

CHEST SERIES C4

LIVING WITH BRONCHIECTASIS



Chest
Heart &
Stroke
Scotland



**Chest
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Stroke
Scotland**



**Chest Heart &
Stroke Scotland
improves the
quality of life for
people in Scotland
affected by chest,
heart and stroke
illness, through
medical research,
influencing public
policy, advice and
information and
support in the
community.**

FUNDRAISING

Chest Heart & Stroke Scotland is a wholly independent Scottish charity. We receive no core funding from Government or any public body or private agency and rely entirely on the Scottish public to raise the £7 million a year we need to help people with chest, heart and stroke illness throughout Scotland.

RESEARCH

We are one of Scotland's largest charitable funders of medical research, with a programme worth over £600,000 a year. We fund research projects throughout Scotland into all aspects of the prevention, diagnosis, treatment and social impact of chest, heart and stroke illness.

PERSONAL SUPPORT GRANTS

We provide small grants to people in financial difficulty, because of chest, heart or stroke illness, for items ranging from disability equipment and household goods to respite care and holidays.

VOLUNTEER SERVICES

We give support to people whose communication skills are impaired after a stroke and those living with heart failure. The Volunteer Stroke Service (VSS) provides weekly group meetings and home visits for patients. The Heart Failure Support Service (HFSS) provides volunteer befrienders to reduce social isolation.

CHSS NURSES

Our nurses provide independent practical advice and support to those who have chest, heart and stroke illnesses, their families, carers and health professionals. There are dedicated nursing services in Fife, Forth Valley, Grampian, Highland, Lanarkshire, Lothian and Dumfries and Galloway. There is also a Scotland wide nurse led Advice Line (0845) 077 6000. Calls are charged at a local call rate (out of hours answerphone). We have a wide range of booklets, factsheets and videos on chest, heart and stroke illnesses.

COMMUNITY SUPPORT NETWORK

CHSS provides support to affiliated chest, heart and stroke clubs through the Community Support Network. The clubs are independent and are run by local volunteers. The groups provide a range of activities and offer people support, stimulation and companionship in a friendly and relaxed environment. Please ask for more information.

**FOR FURTHER INFORMATION ABOUT ANY
OF THE SERVICES ABOVE PLEASE CONTACT
HEAD OFFICE BY PHONING 0131 225 6963 OR
VISIT www.chss.org.uk**

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CHSS would like to thank Dr Adam Hill and his team and patients at the Royal Infirmary Edinburgh, for their help in developing this booklet.

INTRODUCTION

Bronchiectasis is a long-term condition that affects the lungs. It is defined by inflamed, permanently and irreversibly damaged airways. Common symptoms of bronchiectasis include a chronic cough, producing sputum (phlegm), recurrent chest infections, fatigue and breathlessness.

In bronchiectasis two things happen:

- damage to the airway – making it unable to clear mucus
- infection of the mucus in the blocked airway

Bronchiectasis is not to be confused with bronchitis and, unlike chronic obstructive pulmonary disease (COPD), it is not related to smoking. However, it is not advisable to smoke.

Living with bronchiectasis can be challenging and tiring – both for you and your family / friends. There is, however, a lot you can do to help yourself and manage your condition. This booklet aims to help you understand bronchiectasis and describes coping mechanisms to help you get the most out of life.

Bronchiectasis can be confusing to understand so you may have to read this booklet several times or dip in and out of the different sections as you need the information.

This booklet does not provide information about **cystic fibrosis**. For the purpose of this booklet ‘bronchiectasis’ refers to ‘non cystic fibrosis bronchiectasis’.

WHAT IS BRONCHIECTASIS?

THE RESPIRATORY SYSTEM

The respiratory system includes your lungs, air passages, structures and muscles that are involved in breathing. By breathing in air (inhalation), your lungs transfer oxygen to your blood stream, which can then be sent all round your body. Your body is made up of millions of tiny cells that need oxygen to function. Carbon dioxide, a gaseous waste product of body processes, is collected in your blood stream and expelled through your lungs by breathing out (exhalation).

Your lungs are found within your chest, situated on either side of your heart and protected by your ribcage.

Your air passages

The function of your air passages is to provide a route for external air to pass into your lungs. The process of warming, moistening and filtering inspired air is continued throughout the respiratory system.

Air is warmed as it passes over the surface of your airways; it is moistened by contact with mucus (produced by the airways) and filtered by cilia (tiny hair-like projections on the surface of the cells lining your airways). The mucus traps small particles of dust, bacteria and debris (from inhaled air) and the cilia waft the mucus towards your throat to be either expectorated ('coughed up') or swallowed.

There are protective cells within your air passages that fight any infection or foreign particles that have not been trapped in the mucus. There is a layer of muscle in the walls of your

air passages that controls the width of them and so controls the amount of air that can enter your lungs.

The route for air to enter your body starts at your nose and travels through your larynx and trachea to divide into two branches to supply your left and right lungs. These are called the left bronchus and the right bronchus. The bronchi further subdivide and branch out into smaller and smaller air passages to form an intricate system of tiny air passages throughout your lungs, called bronchioles. These tiny passages end in millions of tiny air sacs called alveoli. These special structures contain tiny blood vessels or capillaries, which allow gases to pass in and out of your bloodstream. The air sacs and passageways, blood and lymphatic vessels and nerves are held together by connective tissue, all of which makes up the tissue of your lungs.



How do you breathe?

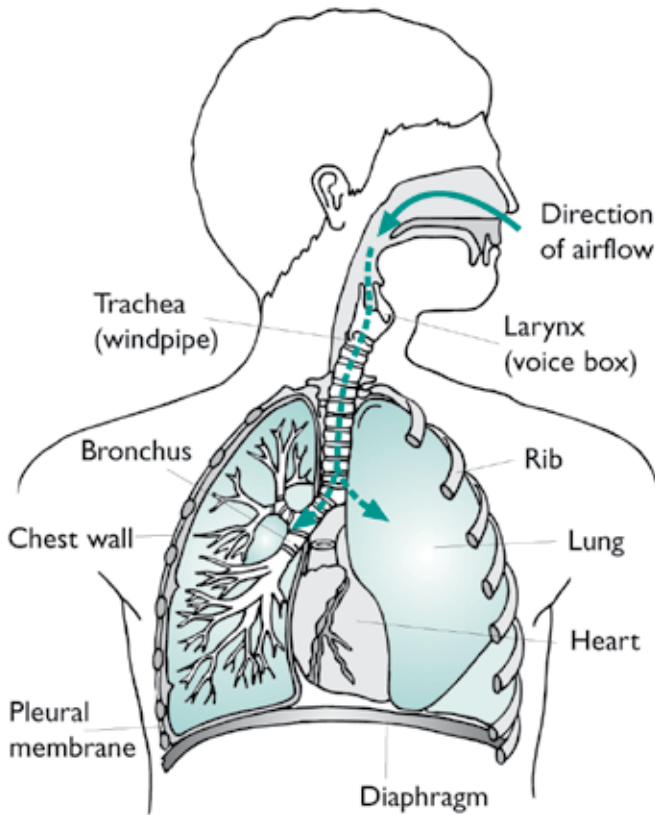
There are special cells in your brain, lungs and blood vessels that monitor the levels of oxygen and carbon dioxide in your blood. They send messages to the respiratory centre in your brain. In turn the respiratory centre sends signals to your respiratory muscles so that your body's needs are constantly being met. For example, you breathe faster when you exercise or hurry.

The respiratory muscles consist of the diaphragm and the intercostal muscles:

- Your diaphragm sits underneath your lungs, separating them from the rest of the abdomen. When you breathe in, the muscle contracts, i.e. shortens and flattens. This action pulls air into your lungs, from the atmosphere, and the lungs expand. As you breathe out, it relaxes and air moves from your lungs back out and they deflate. In relaxed breathing, this is a passive process and requires no effort.
- The intercostal muscles are found between each of your ribs, allowing your chest to expand outwards and contract inwards. These muscles work together to create more space within your chest for your lungs to fill with air and empty again. This is possible because your lungs are actually attached to the inside of your chest wall by a covering called the pleura. It has two layers, separated by a thin layer of fluid, to allow smooth movement between your lung and chest wall as you breathe in and out.

Breathing occurs without you having to consciously think about it. However, you can override the signals by conscious control, for example, to cough, sneeze, sing or hold your breath.

Figure 1. Diagram of the respiratory system



PROCESS OF DAMAGE TO AIRWAYS

In bronchiectasis parts of some airways become damaged and widen.

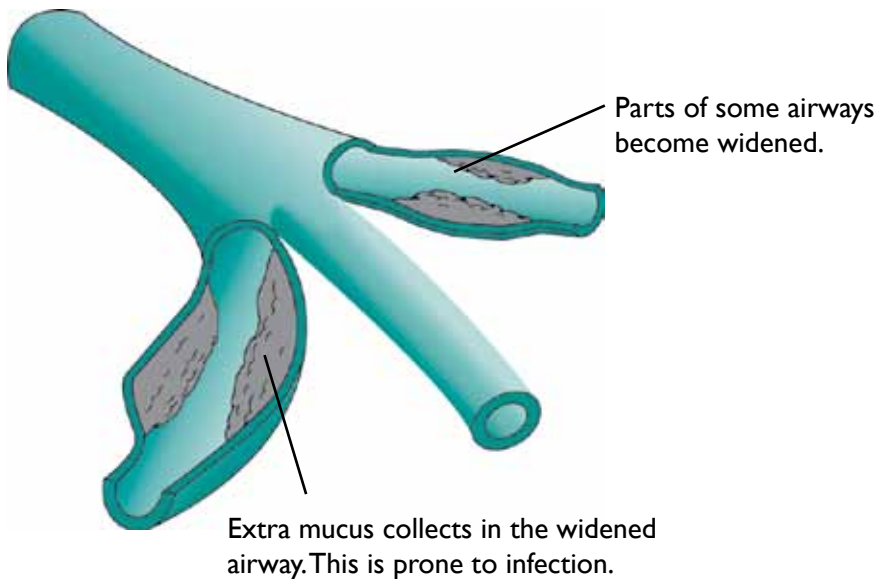
The areas are permanently / irreversibly damaged by inflammation and produce excessive mucus.

The airways lose some or all of their ability to clear mucus.

Mucus gathers in the damaged airways, creating an environment where bacteria can grow.

This can lead to repeated chest infections and as a result the airways become scarred and more inflamed and produce even more mucus.

Figure 2. The widened pockets collect the extra mucus produced.



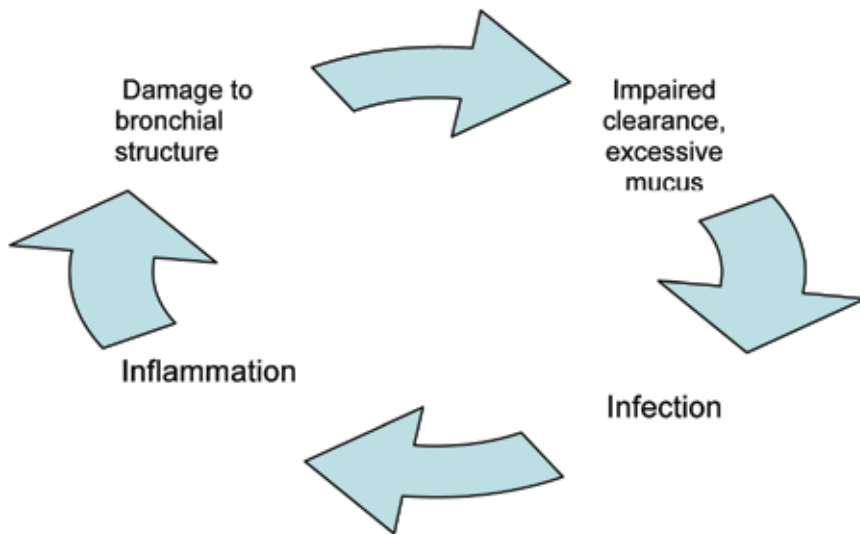
Sometimes the airway becomes blocked or 'plugged', affecting airflow.

Sometimes the surrounding lung tissues can become damaged.

Surrounding airways can also become affected.

The damage to the airways can be thought of as a 'vicious circle'. In order to manage bronchiectasis the circle has to be broken.

Figure 3



Actively clearing the lungs of as much mucus as possible will improve symptoms.

WHAT CAUSES BRONCHIECTASIS?

In about 50% of people with bronchiectasis no cause can be identified.

In the remaining 50% there is an underlying condition which has caused the damage.

This may be the result of:

- a serious past infection such as pneumonia, whooping cough, measles or TB
- an obstruction or blockage in the airways
- a disease process that affects part of the airways structure
- a disease process that affects other parts of the body as well as the lungs
- an allergic reaction to a fungus called aspergillus, in people with underlying asthma



WHAT ARE THE SYMPTOMS OF BRONCHIECTASIS?

Not everyone with bronchiectasis will have the same symptoms, or degree of symptoms.

Common symptoms include:

- a chronic cough
- coughing up mucus: this can vary in colour and quantity (Medically this mucus is referred to as sputum and will be called that from here on.)
- recurrent chest infections: this is due to bacteria growing in the swollen airways
- fatigue: this is a combination of coughing frequently during the day and / or night and fighting off infections
- breathlessness / wheezing: this is due to the inflammation / blockage of the airways

Symptoms may vary from day to day.

It is likely that you will have ‘good’ periods (when you feel well) and periods when your condition ‘flares up’ and your symptoms increase. This is known as an exacerbation.

DEGREE / SEVERITY OF BRONCHIECTASIS

Bronchiectasis can be classified as mild or severe depending on the extent of damage to your airways and the degree of your symptoms.

As a general rule bronchiectasis is classified depending upon:

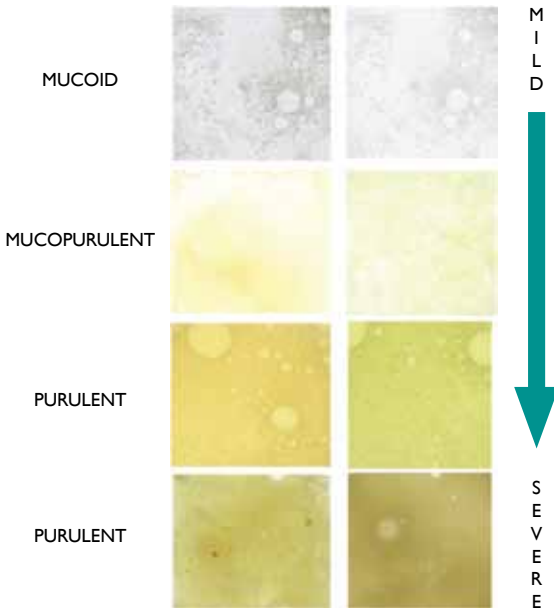
- The colour of the sputum you cough up: sputum can be described as:
 - mucoid: mainly mucus (clear, white or grey)
 - muco-purulent: a combination of mucus and pus (yellow, green or brown)
 - purulent: mainly pus (yellow, green or brown)

Sputum can also contain traces of blood: this is called haemoptysis.



- The amount of sputum you cough up: this can vary greatly from person to person. Some people cough up less than 10mls / day: this is the same as 2 teaspoons. Other people cough up large quantities, e.g. more than 30mls / day: this is the equivalent of a measuring container that comes with liquid medicines.
- The number of chest infections (‘exacerbations’) you have in a 1 year period.
- Bacteria growing in your sputum, even when you are well: this is called colonisation.

Degree/severity	Sputum colour	Sputum volume (per day)	No of chest infections in one year	Bacteria found in sputum even when you are well
MILD	None or mucoid/mucopurulent	<10mls	<2	No
SEVERE	Muco-purulent /purulent	>20mls	3 or more	Yes



HOW IS BRONCHIECTASIS DIAGNOSED?

If you have a cough, produce regular sputum and (in some cases) have frequent chest infections your GP may suspect that you have bronchiectasis.

Your GP will be able to organise some tests for you and, depending on the results of these, you may then be referred to a specialist respiratory (chest) doctor.

Tests your GP may organise

- **Chest x-ray**

This is usually done either to exclude any other conditions or if your symptoms have worsened.



- **Sputum specimens**

You may be asked for sputum specimens, which will be sent to a laboratory, to establish if there are any bacteria in your lungs. This will tell your doctor if you have an infection and exactly which antibiotic treatment is required. (This process is called ‘culture and sensitivity.’)

- **Blood tests**

Blood tests to monitor your general health.

Tests your respiratory consultant may organise:

- **Blood tests**

More detailed blood tests will be taken. These can help to see how your immune system is working, in order to identify if your immune system is responsible for the bronchiectasis.

- **Sputum specimens**

You may need to give repeat sputum samples for culture and sensitivity and also to rule out other chest conditions. Sometimes your specialist may ask for a 24-hour collection of your sputum.

- **Computed Tomography scan (CT)**

A CT scan is needed to give a definite diagnosis of bronchiectasis.

A high resolution CT scan uses special CT scanning techniques and is the most accurate non-invasive method of assessing lung tissue. This may be repeated every 5 years or earlier if your condition deteriorates.



CT scan

- **Lung function tests**

You may need some / all of the following tests to see how your lungs are working and assess the extent of damage to your lungs:

- **Peak flow test**

This test measures how hard you can blow air out of your lungs. You have to blow into a 'peak flow meter' where there is a marker on the side which moves as you breathe out, giving a peak flow reading. Usually the best of 3 readings is used.



Peak flow test

The peak flow reading measures the amount of air you blow out (in litres per minute). Normal peak flow readings vary, depending on your age, size, and sex. If your airways are narrowed you will not be able to blow very quickly and your peak flow reading will be reduced.

Spirometry



- **Spirometry**

Spirometry will assess how well you actually breathe. The results give a clearer picture of your condition and how best to treat it. It is an important test in monitoring bronchiectasis. This test involves breathing into the mouthpiece of a spirometer to measure the volume of air that you can exhale.

- **Full Pulmonary Function Test (PFT)**

These are more complex breathing tests that your respiratory doctor may want you to have. These tests measure the size of your lungs and how good the lungs are at exchanging the gases oxygen and carbon dioxide. In addition if your spirometry is not normal, medication can be tried to see if the spirometry improves as a result. This is called reversibility testing.

TREATMENT / MANAGEMENT OF BRONCHIECTASIS

Bronchiectasis is a long-term condition, which means that it can't be cured. However, with suitable treatment and management you can learn to take control of your condition and improve your quality of life.

Who will be involved in managing your bronchiectasis?

- Your GP may refer you to a specialist respiratory (chest) doctor who will see you at a respiratory clinic at your local hospital. He / she will monitor your symptoms and general health.
- You may also see a specialist nurse at the clinic who will be able to give you information about what you can do to help yourself and how to keep well.
- How often you need to attend the clinic depends on the severity of your bronchiectasis.
- If you are well and your bronchiectasis remains stable you may be discharged from the clinic and remain under the care of your GP.
- You can undertake measures to monitor your condition and control your symptoms. This is often called self management.

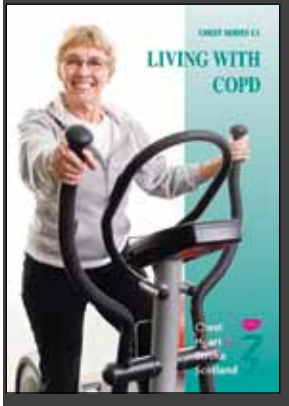
The aims of treatment / management are to:

- Identify and treat any underlying cause. This can help to prevent worsening of bronchiectasis
- Control daily symptoms
- Maintain, or improve, how well your lungs are working
- Reduce the number / frequency of chest infections (exacerbations)
- Improve your quality of life

This section is split into the medical and non-medical management of bronchiectasis. However, they go hand in hand. As well as taking any drugs that you are prescribed there is a lot you can do to help manage your condition and allow you to feel as well as possible, control your symptoms and avoid infections.

Some people with bronchiectasis may also have another chest condition such as asthma or COPD. In this case your treatment / management may be different.

See the CHSS booklet 'Living with COPD' for more information.



MEDICAL TREATMENT

Once you have been diagnosed with bronchiectasis your doctor will decide on what treatment, if any, is best for you.

One of the aims of your treatment is to keep your condition as stable as possible and reduce the number / frequency of exacerbations. So it is important that you, and your medical team, learn about what symptoms are 'normal' for you and how to recognise if things are getting worse.

Treating an exacerbation

An exacerbation is when your condition gets worse and your symptoms increase. When this happens you need to access medical advice as soon as possible. Prompt treatment prevents further damage to your airways. You may need antibiotics and / or further treatment. Where possible you will be treated at home. However, depending on your symptoms, you may need to be admitted to hospital during an exacerbation if you are very unwell, unable to cope at home, or if you need intravenous antibiotics and it is not possible to be given them at home.

Contact your GP as soon as possible if you notice any of the changes below:

- increased coughing
- increased amount / thicker consistency of sputum
- darker colour sputum
- fever or chills
- aches and pains
- worsening breathlessness
- increased fatigue
- blood in sputum (haemoptysis)



Antibiotics

Antibiotics are a group of drugs that fight bacterial infections.

Some antibiotics treat a wide range of bacterial infections.

However, some bacteria are only sensitive to certain antibiotics.

You will need an antibiotic if you have worsening symptoms, with increased sputum and darker colour.

It is important to take a sputum sample to your GP when you first notice a change in your symptoms so that you can begin taking antibiotics straightaway.

This will make sure you are getting the correct antibiotic to treat the germs that are growing in your lungs, changing them if necessary when the results come back.

Over a period of time your sputum results may show your GP which antibiotics you have needed in the past and this treatment can be started immediately.

This is very important in preventing delay in your treatment and may avoid an exacerbation.

Depending on your symptoms and the results of your sputum samples you may be prescribed more than one antibiotic.

Usually you will be prescribed a course of antibiotics which will last between 7 and 14 days. Sometimes you may need antibiotics for a longer period.

Treatment with long-term antibiotics may be considered by your respiratory specialist if you have had 3 or more exacerbations in a year (which have required antibiotics).

There are different ways to take antibiotics:

- orally: tablets or liquids
- intra-venously (IV): through a vein
- nebulised: inhaled in a fine mist with use of a special machine called a nebuliser

Oral antibiotics

This can be in the form of tablets or liquids.

Always take the full course of your antibiotics as prescribed.

Take as recommended by the chemist on the label, e.g. with or without food or with milk.

If you feel you are not improving by the 3rd or 4th day, or you are feeling worse, do not stop taking your antibiotics but contact your doctor. It might be necessary to change to a different antibiotic.

Intravenous (IV) antibiotics

You may need IV antibiotics if you are very unwell during an exacerbation or if your infection does not respond, or is resistant, to oral antibiotics.

Depending on your individual situation there are different ways IV antibiotics can be given:

- You may be able to have IV antibiotics at home (domiciliary IV therapy). You or a family member, can be trained to administer your IV antibiotics.
- You may need to be admitted to hospital to receive IV antibiotics.

There are 3 ways of doing this:

- **Cannula:** This involves a cannula (a small tube) being inserted into a vein (usually in your arm). The antibiotics are given directly into the cannula.
- **Midline catheter:** A midline catheter is a small tube about 25cm long that is inserted into a vein in the inside of the elbow and extends into the vein of the upper arm. The benefit of a midline is that it can stay in the arm for the duration of the treatment, which will preserve other veins and removes the need for replacing cannulae every 3 days.
- **Implanted port:** An implanted port is a small device which is inserted under the skin, with a catheter attached which connects the port (opening) to a vein. The port has a septum (seal) through which the antibiotics are injected. The port is inserted in theatre under a local or general anaesthetic. To access the port a needle with a line attached is pushed

into the port and secured with a dressing. This is removed when the treatment is finished. The port can stay in place for many years and is suitable for patients who are on regular 8-weekly antibiotics.

Nebulised antibiotics

This involves taking a solution of antibiotics and turning it into a very fine mist that can then be breathed in through a mask. This treatment may be recommended by a respiratory specialist if you are having 3 or more chest infections requiring antibiotics in one year, to try and improve your symptoms and reduce the frequency of chest infections.

You should only use a nebuliser that has been prescribed for you.

Never share or use a nebuliser that belongs to someone else.

Using a nebuliser

A nebuliser is made up of two parts: the compressor, which blows the air, and the nebuliser, which is the chamber that holds the drug solution. A nebuliser comes with either a mask or a mouthpiece. The mouthpiece however, prevents any of the solution lying on your skin or getting into your eyes and is recommended for nebulising antibiotics. It normally takes around 10 minutes for your drugs to nebulise and for a small residue to remain in the chamber. You should not stay on your machine longer than 15 minutes. Your doctor has to prescribe a nebuliser for you.



Nebuliser with mouthpiece

Caring for your nebuliser:

- The nebuliser (chamber) should be washed in warm soapy water, rinsed and left to drip dry after each use.
- The compressor should be wiped down with a damp cloth at least weekly.
- Do not wash the tubing as it is very difficult to get it completely dry. If condensation appears in the tubing, remove the drug chamber and run the machine for a minute to blow the tubing dry.
- Replace the nebuliser and tubing according to manufacturers' instructions.

Side effects of antibiotics

The most common side effects are:

- Nausea, vomiting and diarrhoea
- Skin rashes
- Thrush (a common yeast infection)

Talk to your doctor about any troublesome side effects that you are having.

Inhalers

Inhalers allow drugs to be delivered directly to your lungs.

There are many different types of inhalers including dry powdered and aerosol metered dose inhalers (MDIs).

There are also a huge variety of drugs and different brand names. It is not possible to name them all here; the ones listed are simply used as examples.

It is very important that you use your inhaler correctly, to get the full benefit of treatment.

The 3 main groups of inhalers used for chest conditions are:

- Relievers
- Long-acting relievers
- Preventers



Examples of inhalers

Relievers

Some people with bronchiectasis have narrowed airways which obstruct the flow of air out of your lungs. Your doctor may suggest you use an inhaler that helps to open up the airways if your lung function tests show that you have a narrowing of your airways. These drugs are called **bronchodilators**.

Example	Comments	Side effects
Salbutamol Terbutaline	Quick-acting bronchodilators: used as required and regularly.	Can cause a tremor especially noticeable on your hands. Some people may experience palpitations.
Ipratropium bromide (Atrovent®)	Anticholinergic bronchodilators: work in a different way. They are used as required or regularly.	Tend to have few side effects but can cause a dry mouth and very occasionally constipation and difficulty passing urine.
Salbutamol + ipratropium (known as Combivent®) Fenoterol + ipratropium (known as Duovent®)	Reliever combinations: allow you to take two different bronchodilators at the same time. Usually prescribed as required or regularly.	Combination of above.

Long-acting relievers

These are long-acting bronchodilators, which are used to keep your airways open.

Example	Comments	Side effects
Salmeterol Formoterol Indacaterol	Long-acting bronchodilators are taken twice a day, in the morning and at night. They take about 30 minutes to work but their effects last for 12 hours.	Similar to bronchodilators: fine muscle tremor in the hands, palpitations and cramps in hands and feet.
Tiotropium (Spiriva®)	Long-acting anticholinergics. They only need to be taken once every 24 hours. Cannot be taken with another anticholinergic inhaler (e.g. Atrovent® or Combivent®).	Can cause a dry mouth and very occasionally constipation and difficulty passing urine.

Preventers

There is another type of inhaler called a ‘preventer’. They are not routinely used in bronchiectasis unless there is associated asthma or COPD.

Preventer inhalers must be taken regularly. They will not help during a breathlessness attack.

Preventer inhalers contain steroids. They are used to reduce the inflammation of your airways. It can take up to a week for preventer inhalers to take effect and up to 6 weeks to get maximum benefit.

Steroids can have quite serious side effects but, because inhalers deliver the drug directly to the part of the body that needs it, the side effects of steroid inhalers are usually minor and easy to control.

Example	Comments	Side effects
Beclomethasone Budesonide	Preventer inhalers, taken twice a day, usually in the morning and at night.	Voice hoarseness, sore mouth and / or oral thrush. Making sure that you rinse your mouth out, gargle and brush your teeth after using these inhalers can minimise these side effects.
Fluticasone +Salmeterol: known as Seretide® Budesonide +Formoterol: known as Symbicort® Beclomethasone + Formoterol: known as Fostair®	Preventer combinations: combination of a preventer and a long-acting reliever.	As above plus fine muscle tremor in the hands, palpitations and cramps in hands and feet.

Using your inhaler correctly

Inhalers are very effective but **only if used correctly**.

This involves both good technique and using them at the right time.

Make sure you know how to use your inhaler and that you are comfortable using it even when you are breathless.

Your respiratory clinic and most GP surgeries will have nurses who have been trained to help you with your inhaler technique.

Other types of medical treatments

Vaccinations

If you have bronchiectasis it is recommended that you have the following immunisations:

- Flu vaccine: you should have this every year; it is usually available from late September.
- Pneumococcal vaccine: you should only need to have this once but it may be repeated if necessary.

Oxygen therapy

Receiving additional oxygen is called oxygen therapy. You must be fully assessed by a specialist health professional to see if and when oxygen will be of any benefit to you.

Oxygen is a drug and must be prescribed.

Long-term oxygen is usually provided by an oxygen concentrator. The method used to deliver oxygen therapy depends on the reason you need oxygen, how active you are and how much oxygen you use a day. Different equipment is available to use such as a face mask or nasal prongs and the appropriate tubing.

Portable oxygen may be provided to enable you to leave the house.

See the CHSS booklet 'Understanding oxygen therapy' for more information.

Surgery

Surgery is not often recommended. It may be needed in life-threatening situations if your bronchiectasis is not controlled despite maximum medical treatment and it is localised to one area of your lung.



Oxygen concentrator

NON-MEDICAL TREATMENT / SELF MANAGEMENT

As well as taking any drugs that you are prescribed there is a lot you can do to help manage your condition and allow you to feel as well as possible, control your symptoms and avoid infections.

Coping with an exacerbation

An exacerbation is when your condition deteriorates and your symptoms increase. One of the aims of your treatment is to reduce the number / frequency of exacerbations. So, it is important that you are aware of:

- what symptoms are ‘normal’ for you
- how to recognise if things are getting worse
- what you can do to avoid an exacerbation / chest infection

Look out for warning signs:

- increased coughing
- changes in your sputum – increase in amount produced, change of colour and thicker consistency
- generally feeling unwell
- feeling more tired
- increased breathlessness
- feeling feverish

Do not ignore your symptoms. Contact your doctor as soon as you notice any of the warning signs.

Be prepared

Discuss with your doctor what you should do if you start feeling unwell, including at the weekends, e.g. when and how to hand in a sputum sample and when to start taking antibiotics.

It can be helpful to have a supply of sputum sample pots, bags and labels at home so you can hand in a specimen whenever you need to.

If it is difficult to get an appointment with your GP ask for a telephone consultation.

Some GPs may prescribe antibiotics on a repeat prescription.

Preventing chest infections

Other things that will help to protect you from infection:

- Make sure you are up to date with your flu and pneumococcal vaccines.
- Try to eat a healthy, varied diet and drink plenty of non-alcoholic fluids.
- Pay attention to your personal hygiene, especially hand washing. Throw away used tissues immediately after use.
- Don't visit anyone who is known to be unwell with a cold, flu or chest infection.



Stopping Smoking

Bronchiectasis is not caused by smoking. However, if you continue to smoke the damage to your lungs will increase and your symptoms will get worse. By stopping smoking, you will be helping yourself to have a better life.

Where to go to get help?

Stopping smoking can be very difficult, but there is a lot of help available. Talk to your GP or practice nurse if you are considering stopping smoking; you may be referred to a local smoking cessation group if there is one, or to your local chemist for advice. Smokeline run a free smoking cessation helpline where you can get telephone support and information; see the 'Useful addresses and websites' section towards the end of this booklet for details.

Research shows you are up to 4 times more likely to quit successfully if you receive support from a local NHS Stop Smoking Service and take stop-smoking medication, compared with relying on willpower alone.

See the CHSS factsheet 'Stopping smoking' for further information.



Keeping your chest clear of sputum

It is very important to try to clear your chest of as much sputum as you can. This will help to reduce the obstruction in your airways, improve the amount of air getting into your lungs and minimise the breeding ground for bacteria to grow. In the long term this will help to reduce the number, and frequency, of chest infections you may have.

Respiratory (chest) physiotherapy

Everyone with bronchiectasis should see a respiratory physiotherapist (or health professional that has expertise in this field) to be shown how to use chest clearance techniques / exercises. Ask your doctor to refer you if you have not seen a respiratory physiotherapist.

You may be able to see a physiotherapist at home if you cannot get out to a clinic or hospital.

Chest clearance techniques

There are several different techniques that can be used for chest clearance including:

- Active cycle of breathing
- Oscillatory positive expiratory pressure devices e.g. ‘Acapella®’ and ‘Flutter®’ machines
- Autogenic drainage

Some people may find one technique works better than another, or is more convenient.

Remember that you have to be shown how to do these exercises by a respiratory physiotherapist.

He / she will recommend how often you should use these techniques to get the maximum benefit.

Try to do your exercises 1-2 times a day regardless of how you are feeling. (If you have an infection then more often is better, if you can manage it.)

Active Cycle of Breathing

There are 3 components to this technique combining:

- Breathing control
- Deep breathing: this is also referred to as ‘Thoracic Expansion Exercises’ or TEE
- ‘Huffing’: this is also referred to as ‘Forced Expiration Technique’ or FET



Breathing Control

This is very useful to learn and master. It uses gentle relaxed breathing, using the lower part of your chest, with relaxation of the upper chest and shoulders. You shouldn't feel that you are working at breathing. You should allow your tummy to rise as you breathe in and fall as you breathe out. Breathing control encourages a normal breathing pattern and helps to get air into the lower parts of your lungs. It is also helpful if you get breathless.

How to do breathing control

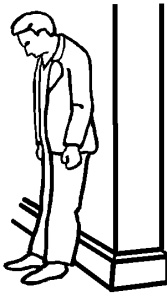
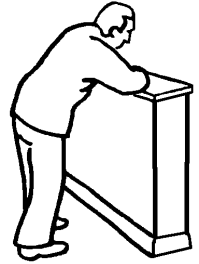
- Settle yourself into a chair in a comfortable position.
- Make sure your back is well supported.
- Rest one hand on your lower rib cage with the other hand on your upper thigh.
- Let your shoulders and upper chest relax, think about letting your shoulders go.
- Concentrate on letting the lower part of your chest move under your hand.
- Feel your hand rise and fall with your chest as you breathe gently in and out.
- Breathe in through your nose and out through your mouth.
- Breathe at your own rate. Doing this should not tire you.
- Continue until your breathing is back under control once more.
- Once you feel happy about doing this, you may like to try resting both hands down on your thighs with the palms of the hands facing up.

These are some different positions to use with your breathing control. Try them all until you find one that works best for you.



1. Sit on a chair and lean forward with both arms resting on your thighs with your wrists relaxed.

2. Stand leaning forward with your arms resting on a ledge, e.g. a windowsill, bench or banister rail.



3. Lean back against a wall with your shoulders relaxed and arms resting down by your side. Your feet should be 30cm (12 inches) away from the wall (or as far as is comfortable) and slightly apart.

Deep breathing (Thoracic Expansion Exercises TEE)

As the name suggests, this technique concentrates on expanding your chest as far as possible to allow maximum air into your lungs, by deep breathing and breath holding. This allows air to move behind any trapped sputum and loosen it to enable you to cough it out.

- Take a slow, relaxed deep breath in, as far as you can.
- Now hold your breath for the count of 3 (the deepest breath you can comfortably hold).
- Follow with a quiet relaxed breath out.
- Repeat 3-4 times.

Huffing

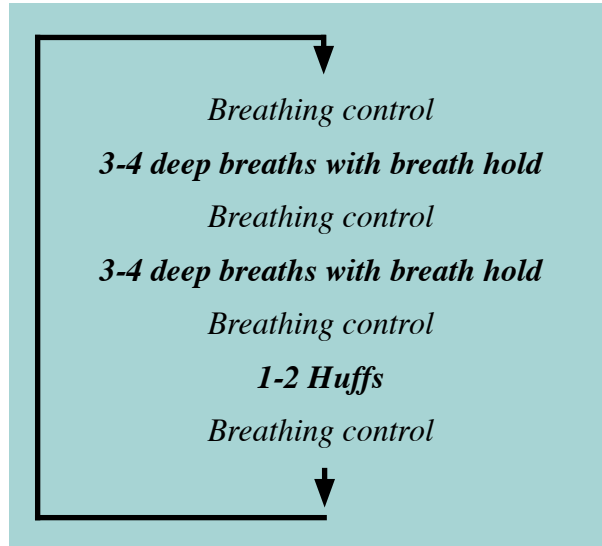
(Forced Expiration Technique or FET)

This technique concentrates on pushing air out of your lungs. The idea is to encourage the sputum up through your airways until it can be cleared out. Too short a ‘huff’ may not be effective; too long can lead to bouts of coughing, so practise is essential. Imagine you are steaming up a mirror.

- Take a normal breath in and then with your mouth open, squeeze the air out forcibly, making a ‘huffing’ sound. You should feel your stomach muscles contract strongly.
- Keep ‘huffing out’ until you can’t breathe out any more. (The huff should be long enough to move sputum from the smaller airways).
- Repeat 1-2 huffs then pause.
- Do breathing control in the pause to avoid wheeziness.*
- Repeat as necessary.
- When the sputum reaches the bigger airways, take a deep breath and huff again or cough to get the sputum into your mouth to clear out.

*The length of the pause will depend on how you are feeling. If you are wheezy, or either have or are recovering from an infection, you may find you tire easily, so 20 seconds’ rest between each huff should give you enough time to recover. If you are well, pauses can be shorter.

Here is an example of how these breathing exercises can be used together in a cycle for maximum chest clearance. This can be done sitting or lying but you may have to stay in one position for at least 10 minutes before changing your position to further clear your chest.



Use of oscillatory positive expiratory pressure devices (OPEPs)

OPEPs (e.g. the Flutter® and Acapella®) are hand-held devices that you can use to help clear sputum.

You breathe out through the device against a slight resistance which creates oscillations, or ‘flutters’, in the pressure of your airways. This prevents the airways from collapsing and helps loosen sputum. Your respiratory physiotherapist must assess you to see whether one of these devices is suitable for you.



*Examples of
Acapella® devices*

Autogenic Drainage

This is another form of breathing exercise that can be used if the above techniques are not suitable for you, or you do not find them helpful. Autogenic drainage involves breathing right out as far as possible to loosen any sputum from the small airways at the edges of your lungs. The sputum can then be moved to the larger more central airways making it easier to cough up.

To perform this breathing technique choose a comfortable position, e.g. sitting upright and well supported or lying down with a couple of pillows behind your head.

- Breathe in slowly, using your lower chest, as in breathing control.
- Hold your breath for 3 seconds, allowing air to evenly fill your lungs, resulting in air building up behind any trapped sputum.
- Push your breath out, for as long as you can manage, keeping going right to the end.
- Take a slow relaxed breath in; don't take a big breath or expand your chest too much.
- Breathe out all the way again, pushing all the air out of your chest completely.
- As you repeat the cycle, breathe in and out slowly to avoid pushing the sputum you have just loosened back into your lungs.
- Continue with this cycle until you hear or feel the sputum collecting and moving upwards or you feel the urge to cough.
- When you feel this take a deeper breath in.
- Hold for 3 seconds.
- Breathe out hard pushing as much air out as possible.
- Finally, when the sputum reaches the larger airways it can be cleared with a cough.

Coping with breathlessness

Most people get breathless from time to time, e.g. when you exercise or run for a bus. This shortness of breath passes quite quickly and should not be too uncomfortable. However, some people with bronchiectasis can get breathless very easily.

This breathlessness tends to be uncomfortable and severe and can come on with very little or even no exertion.

Different people describe their breathlessness in different ways: “chest tightness”, “difficulty filling my lungs”, “not being able to catch my breath” or “gasping for air”. Learning to control your breathing will help you to control your breathlessness and so reduce the feelings of panic and anxiety that so often come with it.



Your respiratory physiotherapist will be able to offer you advice on how to manage your breathlessness. This may include advice on:

- breathing control techniques / exercises
- different positions to help relieve your breathlessness
- what exercise you can do
- techniques to help you conserve your energy and pace yourself
- relaxation techniques

Be prepared for breathlessness

Feeling breathless can be very frightening and can make you feel anxious, which in turn makes your breathlessness worse. Being prepared can help to reassure you when it happens.

- If you get breathless, or wake up breathless, sit up and lean forward, e.g. sit at the edge of a seat / bed and lean your arms on a table.
- Using a fan can help some people.
- Keep your inhalers handy and take your reliever.
- Try to use your breathing control. Try not to force your breath out. This causes more air to get trapped in your lungs.
- Try not to fight your breathlessness. Relax your shoulders; tensing your muscles will only use up your energy and make you more breathless.
- If the breathlessness is new or worse, you should see your GP.

Keeping as active as possible

If you have bronchiectasis, you may be afraid that exercising may be doing you some harm. You may also feel too tired to exercise. However, keeping active can actually help clear sputum from your lungs and can often give you more energy and help you have a more restful sleep.

By gradually building up the amount of activity you do, you can help to improve your breathing. You will also strengthen the rest of your body. This will, in turn, make everyday activities less tiring and less demanding of your energy. This reverses the so-called cycle of inactivity where the less you do, the less you become able to do. It has been proven that working the lungs through exercise actually improves things like breathlessness and energy loss.



What form of exercise you do depends on your individual condition and requires some common sense not to attempt anything too ambitious. Try to do some form of exercise every day. Take your time, practise breathing control and remember that you are in control.

Talk to your doctor and / or your respiratory physiotherapist, especially if you have not exercised for some time.

Pulmonary Rehabilitation (PR)

PR is a structured programme of exercise and education for people with chronic chest conditions.

It is designed to improve your level of fitness and quality of life and can help you learn to cope with your condition.

See the CHSS factsheet 'Pulmonary rehabilitation: frequently asked questions' for further information.

Conserving energy

It is common to feel very tired when you have bronchiectasis. Sometimes this tiredness, or fatigue, can feel overwhelming and leave you with little energy, or motivation, for everyday tasks.

Fatigue affects everyone differently. As well as a general lack of energy, you may also:

- find it hard to concentrate or make decisions
- feel irritable and get upset easily
- have difficulty remembering things
- have interrupted sleep
- withdraw from family and friends

Learning ways to conserve your energy can be very helpful. Here are some tips to try:

- Use breathing control regularly and maintain good posture.
- Save energy and eliminate unnecessary activities, e.g. use a towelling bathrobe to dry off after showering; let dishes air-dry; use a perching stool in the kitchen and sit for as many activities as possible.

- Try to maintain a regular programme of gentle physical activity.
- Pace yourself: give yourself time to do things and plan rest periods. Don't overdo it on a good day – you will be overtired the next day.
- Organise your time: do most energy consuming tasks at the time of day / week when you have most energy.
- Get assistance: don't be afraid to ask for help.
- Organise your space: put most-used items in drawers or shelves that are between waist / shoulder level. Keep items in the area where they will be used, to avoid unnecessary fetching and carrying.
- Try to get good-quality sleep.
- Eat a well-balanced diet and drink plenty of clear non-alcoholic fluids.
- Relax!

See the CHSS factsheet 'Coping with tiredness' for more information.



Relaxation

Everybody needs to relax. It is a vital part of our lives. When you have bronchiectasis, it is even more important to relax as it loosens your shoulders and helps you to control your breathing. Sometimes you have to make a real effort to relax and need some help. There are many different relaxation exercises and techniques. You can obtain relaxation CDs from bookshops, music stores and some hospital therapy departments. Relaxation needs practice.

Here are some tips:

- Go to a quiet place. Get into a comfortable position with your arms and legs supported.
- Close your eyes.
- Concentrate on your breathing. Take deep breaths through your nose and exhale slowly through pursed lips.
- Learn to recognise tension. Make a fist and squeeze your hand tightly. Slowly open your fingers and feel the tension leave. Your hand will feel lighter and relaxed.
- Now you can relieve tension all over your body simply by contracting and relaxing each set of muscles in turn.
- Every time you breathe out, think: “RELAX”.

Eating and drinking

Eating a healthy, well-balanced diet improves your overall health and your ability to fight off infections. Eating a more healthy diet usually only means making small changes to the meals you already eat; eating a little more of some things and less of others.

The general healthy-eating message is to:

- Eat a varied diet.
- Eat at least 5 portions of fruit and vegetables each day.
- Increase the intake of fibre in your diet.
- Reduce the fat in your diet, replacing saturated fats with unsaturated fats / oils.
- Eat less sugar.
- Eat less salt.
- Check the food labels. This gets you used to knowing what is in the food you are eating.



Keep well hydrated

It is also important to keep your body well hydrated. This stops the sputum from getting too sticky and makes chest clearance easier. Try to drink 8-10 glasses of non-alcoholic fluid a day even if it means an extra visit to the toilet. Limit your alcohol intake as alcohol causes dehydration.

Many people with bronchiectasis get tired easily and find cooking and eating difficult. As a result, you may not be meeting your energy needs and you may be underweight.

If you are underweight, try to:

- Eat small amounts as often as possible.
- Have high-calorie snacks to nibble on throughout the day, e.g. nuts, crisps, dried fruit, cheese and biscuits, yoghurts, puddings, ice-cream, sweets and chocolate.
- Include high-calorie fluids: try fruit juice, high-energy drinks, milk, and milk-based drinks for coffee, chocolate or diet-supplement drinks – available from your local chemist.

See the CHSS factsheet 'Healthy eating' for more information.



Coping with depression and feeling down

Feeling down for some of the time is a natural reaction as you learn to accept, and adapt to, your illness. However, if you are feeling low for most of the time you could be depressed.

Depression can be successfully treated, so it is important to recognise if you are depressed and to let someone know how you are feeling. The reason this is so important if you have bronchiectasis is that maintaining your health is very dependent on being proactive.

Common symptoms of depression include:

- persistent sadness / crying spells
- loss of interest in life
- mood swings: feeling short tempered / irritable or easily upset
- tiredness and loss of energy
- loss of confidence and self esteem
- difficulty concentrating
- not being able to enjoy things that are usually pleasurable or interesting
- feelings of guilt or worthlessness
- changes in appetite / weight gain or loss
- feelings of helplessness and hopelessness
- sleeping problems – difficulties in getting off to sleep or waking up much earlier than usual
- lack of energy / motivation
- being less aware of others and more inward looking
- physical aches and pains



- loss of sex drive / sexual problems
- avoiding other people, sometimes even your closest friends
- thinking about suicide and death

Most experts agree that if you have experienced 4 or more of these symptoms for most of the day, nearly every day, for over 2 weeks then you should seek help.

Speak to your GP in the first instance. It may be hard, at first, to talk about how you are feeling but remember doctors are skilled at recognising and treating depression. The longer you leave it, the harder it can become to deal with it as you slide further and further down.

Your GP may suggest that you try antidepressant drugs or may arrange for you to have counselling.

Ways to cope with depression:

- Try to accept that you may have good and bad days: recovering from depression takes time.
- Get outside if you can - having some fresh air can help.
- Try not to worry if you don't sleep. Read, listen to the radio or TV. Your body is still resting by lying down.
- When you are low it can be difficult to make decisions; talk to those people you trust.
- Try not to bottle up your feelings; use the support around you.
- Relaxation, yoga, tai chi and reflexology are examples of additional ways to increase your feeling of wellbeing and reduce stress.

- Remember that depression can be treated and these unpleasant feelings can lift.

Sex and intimate relationships

Bronchiectasis does not affect your sexual ability; however, problems with lack of energy, coughing and breathlessness may all affect your stamina and interest in sex. The fear of coughing or breathlessness may lead to avoidance of sexual intimacy, especially if you are worried about coughing up sputum.

Depression and anxiety can also have an effect on your sex drive. Your partner may feel it is better to avoid sex as they don't want to upset you. It's important to keep communicating, honestly, with each other as it is easy for a partner to feel rejected when sexual intimacy changes. Maintaining, or resuming, intimacy and closeness in a relationship is important and can help to combat the loneliness and isolation you may feel. Remember that you can express your feelings in many different ways, through talking but also with body language and physical contact such as kissing and cuddling.

Talking to your partner about how you feel and any worries you may have will make it easier for you both to deal with the situation before it becomes a problem.

Some drugs, e.g. some antidepressants, can have an effect on your sex drive. Speak to your doctor if your drugs have this side effect.



Helpful advice

- Think of sex as another form of physical activity and plan when to have sex. Although this seems limiting you will adapt quite quickly to find the best circumstances for you and your partner.
- Clear any chest secretions using your chest clearance technique prior to sexual activity.
- Use breathing control as you would with any other activity and have rests as necessary.
- Choose a position that is less energetic and avoids pressure on the chest; for example, lying on your side during intercourse may be more comfortable and less tiring.
- Don't make love if you are tired at the end of the day. Choose a time of day you feel at your most refreshed and relaxed.

If you, or your partner, have any questions or concerns regarding your sexual relationship try to talk to your doctor. If necessary, he / she can refer you to a specialist for counselling. Your doctor will be used to talking about personal matters even if you are not, so try not to feel embarrassed.

Stress incontinence

Stress incontinence is when urine leaks due to the pressure on your abdominal organs increasing suddenly. This can happen when you cough. It tends to be worse in women who have had children because the muscles keeping urine in the bladder may be weaker.

Going to the toilet regularly throughout the day will ensure your bladder is never full. The use of pads to give you protection may help your confidence and avoid you having to change your clothing when it happens. Pads are available through your GP or practise nurse so don't be afraid to ask for help. Although it can be embarrassing to speak about, this is a relatively common problem. Practical help and advice can also be given by a continence advisor if it is thought necessary. Your bronchiectasis treatment should also be reviewed to see if it can be improved at all as this might help to alleviate your incontinence.

Travel / flying advice

If you have any concerns about your health, you should contact the airline's medical department before travelling. This gives time for medical clearance and your fitness to fly to be assessed before you travel.



If your bronchiectasis is stable, and you can walk more than 50 metres on the flat without getting breathless, you are likely to have no problems with flying. However, you may still need to seek your doctor's advice before planning or booking a flight.

You will need medical clearance to fly if:

- Your fitness is in doubt as a result of a recent illness, a period in hospital, surgery or you have a condition that is unstable.
- You need any special service or equipment, e.g. assistance, oxygen.

Medical Information Form (MEDIF)

To get medical clearance to fly you and your doctor will need to complete a MEDIF, which is available from the medical department of your airline or your travel agent.

Incapacitated Passengers Handling Advice (INCAD)

Your airline may also ask you to complete an INCAD form. Sometimes the INCAD and MEDIF are two parts of the same form.

INCAD and MEDIF forms are only valid for one journey.

Frequent Traveller's Medical Card (FREMEC)

If you travel frequently you may be able to get a FREMEC, issued by your airline's medical department. It contains important medical information and replaces forms that previously had to be completed for each flight.

Once you have registered, the airline's reservations office records details of your requirements, so that any special assistance can be provided whenever you fly.

If you plan to travel with a different airline from the one that issued your FREMEC card, you should check that they will accept it.

Practical advice for flying with bronchiectasis:

- Plan ahead: arrive early at the airport and avoid carrying heavy luggage.
- Have a letter from your doctor, to keep in your hand luggage, with details about your condition and treatment.
- Remember that your sputum will become stickier in the low humidity of the plane's atmosphere.
- Practise your chest clearance techniques prior to flying and during stopovers on a long-haul flight.
- Drinking plenty of non-alcoholic fluids will help loosen your sputum and allow you to keep your chest clear.
- You may wish to take a supply of antibiotics with you in case you get a chest infection while you are abroad.
- It is safe to use any of your inhalers when flying; keep them with you, in your hand luggage, at all times.
- Try to remain as mobile as possible throughout the flight.

*Plan ahead!
Take any
prescribed
drugs, with their
original labels
and a doctor's
letter in your
hand luggage.*

How do I arrange oxygen for a flight?

- If you use oxygen continuously, and will need it during the flight, you will have to let the airline know when you book your seat.
- Each airline will have its own policy regarding the supply of in-flight oxygen, e.g. what flow rates are available and what charges, if any, are applicable.
- The airline will only provide an oxygen mask, so if you prefer nasal cannulae you will need to provide your own.
- Some airlines now prohibit in-flight oxygen during take off and landing. Remember to ask your airline what its policy is when you are booking your flight.
- Most airlines will only provide oxygen for the flight. If you need oxygen on the ground you will need to provide your own for any transfer between flights.

Travel Insurance

Your travel insurance needs to cover you for any medical costs that may arise in connection with your bronchiectasis, including the costs of travel in an air ambulance if you were to become too ill to travel on a commercial flight. Your doctor may also have to supply a fitness-to-fly letter. Check your insurance cover with your insurance company prior to any journey.

See the CHSS factsheets 'Air travel for people affected by chest, heart & stroke illness'; 'Holidays' and 'Sympathetic insurance companies' for more information.

USEFUL ADDRESSES AND WEBSITES

Action on Depression

11 Alva Street, Edinburgh EH2 4PH
 Information service: 0808 802 2020
 (2pm - 4pm Wednesdays)
 Tel: 0131 226 1803
 Email: info@actionondepression.org
 Website: www.actionondepression.org

Bladder & Bowel Foundation

SATRA Innovation Park
 Rockingham Road
 Kettering, Northants NN16 9JH
 Helpline: 0845 345 0165
 General enquiries: 01536 533255
 Fax: 01536 533240
 Email: info@bladderandbowelfoundation.org
 Website: www.bladderandbowelfoundation.org

The Bladder and Bowel Foundation provide information and support for people with bladder and bowel disorders.

Chest Heart & Stroke Scotland

Rosebery House
 9 Haymarket Terrace
 Edinburgh EH12 5EZ
 Tel: 0131 225 6963
 Fax: 0131 220 6313
 Advice Line: 0845 077 6000
 Email: adviceline@chss.org.uk
 Website: www.chss.org.uk

Chest Heart & Stroke Scotland improves the quality of life for people in Scotland affected by chest, heart and stroke illness, through medical research, influencing public policy, advice and information and support in the community.

NHS 24

Tel: 08454 24 24 24

Textphone: 18001 08454 24 24 24

Website: nhs24.com

This phone service is designed to help you get the right help from the right people at the right time.

Smokeline

Tel: 0800 84 84 84

Smokeline offers initial and ongoing telephone support and encouragement to callers wishing to stop smoking or who have recently stopped and want to stay stopped. Can also tell you the location of your nearest free stop smoking service, give you access to specialist counsellors and send you further information

Website: www.canstopsmoking.com

Information and support to help you stop smoking. Offers text support and live online chat with a Smokeline advisor.

COMMON ANTIBIOTICS USED IN BRONCHIECTASIS

APPENDIX 1

Organism (germ) found in sputum sample	Recommended initial treatment	Recommended second treatment if first does not work	Length of treatment
Streptococcus pneumoniae	Amoxicillin (tablets)	Clarithromycin (tablets)	7 to 14 days
Haemophilus influenzae, (β -lactamase negative)	Amoxicillin (tablets)	Doxycycline (tablets) or Clarithromycin (tablets) or Ciprofloxacin (tablets) or Ceftriaxone intravenously (IV)	7 to 14 days
Haemophilus influenzae, (β -lactamase positive)	Co-amoxiclav (tablets)	Doxycycline (tablets) or Clarithromycin (tablets) or Ciprofloxacin (tablets) or Ceftriaxone (IV)	7 to 14 days
Moraxella catarrhalis	Co-amoxiclav (tablets)	Doxycycline (tablets) or Clarithromycin (tablets) or Ciprofloxacin (tablets) or Ceftriaxone (IV)	7 to 14 days
Staphylococcus aureus (MSSA)	Flucloxacillin (tablets)	Clarithromycin (tablets)	7 to 14 days

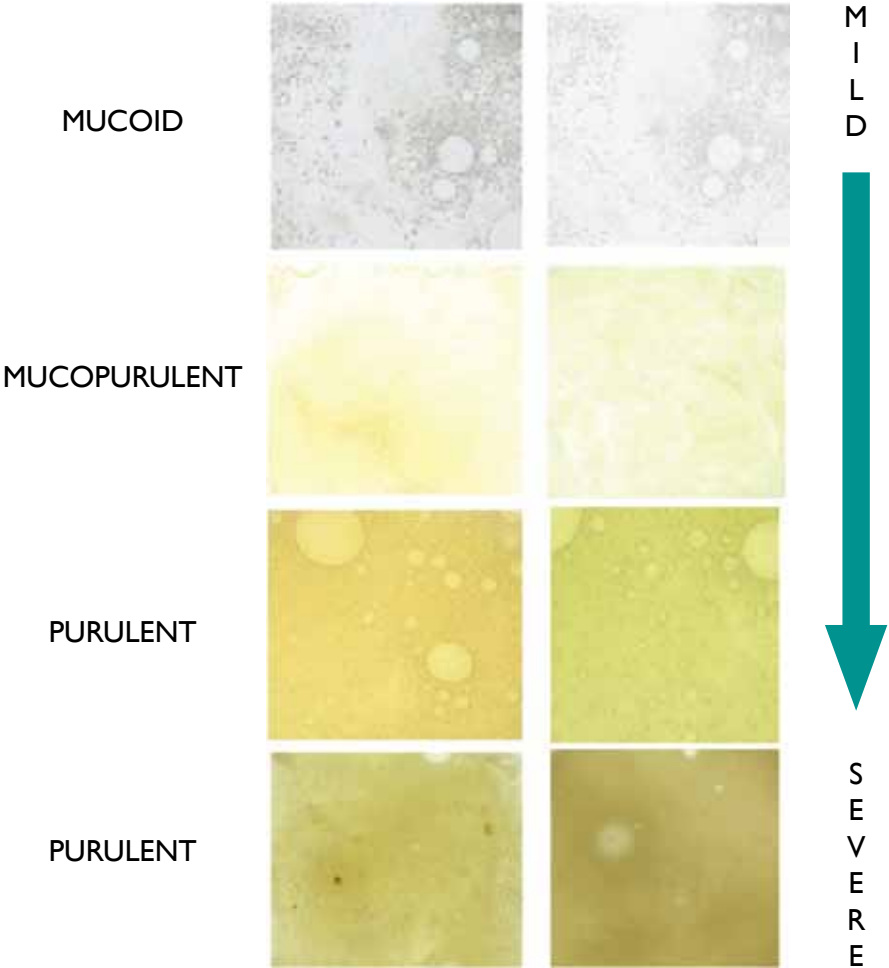
Organism (germ) found in sputum sample	Recommended initial treatment	Recommended second treatment if first does not work	Length of treatment
Staphylococcus aureus (MRSA) Oral preparations	Rifampicin (tablets) + Doxycycline (tablets)	Rifampicin (tablets) + Trimethoprim (tablets)	14 days
Staphylococcus aureus (MRSA) Intravenous preparations	Vancomycin (IV) or Teicoplanin (IV)	Linezolid (tablets)	14 days
Coliforms e.g. Klebsiella, Enterobacter	Ciprofloxacin (tablets)	Ceftriaxone (IV)	7 to 14 days
Pseudomonas aeruginosa	Ciprofloxacin (tablets)	Ceftazidime (IV) or Tazobactam/ piperacillin (IV) or Meropenem (IV) or Aztreonam (IV) Combination therapy: The above can be combined with: gentamicin (IV) or colistin (IV) OR ciprofloxacin (tablets)	7 to 14 days

Adapted, with kind permission, from: ‘NHS Lothian: Guideline for diagnosis and treatment of adult bronchiectasis (2010)’.

Doses of some drugs may be adjusted e.g. for poor kidney function.

APPENDIX 2

SPUTUM COLOUR CHART



**Phone/Textphone the Chest
Heart & Stroke Advice Line for
confidential, independent advice
from one of our nurses.**



**The line is open
Monday – Friday
9.30 – 4.00**

0845 077 6000

**Charged at local call rate.
Out of hours answering machine.
Email: adviceline@chss.org.uk
Fax: 0131 220 6313**

The information contained in this booklet is based on current guidelines and is correct at time of printing. The content is also put out to peer, patient and expert review. If you have any comments about this booklet please contact Lorna McTernan, Health Information Manager, at the address on the facing page.

CHEST PUBLICATIONS

Booklets		Factsheets	
C1	Living with COPD	F1	Smoking
C2	Understanding oxygen therapy	F6	Holidays
C3	Tuberculosis in the 21st century	F7	Insurance companies
C4	Living with bronchiectasis	F8	Suggested booklet
		F13	Air travel for people affected by chest, heart and stroke illness
		F18	Coping with tiredness
		F22	How to make the most out of a visit to your doctor
		F23	Living with stress and anxiety
		F24	Healthy eating
		F26	Understanding help in the community
		F30	Just move!
		F32	Pulmonary rehabilitation FAQs
Other Materials			
Remember to take your inhalers' fridge magnets			

**A full publication list is available from Head Office.
Rosebery House, 9 Haymarket Terrace, Edinburgh EH12 5EZ
Tel: 0131 225 6963**

ORDER FORM

Please send me the following:

TITLE	No. of copies

Up to 100 booklets free, up to 100 factsheets free

If you wish to order more than 100 booklets or factsheets please contact the Health Information department at the above address.

Name: _____

Address: _____

Postcode: _____ Tel: _____

WHERE TO FIND US

Head Office

Tel: 0131 225 6963

Fax: 0131 220 6313

Rosebery House
9 Haymarket Terrace
Edinburgh EH12 5EZ
Open Mon – Fri

Glasgow

Tel: 0141 633 1666

Fax: 0141 633 5113

103 Clarkston Road
Glasgow G44 3BL
Open Mon – Fri

Inverness

Tel: 01463 713 433

Fax: 01463 713 699

5 Mealmarket Close
Inverness IV1 1HT
Open Mon – Fri

www.chss.org.uk

Chest Heart & Stroke Scotland is a wholly independent Scottish charity. We receive no core funding from Government or any public body or private agency.

We need your help to achieve our aim of improving the lives of those in Scotland with chest, heart and stroke illness. You can help by volunteering your time with our services, by supporting your local Regional office or as a fundraiser. You can help by giving now and in the future, by making a donation, organising a local fundraising event, leaving us a gift in your will or by setting up a regular Direct Debit.

**If you would like to speak to one of our Advice Line nurses, in confidence, phone
Chest Heart & Stroke Scotland Advice Line.**

Monday – Friday

9.30am - 4.00pm

0845 077 6000

Fax us: 0131 220 6313

Email us: adviceline@chss.org.uk

**Text us: text chss followed by your message to
07766 40 41 42**

There is a text relay service for the hearing-impaired.

Registered with and regulated by the Office of the Scottish Charity Regulator (charity no SC 018761), Chest Heart & Stroke Scotland and CHSS are operating names of The Chest, Heart & Stroke Association Scotland. Also registered in Scotland as a company limited by guarantee, no SC129114.

November 2011

**Chest
Heart &
Stroke
Scotland**

