse positive, l'endoscopie doit être considérée comme un acte à risque de transmission d'ATNC et il convient de se référer aux procédures en cours dans l'établissement en lien avec l'Instruction n° DGS/R13/2011/449). — ☐ Oui ☐ Non

APRÈS L'ENDOSCOPIE

7. **Confirmation orale par le personnel auprès de l'équipe de l'étiquetage des prélèvements, pièces opératoires, etc.** — ☐ Oui ☐ Non ☐ Non applicable
8. **Les prescriptions pour les suites immédiates de l'endoscopie sont faites de manière conjointe** — ☐ Oui ☐ Non

En cas d'écart avec la check-list, précisez la décision choisie

.....
.....
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.....
.....
.....

La réponse « Oui » à un item valide sa vérification croisée au sein de l'équipe. Si cette vérification n'a pu être réalisée, la réponse « Non » doit être cochée.
L'item « Non applicable » correspond aux situations où le critère n'est pas applicable.

HAS HAUTE AUTORITÉ DE SANTÉ
FFP Fédération Française de Pneumologie

Figure 1 – Proposition de check-list préopératoire pour l'endoscopie bronchique (HAS/FFP).

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