

# WHAT IS BRONCHIECTASIS?

**Bronchiectasis** is a **chronic lung condition**. There is abnormal widening of the airways with scarring and inflammation causing mucus or “phlegm” production.

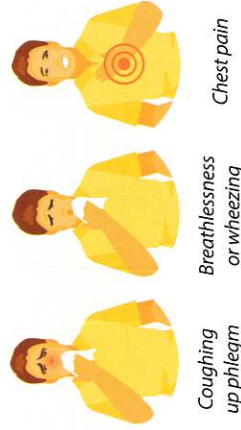
Your airways become widened and unable to clear the phlegm properly. This results in mucus building up, making your airways prone to infection, which can further damage your airways. Once the damage has occurred, it is **permanent**.

## WHAT ARE THE SYMPTOMS?

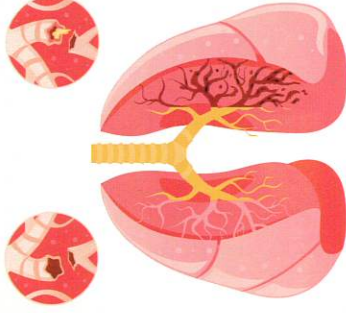
Symptoms **vary** between people.

The most common symptom is **coughing up phlegm**, often in large amounts every day. Some people may feel tired, experience breathlessness or wheeze and may also have problems with their sinuses. Less common symptoms include coughing up blood and chest pain.

An important feature of bronchiectasis is periods of acute worsening of symptoms (also called **exacerbation**). It is thought that these episodes are due to increased infection and inflammation in the airways.



normal lung



Bronchiectasis



## WHAT CAUSES BRONCHIECTASIS?

For up to **half** of people diagnosed with bronchiectasis, there is no clear underlying cause. This is called idiopathic bronchiectasis.

Some illnesses which cause bronchiectasis include:

- severe lung infection in the past
- underlying inherited disease, such as cystic fibrosis or defects in the action of cilia lining the respiratory tract
- lack of immunity to infection
- gastric reflux
- severe allergic response to *Aspergillus* (moulds)
- blockage of the airways

Bronchiectasis can also be associated with other diseases such as inflammatory bowel disease or rheumatoid arthritis.

Bronchiectasis is **not** caused by smoking but smoking can worsen bronchiectasis.

## HOW IS IT DIAGNOSED?

If you have the symptoms as mentioned, you may have bronchiectasis.

To confirm the diagnosis, you will need to have a **computerised tomography (CT) scan**.

Your doctor may also ask you to give a sample of your phlegm to find out what bacteria are present. You might also need to have blood tests to check for possible causes of bronchiectasis.

Occasionally, your doctor will suggest a bronchoscopy to look inside your lungs and take lung samples.



computerised tomography (CT) scan

## HOW IS IT TREATED?

**Bronchiectasis** is a **chronic** condition and often requires **life-long treatment**.

Usually, the damage to your airways that causes bronchiectasis can't be reversed.

Treatment includes preventing infections that will further damage your lungs, and alleviating your symptoms. This can be done through:

- Daily chest physiotherapy – to help to clear phlegm from your airways using various breathing exercises and techniques
- Antibiotics – prompt antibiotic therapy if you are acutely unwell or have worsening symptoms (“exacerbation”)
- Bronchodilators – may help to open up your airways
- Mucolytic/mucus clearance agents – to help expectorate the phlegm





## WHAT ELSE SHOULD I KNOW?

Lots of people manage very well living with bronchiectasis.

General measures and lifestyle changes will keep you from falling sick too often. These include:



Balanced diet,  
increased  
protein intake



Avoid smoking/  
Stop smoking



Regular exercise/  
physical activity



Updated vaccinations  
against influenza and  
pneumococcus



You should also see your doctor and seek treatment early if you are unwell despite self-management.

# Bronchiectasis

