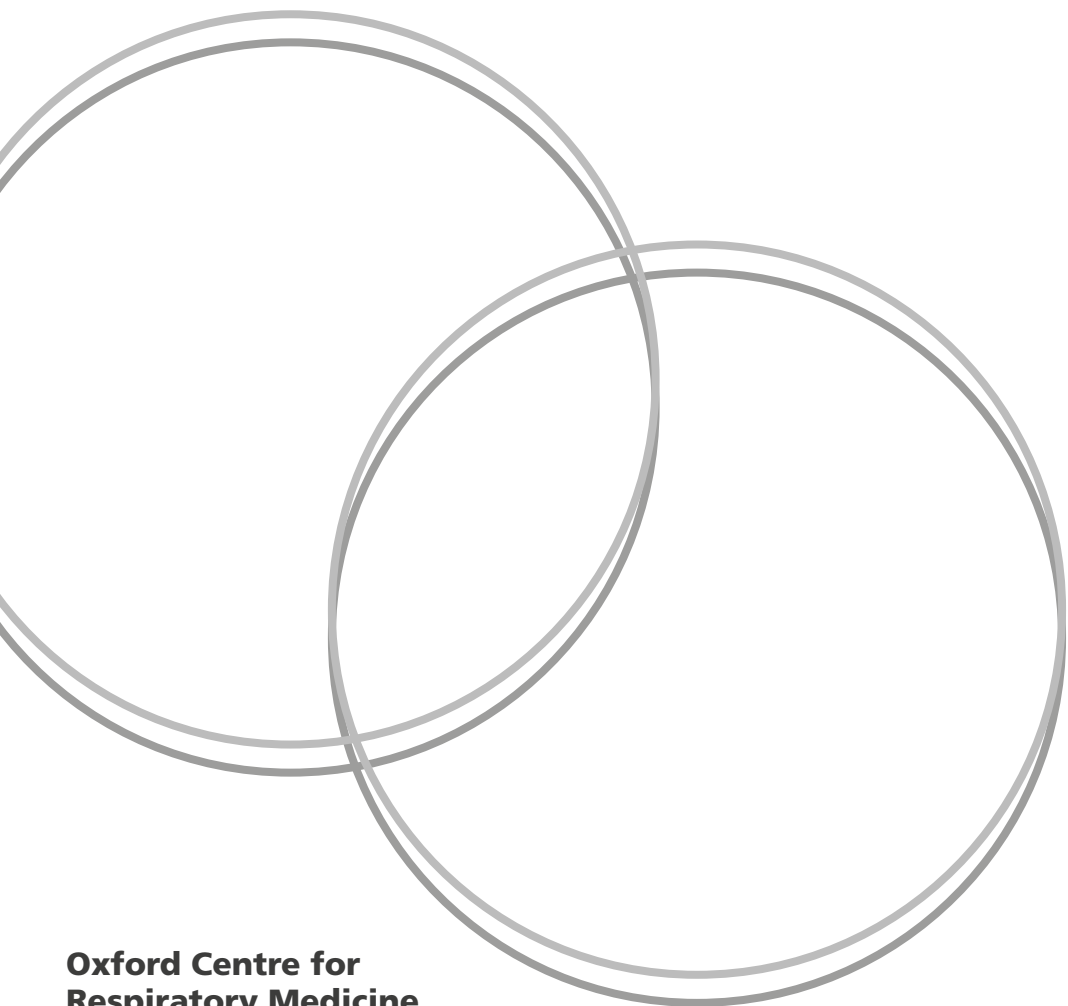




Oxford University Hospitals  
NHS Foundation Trust

# Bronchiectasis

Information for patients



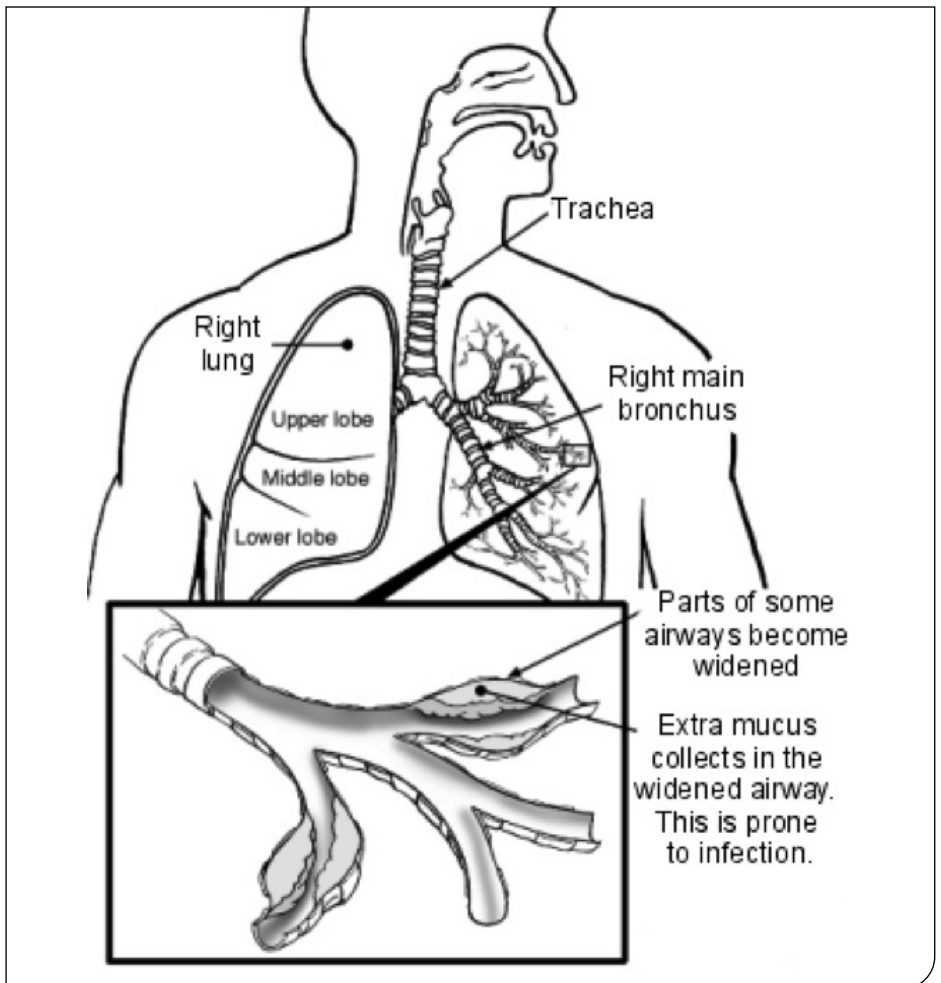
Oxford Centre for  
Respiratory Medicine



# What is bronchiectasis?

Sounds like: brong – kee – ek – tuh – sis

Bronchiectasis is a long-term condition that affects the airways in your lungs. The term bronchiectasis means enlarged bronchial tubes (airways). If you have bronchiectasis, your airways become wider and inflamed with thick phlegm (sputum). This means your airways may not clear properly. Too much phlegm can cause bacterial infections, which can lead to chest infections (also called exacerbations).



## **How did I get this condition?**

In most people with bronchiectasis, we do not know why this happens. In some people the damage results from severe pneumonia or other severe childhood chest infections, often many years previously.

Other conditions that can lead to bronchiectasis include problems with the immune system, severe asthma or COPD, certain forms of arthritis (such as rheumatoid arthritis) and bowel disease (such as ulcerative colitis) or inherited problems where the microscopic hair like structures that help clear infection from the lungs (cilia), which line the airways, do not function normally.

Very occasionally, an inherited disorder called cystic fibrosis, that usually shows itself in childhood, will become apparent in adult life by causing bronchiectasis.

Often the cause is not found (idiopathic). This does not mean that there is no cause, only that medical science does not understand enough about the disease to know what the cause is yet. In most cases, the treatment of bronchiectasis is the same regardless of the cause. There are, however, a few causes where special treatments are required.

## **What are the symptoms?**

For most people with bronchiectasis the main symptom is coughing up sputum from the lungs. You may be able to tell if your sputum is infected by its colour. Assessing this is an important part of learning how to manage your condition. The colour may range from white / clear to any number of shades of yellow, green, or brown.

The amount of sputum you might cough up will vary but tends to increase if you have an exacerbation. You may feel particularly tired and washed out at these times and you may see some blood in the sputum. This is the time to seek advice by contacting your GP or nurse.

Some people may only get minor and infrequent worsening of symptoms; for others this may happen more frequently or be more troublesome.

## **What tests are likely to be done?**

The most accurate way of diagnosing bronchiectasis is by arranging for you to have a CT scan. This can also provide information on the extent of the bronchiectasis. Once we have confirmed your diagnosis, we may only need to do a few further tests, unless your symptoms get worse.

We may need you to have some blood tests and regular breathing tests to measure how well your lungs are working (spirometry or lung function tests).

We will also need to take sputum samples to see if bacteria are present and whether they need to be treated.

## How is bronchiectasis treated?

Treatment of bronchiectasis tries to help prevent further damage and infections and reduce symptoms. There are two key elements to the treatment of bronchiectasis:

1. Clearance of sputum from the lungs.
2. Treatment of exacerbations with antibiotics

Bronchiectasis leads to a build-up of sputum which can make infections more likely and causes worsening symptoms of cough and breathlessness. It is essential that you learn to clear sputum from your airways regularly and effectively. Your respiratory physiotherapist will advise you on the best way to clear your airways. You should do this daily, and more frequently during exacerbations.

It is also important to keep as fit and as physically active as possible. Regular exercise helps to keep reduce your chance of an exacerbation by helping to clear the sputum.

For exacerbations (a worsening of three or more key symptoms lasting for 48 hours or more):

- worsening cough
- changing in sputum amount or thickness
- worsening sputum colour
- breathlessness
- fatigue
- coughing up blood.

You should take a sputum sample to your GP or nurse and arrange to start a course of oral antibiotics (that you take by mouth). Sometimes we might need to use intravenous antibiotics (given into a vein) or long term oral or nebulised antibiotics (that you breathe in from a nebuliser machine through a mouthpiece).

Your Bronchiectasis Team will work together with you and with your self-management plan, to spot infections early and give you the most appropriate treatment.

## **What will my life be like living with bronchiectasis?**

Although bronchiectasis cannot be cured, almost all people with bronchiectasis live long and productive lives. Regular treatment with chest physiotherapy, physical activity and other therapies mean that symptoms can be reduced, and exacerbations can be prevented.

With such treatment your symptoms can remain stable for many years, particularly if we've managed to start you on the correct treatment before significant damage has been done to your lungs. Prompt antibiotic treatment of any exacerbations also reduces the risk of further lung or airway damage.

If you have just been diagnosed with bronchiectasis you should be reviewed by a respiratory specialist. You will also be supported by the Bronchiectasis Respiratory Multidisciplinary Team.

For most people, long-term follow-up by a respiratory specialist is not required and you will return to the care of your GP.

Understanding your condition, having prompt access to antibiotics and specialist advice when it's needed, is most important for keeping you well.

## How else can I stay well and keep control of my bronchiectasis?

Exercise will help to improve your overall health and fitness, reduce symptoms of breathlessness and fatigue, and improve your ability to clear your sputum. Try to do at least 150 minutes of moderate intensity activity every week. That works out at 30 minutes a day for 5 days per week.

Alternatively, if this is something that is more challenging for you, try to remain as physically active as possible. This may include moving around the home, cleaning or dusting, or getting up to make a cup of tea.

Moderate activity will raise your heart rate, and make you breathe faster and feel warmer. One way to tell if you're working at a moderate intensity is if you can still hold a conversation and say more than a few words before pausing for breath. If you need support with this there are pulmonary rehabilitation programs to help you get started. Please discuss this with your physiotherapist.

Eat a healthy balanced diet. If you are overweight you may feel more breathless than usual and if you are underweight, you may be at more risk of infections.

Get your annual flu vaccinations and make sure you are up to date with your COVID and pneumococcal vaccinations as recommended by your GP.

Avoid contact with anyone who is unwell with a cold, flu or chest infection and practice good handwashing

Don't smoke. If you smoke and live in Oxfordshire, use the following contact information.

Telephone: **0800 122 3790**

Email: [stopforlifeoxon.org](mailto:stopforlifeoxon.org)

Website: [www.nhs.uk/live-well/quit-smoking](http://www.nhs.uk/live-well/quit-smoking)

Look after your mental well-being. Asthma+Lung UK provide information on available support groups (see the following link).



## Returning home

The websites below have helpful information about living with bronchiectasis which may help answer and additional questions you may have.

## Practical tips

Keep a sputum pot in the house in case you need to hand in a sputum sample.

If you feel confident in recognising your bronchiectasis symptoms, you may wish to ask your GP or specialist about having a supply of “stand-by” antibiotics at home to start after submitting a sample of sputum.

If you have broken physiotherapy equipment, please leave an answerphone message on the bronchiectasis telephone number (**01865 227 921** or **01865 225 713**) with your name, date of birth, piece of equipment that is broken and the specifics of what is not working.

## **Further information**

### **NHS bronchiectasis information**

[www.nhs.uk/conditions/bronchiectasis](http://www.nhs.uk/conditions/bronchiectasis)

### **Asthma+Lung UK bronchiectasis information**

[www.asthmaandlung.org.uk/conditions/bronchiectasis](http://www.asthmaandlung.org.uk/conditions/bronchiectasis)

### **European Lung Foundation bronchiectasis information**

[europeanlunginfo.org/bronchiectasis](http://europeanlunginfo.org/bronchiectasis)



## Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Diagram (c)EMIS 2011 as distributed at: <http://www.patient.co.uk/health/Bronchiectasis.htm>, used with permission.

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